

Health and Wellbeing Board

Minutes of the meeting held on 8 July 2015

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
Steve Taylor	Pennine Acute Hospital Trust (attending for Dr Gillian Fairfield)
Michelle Moran	Manchester Mental Health and Social Care Trust
David Regan	Director of Public Health,
Vicky Szulist	Healthwatch Representative
Mark Whittaker	South Manchester Clinical Commissioning Group (attending for Dr Bill Tamkin)
Silas Nicholls	Chief Executive, University Hospital South Manchester Foundation Trust (attending for Dr Attila Vegh)
Dr Martin Whiting	Chair, North Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, MACC

Apologies Hazel Summers, Gladys Rhodes White, Dr Bill Tamkin, Gillian Fairfield and Dr Attila Vegh

HWB/15/27 Minutes

To agree the minutes of the Health and Wellbeing Board meeting on 10 June 2015.

HWB/15/28 Living Longer, Living Better – Provider Response to Commissioner Specification

The Board considered a report of the Manchester Provider Group which provided details of the collective response from providers of health and social care services to the One Team Place Based Care Design Specification. The Deputy Chief Executive, Manchester City Council, and the Deputy Chief Executive, Central Manchester Foundation Trust introduced the report.

They explained that the report provided details of the collective response by 11 NHS and social care statutory providers to the Living Longer Living Better 2020 One Team design specification. This included all GP organisations in the city, all acute and integrated community trusts in the city, the mental health trust, the council and the ambulance service. This was the first time all 11 providers have come together to respond with combined view a commissioning specification. The report proposed to establish the Manchester Providers Group on a more formal setting and details of the working principles, the aims of the group and a high level delivery plan were set out in the report.

The provider response was presented to the Health and wellbeing board Executive Group in the end of June. It set out the context for the complex system of health and

social care provision in Manchester and demonstrated the need for the Group to be formally established. The Group has met several times since the beginning of April.

Provider members thanked Sara Radcliffe and Gill Heaton from Central Manchester Foundation Trust for their work in bringing all of the providers together. The Board strongly endorsed the principle of the Manchester Providers Group and noted that it would make the delivery of the Locality Plan more feasible. It presented a unique opportunity for maximising the efficiency of resources to deliver services for residents across the city. Members noted that the governance of the providers group would sit under the Health and Wellbeing Board Executive Group.

The Board recognised that a single group of providers and a single commissioning framework would be beneficial for the delivery of services across Manchester. One specific challenge that needed to be addressed was how to commission services for people living close to local authority borders and registered with GP services outside their local authority area. Board members noted that the Greater Manchester devolution agreement would provide more opportunities for working with other local authorities to address these issues.

Decision

1. To acknowledge the collective direction and commitment of the eleven providers responding to the Commissioners' 2020 Design Specification and the principles by which we will work to deliver change, as set out in sections 3 and 4 of the report.
2. To agree the Manchester Provider Group roadmap as an overview of the 5 year initial integration programme as set out in section 5 of the report and the supporting narrative in appendices 1 and 2.
3. To agree to the establishment of the MPG as part of the integrated governance structure under the HWB executive, and the accountability of city wide leadership group work streams to the MPG for delivery of integrated services, as set out in section 6 of the report.
4. Agree to further work between the MPG and commissioner colleagues to agree and understand the commissioning commitment to the process, to enable the delivery at pace of the integration programme across the eleven providers.
5. Agree to an option appraisal of organisational form being undertaken by the end of 2015.

HWB/15/29 Greater Manchester Devolution Locality Plan

The Board received a presentation from Geoff Little, Deputy Chief Executive of Manchester City Council and Joanne Newton, Acting Accountable Officer of Central Manchester Clinical Commissioning Group on the progress of the draft Manchester Locality Plan.

The twelve clinical commissioning groups and ten local authorities in Greater Manchester signed a Memorandum of Understanding with the Treasury to devolve

the £6bn health and social care budget to Greater Manchester. A Greater Manchester locality plan is being developed as part of the development of the health and social care devolution agreement. The aim of this plan will set out the vision for improvement in health and wellbeing and the long term financial sustainability of health and social care over the next 5 years.

The Deputy Chief Executive advised the Board that the first draft of the Locality Plan was submitted to the Greater Manchester Devolution Team at the beginning of July. They would look at all draft submissions from the 10 local authorities to agree the initial financial baseline for Greater Manchester. Throughout August, details of this will be refined, culminating in the full investment case being submitted to the Government in time for the spending review. There was still a substantial amount of work to be done before the first version of the locality plan was ready.

The presentation highlighted what the health and social care system should look like by 2021, how these will be delivered, the changes that will affect that delivery and how services would be financed. One of the key targets was to shift care from hospitals into a community setting. The presentation explained how this was being implemented through the Living Longer Living Better and One Team Place based approach and other changes to how services would be delivered. It also highlighted the expected financial projections and how efficiency savings would be made.

A member sought clarification on the amount that Manchester would receive from the planned national £80bn funding for healthcare services. The Acting Accountable Officer explained that the estimated funding of £80m for Manchester was over the five year period of the plan. This was based on the assumption that Manchester would get 1% of the total funding over the five year period. This was purposefully a prudent estimate but it was still not clear from the government the proportion of funding that would be received or whether this was on a per annum basis or spread over the five years. She recognised that the financial model was still based on a number of assumptions and there was still a substantial amount of work to do, particularly around how Manchester would align with the Greater Manchester model and efficiency savings.

The Board welcomed the targets and ambitions of the locality plan, particularly around joined up ICT and measures to create a single care record. Evidence from around the world of integrated health and social care systems demonstrated the success of this model. Further potential use of ICT such as remote monitoring and adaptations in homes were also suggested. There were several existing examples of this in Manchester but they were in specific areas. Further work was required to recognise best practice and deliver this across the city. In terms of encouraging self care, the Board recognised the importance of community based providers such as pharmacists providing treatment rather than referring people to their GP. The Deputy Chief Executive explained that providing a single point of access would be a crucial part of delivering this.

A member highlighted the importance of the voluntary and community sector organisations (VCS) and the role that they play in preventative and support services in diverting people away from hospital services. It was recognised that there needed to be an assessment of the risks of VCS organisations not being able to deliver the same level of services in light of the potential further cuts as difficulties in accessing

funding. Whether this could be incorporated in the financial modelling would be reviewed in the next few months. S member of the Board highlighted the importance of engaging with housing providers and referred to a meeting with the Greater Manchester Housing Association Group. CCG representatives identified that they could link with VCS organisations through housing providers and have agreed to review this in more detail.

Members discussed the intention to provide targeted primary care and 7 day access to GPs as part of the move towards integrated care. This was a key element of the delivery of the Locality Plan and the associated efficiency savings being achieved. The Board noted the current challenges facing GP practices such as recruitment and retention of staff. The devolution agreement presented an opportunity to look at different models of primary care services to meet the needs of practices and local residents. Part of this would be the movement of financial resources away from acute providers around the city to ensure money is directed at the right service area. The Board also recognised the importance of ensuring that all local GPs were on board with the plans as they were implemented and it was noted that a substantial amount of work under way to engage with local GPs across Greater Manchester.

The provider representatives suggested that one of the key benefits of working closer together with other local authority areas would be reviewing the benefits of aligning back office functions such as payroll. This would create some efficiency savings. It was also recognised that there may be limited scope for further efficiencies within some organisations.

The Board agreed that they would consider the draft version of the Locality Plan at their next meeting and further updates would be brought to the Board until December when the outcome of the Comprehensive Spending review would be released. A draft of the current version would be circulated to members after the meeting.

Decision

1. To note the report
2. To receive the draft version of the Locality Plan at the next meeting and to receive further updates to future meetings of the Board.

HWB/15/30 Better Care Funding Monitoring report

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 described the proposed performance and monitoring arrangements for the Better Care Fund (BCF) as set out in the guidance published by NHS England on the 20 March 2015

The BCF has been established by Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives 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 NHS functions.

The report set out the BCF reporting and monitoring requirements, including the latest report to NHS England on the period January to March 2015; the alignment of BCF targets for reducing non-elective admissions to Clinical Commissioning Group's operational plans and the performance management arrangements of the BCF by NHS England.

The BCF reporting requirements required the Health and Wellbeing Board to approve a quarterly report. The report sought approval from the Board to delegate final approval to the Strategic Director for Families, Health and Wellbeing, in consultation with City Wide Leadership Group, for the quarterly report to NHS England. This was due to the inconsistency of quarterly reporting deadlines to NHS England with Health and Wellbeing Board meetings. The Board would receive the quarterly reports to the next appropriate meeting of the Board.

Decision

To delegate approval to the Strategic Director for Families, Health and Wellbeing, in consultation with City Wide Leadership Group for the quarterly report to NHS England.

HWB/15/31 Care Act Implementation

The Board considered a report of the Interim Strategic Director of Families Health and Wellbeing on the implementation of the Care Act in Manchester. This followed on from a presentation received by the Board in January on the Council's readiness for the Care Act 2014 which was due to be implemented on 1 April 2015.

The report provided details of progress that had been made on the Act and the timescale for implementation. It also provided details of the recent peer review assessment of how well the Council is delivering adult social care and how the Care Act requirements are being delivered in the context of the Living Longer Living Better programme.

The Board noted the content of the report and considered the long term impact of the Care Act requirements on providers in the city. The Interim Head of Adult Social Work and Care Act Implementation explained that the Council was required to conduct market shaping with care providers which would aim to develop services that met the needs of local residents. This would be incorporated into the Adult Social Care Strategy.

Decision

To note the report.

HWB/15/32 Implementation Plan for Public Health Services

The Board considered a report of the Director of Public Health which described the proposed changes to service models for the following public health consultation themes:

- Children's public health services
- Sexual health services
- NHS health checks
- Community nutrition services
- Falls prevention services

This followed on from the report received at the Board's last meeting about the redesign of Wellbeing, and Drugs and Alcohol Services.

A member asked about the take up of the NHS health checks that were offered to specific groups. GP representatives explained that take up was poor apart from patients with long term conditions. The Board agreed the importance of early presentation for medical problems and the aim of the health checks was to identify problems at the earliest possible stage. The Board discussed the benefits of using community resources and targeting these services at places where people could easily access them. The Director explained that these opportunities to provide an effective outreach service were crucial, and the Public Health service had some success with this by working with local supermarkets.

The Board discussed the redesign of children's public health services. They recognised that the critical elements of this service are the School Nurse Service and Healthy Schools Service (School Health Service) and the need to target children from the earliest possible stage to encourage healthier lifestyles. They also recognised the importance of health visitors in this role. The Director of Public Health informed members that the number of health visitors recruited was on target.

The Board recognised the importance of aligning public health services closely with the voluntary and community sector to maximise the effectiveness of services.

Decision

To note the report

(Dr Whiting declared an interest in this item as his practice provides sexual health services under local enhanced service)

HWB/15/33 Green and Blue Infrastructure Strategy and Implementation Plan

The Board considered a report of the Head of Policy Partnerships and Research which outlined the development of Manchester's Green and Blue Infrastructure (GBI) Strategy and the accompanying Stakeholder Implementation Plan. The aim of the report was to show how the GBI Strategy aligns with the Health and Wellbeing Strategy; to provide a basis for discussion around taking forward actions relating to GBI which would also help meet the priorities of the Health and Wellbeing Strategy.

The GBI Strategy sets out the importance of high quality open space as an important underpinning element of the forthcoming Manchester Strategy, supporting the city's plans for growth and reform. It recognised that cities that are able to offer high quality living and working environments will have an increasing advantage. The Strategy reframes the city's green and blue infrastructure in the context of the city's wider plans for growth over the coming decade. Specific links to the Health and Wellbeing

Strategy were around the development of spaces which encourage people to keep active improving both physical and mental health. Initial analysis suggested that the city's green and blue spaces generate savings to the health economy through encouraging people to stay active.

The Board welcomed the report and the recognised health benefits within the strategy. One of the key benefits of the responsibility for public health returning to the local authority is the ability to create joined up strategies like this and the recognition of the benefits that could be created. A member suggested that further information about how communities of interest, with their potential different health needs should be incorporated into the strategy. Specific examples of good practice in using art to benefit local communities in Manchester and other cities were referred to.

The Manchester Mental Health and Social Care Trust representative described some of the work done in the community by the Trust to improve mental wellbeing and invited the officers to link into this work. Board members also requested that the data used to pull together the strategy should be made open source data so it could be used by other organisations.

Decision

To note the contents of the Green and Blue Infrastructure Strategy and Stakeholder Implementation Plan.