

Health and Wellbeing Board

Minutes of the meeting held on 16 September 2015

Present

Councillor Leese	Leader of the Council (Chair)
Hazel Summers	Interim Director of Adult Social Care
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
Michelle Moran	Chief Executive Manchester Mental Health and Social Care Trust
Dr Attila Vegh	Chief Executive, University Hospital South Manchester
David Regan	Director of Public Health,
Vicky Szulist	Healthwatch Representative
Steve Taylor	Pennine Acute Hospital Trust (attending for Gillian Fairfield)
Dr Martin Whiting	Chair, North Manchester Clinical Commissioning Group
Dr Bill Tamkin	Chair, South Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, MACC

Apologies Gladys Rhodes White and Gillian Fairfield

HWB/15/33 - Urgent Business Board Membership

The Board welcomed Lorraine Butcher, who had been appointed to the post of Joint Director of Health for Manchester. The Board agreed to support Lorraine's appointment to the Health and Wellbeing Board as of the next meeting.

Decision

To recommend that the Council appoint Lorraine Butcher, Joint Director of Health to the Health and Wellbeing Board.

HWB/15/34 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 8 July 2015.

HWB/15/34 The Manchester Strategy

The Head of Policy, Partnerships and Research gave a presentation which provided an update on the Manchester Strategy. She described the key features of the Strategy which had been collated by the Manchester Partnership and the Manchester Leader's Forum. Several members of the Board were also members of the Forum. The draft Strategy was circulated to members at the meeting.

The Strategy was currently being consulted on and the Board was invited to provide a response to the consultation. Due the timescale of the consultation, the Director of

Public Health agreed to collate responses from individual members and put together the formal response from the Board. The Board agreed that all individual member organisations should consider responding to the consultation individually as well as providing comments for the collective Board response.

The Board recognised the links with the Manchester Joint Health and Wellbeing Strategy and the need for the Manchester Strategy to set out the none health and social care aspects that will make a difference to the health and wellbeing of Manchester residents. A member specifically referred to references to employment. As income deprivation is one of the key determinates of poor health, it was important that the strategy highlighted the responsibilities of employers to provide the appropriate working environment to avoid potential ill health at work.

The Board discussed how the consultation process would engage with the general public. The Head of Policy, Partnerships and Research advised that the Communications Team had been working to develop a range of online and offline tools that could be used by individuals and organisations such as schools. In terms of engaging with young people, two representatives from the Manchester Youth Council have made an active contribution to shaping the strategy. They had presented the result of their ballot about their priorities for Manchester to the Manchester Leaders Forum.

The Board also highlighted the need for clear performance measures to be in place to record and track the progress of outcomes from the strategy.

Decision

1. To ask members of the Board to provide comments on the draft Manchester Strategy to the Director of Public Health by mid October.
2. To delegate the collation and submission of the Board's formal response to the consultation to the Director of Public Health.
3. To ask Board members ensure their respective organisations consider the Strategy within the consultation period and respond.

HWB/15/35 The Draft Health and Wellbeing Strategy

The director of Public Health introduced the proposed changes to the draft Health and Wellbeing Strategy. The Health and Wellbeing Board has a statutory responsibility to develop and oversee a Joint Health and Wellbeing Strategy that responds to the health needs of the local population.

The existing strategy was agreed in 2013. It has been refreshed to align with evolving programmes of work as well as the development of the Locality Plan to support Greater Manchester health and social care devolution. The Strategy would be revised within the same timeframe as the Locality Plan and would be brought back to the Board for approval in January. Individual member organisations would be invited to contribute to the strategy in due course.

The Board discussed the need for the Joint Strategic Needs Assessment (JSNA) which measured the health needs of the population to also be updated to fit in with the changing context of health and social care services. This would be brought back to the Board at the next meeting. Similarly to the comments made about the Manchester Strategy, members highlighted the importance of clear performance measures to be in place to record and track the progress of outcomes from the strategy.

A member commented that some of the points listed in the strategy as “outcomes” needed to be revised, as they did not clearly state how the actions would be measured. The Director of Public Health agreed to review.

Decision

1. To agree to the draft of the refreshed Joint Health and Wellbeing Strategy and the alignment of the strategy with the Locality Plan;
2. To task the Executive Health and Wellbeing Group with overseeing communication and engagement on the draft Joint Health and Wellbeing Strategy during the Autumn;
3. To agree to receive the final refreshed strategy in January 2016.

HWB/15/35 The Draft Health and Wellbeing Strategy

The Deputy Chief Executive (People) introduced the report, which described progress with the Manchester Locality Plan. The Plan sets out the five year vision for improving health and social outcomes across Manchester. It covers the ambition for a clinically and financially sustainable future and how the transformation will be achieved.

The Locality Plan will become part of the Greater Manchester Strategic Plan for health and social care and part of the Comprehensive Spending Review submission. The Manchester Locality Plan has to be submitted to Greater Manchester Central team by 30 October including the financial details. There was still a substantial amount of work to do to reconcile the financial gap with the transformation programmes detailed in the document. All parts of Greater Manchester were in the same position, and work was underway to enable an opportunity to get more support between now and the end of October. The Board acknowledged the short timescale of the plan and that the position was constantly changing.

There has also been a lot of discussion between providers and commissioners about the organisational changes that would need to be made in order to deliver this plan. The Board would receive a copy of the full plan at its next meeting.

Decision

To note the report and to agree to receive the final Locality Plan to its next meeting.

HWB/15/36 Citywide Practitioner Design Team - update

The Strategic Lead for Health Integration introduced the report which provided an overview of the Citywide Practitioner Design Team since it was established in August. The Team was part of the Living Longer Living Better Programme and was introduced to lead the work around the implementation of the integrated health and social care teams for April 2016. Each hospital trust, mental health trust and Manchester City Council have committed senior staff to be released from their jobs to join the team to ensure that the health and social care teams are integrated within the required timescale.

The Strategic Lead for Health Integration highlighted that one of the key risks was ensuring that members of the team were released from their existing roles for the required amount of time to ensure that the Team had adequate capacity to deliver the programme. The Board recognised that this was a substantial concern and stressed the importance of individual organisations enabling staff to be released. The Deputy Chief Executive (People) made a point about the capacity requirement in the team and the need to communicate directly to the Chief Executives of the acute trusts to identify capacity and release staff accordingly.

In terms of long term capacity, interviews were being held with voluntary sector representatives for secondments into the team. The Voluntary and Community Sector representative explained that a role description has been circulated as a secondment opportunity to larger voluntary sector organisations that may have some staff that can be potentially be released. This potentially sets a useful model for collaboration between different parts of the public sector which would build capacity and knowledge.

A member asked whether it would be possible to get a scenario of patient experience when the new model comes into operation. The Strategic Lead for Health Integration said this could be done from the lessons learned from the early implementation in the north of the city. A Board Member said it was important to look at the patient outcomes not just as a scenario to get outcome measures early.

Decision

To note the report

HWB/15/37 Integrated Community Health and Care Services Pooling Budgets

The Deputy Chief Officer of South Manchester Clinical Commissioning Group (CCG) introduced the report. The report provided an overview of the proposal to pool budgets for the delivery of aspects of integrated health and care services in Manchester. It also described the principles by which partners would operate pooling arrangements, along with the identified areas of health and care services where these arrangements would be tested.

A member questioned whether the pooled arrangements were going at sufficient pace to match the changes that were being implemented elsewhere in Manchester and Greater Manchester. The Deputy Executive (People) explained that the budget arrangements would flow from services that would be integrated so they would need

to be signed off by the end of December alongside and at the same time as the final Locality Plan.

The Board supported pooling budgets between organisations. A member commented that this happens much easier when there is trust between colleagues and partner organisations of which there now is in Manchester. A number of challenges still remained such as addressing those people living outside the boundaries of Manchester using services funded and based in the city.

Decision

1. To agree proposed service areas whereby the pooled budget arrangements would be tested as:
 - Single Point of Access
 - Neighbourhood Teams (Integrated Health and Care Teams)
 - Integrated Intermediate Care and Reablement
2. To agree the approach, scope and scale of pooling from 2016 as detailed in the report

HWB/15/39 Public Health Memorandum of Understanding

The Director of Public Health introduced the report, which provided an overview of public health reform in Manchester. As part of the Devolution Agreement the 10 Greater Manchester local authorities, Public Health England and NHS England have signed a Memorandum of Understanding (MoU) to reform public health across Greater Manchester and create a single unified system. The MoU was signed on 10 July 2015 and this initial report provides a brief overview of the implications of the agreement for Manchester.

The recently established Greater Manchester Prevention and Early Intervention Board, chaired by the AGMA Lead Chief Executive, will be responsible for ensuring the MoU is implemented by bringing together resources from the 10 local authorities, Public Health England (PHE) and NHS England. The outcome of the consultation on the Department for Health in year grant cut for public health would not be known until October, which made planning services difficult.

A member expressed some initial concerns about delivering public health services on a large scale and the need to maintain locally based services. Overall, the Board supported the agreement.

Decision

To note the report.

HWB/15/40 Healthwatch Priorities

The Healthwatch representative introduced the report which described the priorities of Manchester's Healthwatch organisation for the forthcoming year. Healthwatch Manchester is fully independent and reaching the end of its three year contract with its commissioner, Manchester CAB. The organisation has a two and a half year

proven track record in the delivery of its required outcomes. The organisation has set future priorities for the short, medium and long-term. Healthwatch England funded the production of a health and social care signposting directory that was aimed at helping residents find the services they need. Copies of this were provided to members of the Board at the meeting.

The Healthwatch representative explained that the organisation had to be set up as a separate legal entity by law. Since the creation of Healthwatch Manchester on 1 April 2013, the organisation has delivered services within very limited resources. The contract expires on 31 March 2016. The current contract holder (Citizens Advice Bureau) did not wish to retender. To continue, Healthwatch were going to have to bid for the Healthwatch contract as Healthwatch.

The Board discussed the involvement of Healthwatch representatives in initiatives across Greater Manchester. The Healthwatch representative explained that involvement was limited in some aspects due to limited capacity but this had extended as the number of volunteers involved in the service had grown. The Board stressed the importance of support and buy in from the clinical commissioning groups. The CCG representatives committed to engaging with Healthwatch.

Decision

To note the report and the Healthwatch priorities for 2015/16.

HWB/15/41 Delivering Differently Domestic Violence

The Board considered a report of the Director of Adult Social Care which provided an update on the reform and innovation work around domestic violence and abuse that is being delivered through the "Delivering Differently" programme. The report set out in detail the work being done to support victims and perpetrators of domestic violence. She thanked the CCGs for their work and investment in the programme, and also stated that the project was still in its early stages. The approach will be developed further with key partners over the coming months and a revised service would be introduced in April 2016.

The Board welcomed the report and the programme. GP representatives particularly welcomed the training offered as part of the Identification and Referral to Improve Safety (IRIS) project which trained GPs to ask the right questions to help identify and support victim of domestic violence. The Board noted that a more detailed report would be brought back in the spring once details of the revised service offer were clearer.

Decision

To note the report.

HWB/15/42 Healthier Together

The Board considered a report for information which provided details of the decisions that were taken as part of the Healthier Together Programme over the summer. Two

significant decisions were made following review of a range of evidence including the public consultation, access to services and financial information.

In June 2015, the Committee in Common (a Greater Manchester CCG representative committee which was responsible for making decisions on Healthier Together) decided that there should be four single services introduced in Greater Manchester because this will offer the same quality and benefits as five, but it will be quicker and easier to recruit the additional doctors required to run four single services. This will mean that the new service models, and consequent improvements in quality and safety, can be achieved sooner. On 15 July 2015, the CiC decided unanimously that Stepping Hill hospital in Stockport would be the fourth hospital in Greater Manchester to provide emergency medicine and specialist abdominal surgery as part of a single service.

The Board noted that a decision makers were in discussion with a group of consultants in South Manchester to address their concerns about UHSM not being selected. If these concerns could not be resolved, it was possible that the decision could be taken to judicial review. The Board supported the Healthier Together process, despite some concerns about the decision taken and noted that it had been part of a very detailed and robust consultation process.

Some concerns about services provided at North Manchester General Hospital were raised and the level of consultation about these. The Pennine Acute Hospital trust Representative confirmed that no formal decisions had been taken.

Decision

To note the report.