

Health and Wellbeing Board

Minutes of the meeting held on 25 March 2015

Present

Councillor Andrews	Executive Member for Adults, Health and Wellbeing (Chair)
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,
Gladys Rhodes-White	Strategic Director of Childrens Services
Vicky Szulist	Healthwatch Representative
Dr Bill Tamkin	Chair, South Manchester Clinical Commissioning Group
Dr Attila Vegh	Chief Executive, University Hospital South Manchester Foundation Trust
Michael Greenwood	Chair, North Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, MACC

Apologies Dr Gillian Fairfield, Councillor Richard Leese, Margaret O'Dwyer and Dr Martin Whiting

HWB/15/09 New members

The Board welcomed Gladys Rhodes-White and Hazel Summers to their first meeting of the board.

HWB/15/10 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 28 January 2015.

HWB/15/11 Greater Manchester Health and Social Care Devolution

The Board considered a report of the Clinical Commissioning Groups which provided a summary of the recent Greater Manchester Health and Social Care Devolution deal. Appended to the report was the Memorandum of Understanding between Greater Manchester local authorities, clinical commissioning groups and NHS England. This document created a framework for the planned devolution of health and social care responsibilities for Greater Manchester. The report also described the work underway to increase leadership and governance capacity on the integration of health and social care in Greater Manchester over the next 12 months.

The Director of Operations and Delivery introduced the report and explained that there would be significant changes to the health and social care system over the next few months as arrangements are established to implement the devolution deal. The proposed governance arrangements for Greater Manchester included the

establishment of a joint commissioning board and a Greater Manchester Health and Social Care Partnership. The specific role of each organisation and the voluntary and community sector was still to be established.

To ensure that Manchester was prepared to lead the integration of health and social care, and to build on the work of the Living Longer, Living Better Programme, the report proposed mechanisms to support the changes over the next 12 months. The Executive Health and Wellbeing Group had established a Health and Social Care Transformation Oversight group with an independent chair. The Council and its partners had also agreed to establish a Joint Director of Health and Social Care for Manchester who would be responsible for leading the co-ordination of progress for the city. The Board was asked to support these arrangements.

A member queried the links between the existing governance arrangements of the Health and Wellbeing Board and the groups that were being established, specifically the Health and Social Care Transformation Oversight Group. The Deputy Chief Executive (People) explained that the Oversight Group was established for a time limited period to review the challenges of the devolution deal in substantial detail and enable the necessary debates to take place. It will not have specific powers of its own, and would report directly to the Executive Health and Wellbeing Group and the Board.

A member explained the concerns that have been raised by the voluntary and community sector. While they recognised the opportunities that the devolution deal created, concerns had been expressed about the level of public involvement in agreeing the decision. The Board welcomed the opportunity to develop a new culture which would involve a broad range of partners in the development of social care. Officers acknowledged this and explained that the structures were still being planned.

The Board discussed concerns raised about the extent to which Greater Manchester would be affected by future budget reductions. The Deputy Chief Executive (People) explained that Greater Manchester would not be immune from future budget reductions, but the devolution agreement would give Greater Manchester the autonomy to act quickly and implement changes to make the most of available funding.

Decision

1. To endorse the Memorandum of Understanding signed by representatives of Greater Manchester authorities, Clinical Commissioning Groups and NHS England on 27 February;
2. To task the Executive Health and Wellbeing Group with exploring the implications of devolution for the Health and Wellbeing Board, and agreeing key actions for partners to support the devolution deal in Manchester;
3. To support the establishment of the time limited Health and Social Care Transformation Oversight Group.

HWB/15/12 Cancer Improvement in Manchester: Macmillan Improvement Partnership (MCIP) Update

The Board considered a report of the Manchester Cancer Improvement Partnership Programme Lead and the South Manchester Clinical Commissioning Group Chief Officer which described the progress in establishing and implementing the cancer improvement programme across Manchester.

The Chair of South Manchester Clinical Commissioning Group introduced the report and described some of the work that had taken place since the establishment of the partnership in July 2014. He explained that Manchester has some of the poorest cancer outcomes in England, and it was the aim of the programme to improve local outcomes. The first phase of the specific projects funded by Macmillan aimed to support improvements to palliative care in North Manchester, improving healthcare staff knowledge of cancer and make systematic improvements to primary care. The second phase was still being designed but would review lung and breast cancer. A key risk of the phase 2 work was the limited timescale remaining for funding the projects (December 2015).

The Board welcomed the report and supported the work being done. A member referred to the membership of the MCIP Programme Board and suggested that consideration should be given to adding representation from mental health services to improve support for carers and families. The Chief Executive of Manchester Mental Health and Social Care Trust agreed that this would be taken up outside the meeting.

The Board recognised the importance of early intervention and diagnosis. The Director of Children's Services suggested that the Children's Board should review early intervention, commissioning and prevention strategies to ensure that everything possible was being done to deter young people from taking up smoking and helping them to understand the impact of this in later life.

The Board recognised the risk that the funding may come to an end and agreed that the board should continue to support Macmillan to continue developing pioneering approaches to tackling cancer. The Board recognised the valuable contribution that Macmillan had made in supporting the work so far.

Decision

1. To endorse the direction of travel established by the improvement programme.
2. To note the risk caused by the current end date of 31 December 2015 and support the continuation of the programme

HWB/15/13 Health and Work

The Board considered a report from the Central Manchester Clinical Commissioning Group Chair and the Director of Public Health which provided an update on the strategic priority 7 of the Joint Health and Wellbeing Strategy. Responsibility for delivery of this priority is shared between the Work and Skills Board and the Manchester Health and Wellbeing Board. The report provided a summary of progress

and challenges in delivering the priority in 2014/5, recommendations for 2015-2016 and a detailed description of all areas of work.

The Chair of Central Manchester CCG explained that there were 54000 working age people that are out of work in Manchester. 59% of these are not working because of health related condition. It is recognised that being out of work is bad for health. The report explained the progress that had been made but there was still much work to be done.

The Board was asked to approve a number of recommendations which included: asking representative organisations to demonstrate leadership in their own organisations through using the Social Value Act within their procurement and commissioning processes to provide employment opportunities for people with health issues. The recommendations also sought to identify the work status of patients to help quantify the problem and to support the issue to be addressed.

The Board welcomed the report, particularly the recommendations around using the Social Value Act within commissioning and procurement processes to promote health and work, the living wage, and recruitment of local people. The Board had a detailed discussion about the role of member organisations in promoting health and work. A member commented that it was also important to also recognise that those in low paid jobs and zero hours contracts may experience mental health issues.

The Board emphasised the importance of member organisations using their influence to encourage employers in the city to introduce the living wage. The Head of Regeneration agreed, explaining that there were many examples of jobs like this such as in the hospitality industry. She referred to the recent Overview and Scrutiny Living Wage Task and Finish group and the difficulties in identifying hospitality employers who paid the living wage in Manchester.

The Board welcomed the focus on supporting people with mental health issues back into work, and also recognised that there were more things that each individual organisation could do. Officers clarified that many people only needed a low level of support once a problem had been identified, and there were clear referral paths for GPs.

A member referred to the first recommendation which proposed the development routine monitoring of employment status in primary care appointments. While they recognised that this would be useful, it was difficult to do in the short timeframe of a GP appointment along with all the other things that needed to be recorded. The Senior Strategy Manager for Public Health Manchester explained that the number of categories to record had been substantially reduced, making the process much quicker. Further details on this would be presented to the CCG meetings.

The Board acknowledged that a further report would be brought back at a later date. In discussion of the third recommendation and the role of member organisations in promoting workplace health, a member suggested that this report should identify how each of the member organisations compares against those organisations that are exemplar employment organisations already. It should also set out clear protocols to follow to assist member organisations to achieve this recommendation.

Decision

1. To approve the development and implementation of effective routine monitoring of employment status and referral pathway within primary care and exploration of appropriate elements of secondary care
2. To agree to explore the feasibility through commissioning processes of accelerated access to treatment for those at high risk of falling out of employment due to a health condition based on the evidence gathered under the Fit For Work Service around the effectiveness of early intervention.
3. To approve the principle that Health & Wellbeing Board and Work & Skills Board members should be exemplar employing organisations in relation to workplace health, agree to work collaboratively over 2015-17 in order to set improvement goals and share good practice, including mental health as a priority area
4. To approve the use of the Social Value Act within Health and Wellbeing Board member commissioning and procurement processes to
 - increase employment opportunities for people with mental health issues;
 - increase recruitment from local communities and progress further work to ensure that workforces reflect the communities they serve
 - incentivise employment conditions which promote good health e.g. Payment of living wage, healthy workplace
5. To support the rollout of work and health programmes within the city, in particular the proposal to expand the GP referral element citywide.
6. To sustain the Fit for Work in work and out of work services in Manchester through joint investment with other Greater Manchester resources.
7. To provide to provide senior organisational representation to sustain the Strategic Priority 7 Health and Work Driver Group

HWB/15/14 Health and Wellbeing Board Strategic Review

The Board considered a report of the Director of Public Health and the Strategic Director of Families Health and Wellbeing that outlined the planned follow up actions from the review of the board's work, which took place during Autumn 2014. The report sets out progress in responding to the review including a proposed way of working for the year ahead. This included a work programme with details of the main issues to be considered over the next year, along with planned development sessions which would enable board members to have detailed discussions about specific issues. Members were invited to provide comments on the work programme to the Director of Public Health.

The report also outlined plans to review the Joint Health and Wellbeing Strategy to align with the development of the new Manchester Strategy 2015-2025 and in the context of the Greater Manchester devolution agreement. Individual board members would be contacted directly to feed into this process.

Decision

1. To note progress on implementing the recommendations of the review.
2. To agree the work programme for the Health and Wellbeing Board

HWB/15/15 Section 75 Agreement for the Better Care Fund Pooled Budget

The Board considered a report of the Deputy City Treasurer (Manchester City Council) and Chief Financial Officer (North, South and Central Clinical Commissioning Groups) which asked the Board to agree the legal framework for the section 75 agreement for the Better Care Fund (BCF) pooled budget under the Health Act 2006.

The government established the Better Care Fund (BCF) to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gave powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.

The report provided the Board with an outline of a Section 75 agreement which will be the legal framework for a pooled budget between the three Manchester Clinical Commissioning Groups (CCGs) and the Council for the BCF in 2015/16. The Health and Wellbeing Board must sign off the planned use of the BCF and the pooled budget arrangements before the Section 75 agreement is finalised. The Section 75 agreement is in draft pending final approvals. Once the agreement has been finalised, it will be ready for formal sign off under before 31st March 2015.

The report described the governance arrangements in place, the financial contributions from partners and the mechanisms by which performance will be assessed.

Decision

1. To approve the framework for the legal agreement relating to the Better Care Fund pooled budget under Section 75 of the Health Act 2006.
2. To approve the expenditure plans as set out in this report to be included within the scope of the BCF as 'Approved Schemes' for 2015/16
3. To note the need to for further detail to be provided to the Health and Wellbeing Board on the planned use of the Local Development Fund before sign off for this investment is granted
4. To delegate approval for finalising and signing off of the final Section 75 agreement to the Manchester City Council Treasurer and Chief Financial Officer North, South and Central Clinical Commissioning Groups

HWB/15/16 Clinical Commissioning Group Operational Plans

The Board considered a report, which presented the 2015/16 Operational Plans for each of the Manchester Clinical Commissioning Groups (CCGs). The report provided

an update on the development of the operational plans across each of the three CCGs. The operational plans set out the work programme, expected outcomes and the framework for monitoring progress for the coming year.

The plans for 2015/16 were submitted to NHS England in February for feedback. The Executive Health and Wellbeing Group have since considered them in March. Web links to the full draft and summary plans were provided in the report and members of the Board were invited to provide comment and feedback before the deadline of 7th April 2015.

Decision

To note the Clinical Commissioning Groups' operational plans.

HWB/15/17 Learning Disabilities Self Assessment Framework

The Board considered a report of the Strategic Director of Families Health and Wellbeing on the Joint Health and Social Care Self Assessment Framework submission for people with a learning disability.

The Joint Health and Social Care Self-Assessment Framework (JHSCSAF) replaces and combines the local authority Valuing People Now Self-Assessment and the NHS Learning Disability Health Self-Assessment and becomes a comprehensive needs assessment. This report sets out the content of the JHSCSAF and provides the board with information and an overview of the areas for improvement that have been identified as part of this process.

The Strategic Director of Families Health and Wellbeing outlined the progress in implementing the recommendations from the Winterbourne View cohort which required local authorities to review and support everyone that is inappropriately placed in hospital to move to community-based services. In Manchester this related to 46 individuals. Action has been taken for 9 of these patients.

Guidance from the DH states that local Health and Wellbeing Boards were responsible for overseeing the strategy that the transition of these patients backs into a community setting. In Manchester, progress had been made in terms of partnership arrangements but there was still some way to go. The Director has been in discussions with the Department for Health (DH) about the strategy and they have approved the approach. The Board agreed to receive a full report on this to its next meeting.

A member asked for the All Age Disability Strategy to be circulated to members of the Board. The Director agreed to do this.

Decision

1. Note the initial findings from the Joint Health and Social Care Self-Assessment Framework (JHSCSAF) 2014

2. Note the areas that have been self-assessed as red and amber at this stage, and agree the action plan in detailed in appendix 1 of the report to tackle the areas requiring improvement
3. Note the further issues arising in relation to the cohort of Manchester citizens with a learning disability in the coming months.

HWB/15/18 Mike Houghton-Evans

The Board noted that this would be Mike Houghton- Evans's last meeting before he left the Council. The Board thanked him for his valuable contribution and wished him well for the future.