

Health and Wellbeing Board

Minutes of the meeting held on 11 November 2015

Present

Councillor Paul Andrews	Executive Member for Adult Services (Chair)
Lorraine Butcher	Joint Director of Health and Social Care Integration
Mike Deegan	Chief Executive, Central Manchester Foundation Trust
Mike Eeckelaers	Chair, Central Manchester Clinical Commissioning Group
Sandra Goode	Director of Strategy and Commercial Development, Pennine Acute Hospital Trust (Attending for Dr Gillian Fairfield)
Michelle Moran	Chief Executive, Manchester Mental Health Social Care Trust
Gladys Rhodes-White	Strategic Director of Children's Services
David Regan	Director of Public Health, Manchester City Council
Hazel Summers	Director of Adult Social Care
Vicky Szulist	HealthWatch
Dr Bill Tamkin	Chair, South Manchester Clinical Commissioning Group
Dr Attila Vegh	Chief Executive, University Hospital South Manchester Trust
Dr Martin Whiting	Chief Accountable Officer, North Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, Macc

Apologies Councillor Richard Leese and Gillian Fairfield

HWB/15/43 Minutes

The Board considered the minutes of the meeting on 16 September 2015. The agreed the minutes as a correct record subject to amending Dr Whiting's title to Chief Accountable Officer.

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 16 September 2015 subject to the above amendment.

HWB/15/44 Manchester Health and Social Care Locality Plan

The Board considered a report of the Joint Director of Health and Social Care Integration, which provided an update on the progress of the Manchester Health and Social Care Locality Plan. The Board was asked to support key elements in the Plan that will underpin the transformation of health and social care provision in Manchester in the future.

The Board was provided with a copy of the draft Manchester Health and Social Care Locality Plan for information. Since the previous meeting, the Mental Health Trust and representatives from the voluntary and community sector had provided feedback and the plan had been amended accordingly. The plan was still a work in progress

and was being updated regularly. The Board would consider the final version of the Locality Plan in January.

The Joint Director of Health and Social Care Integration explained that commissioner and provider organisations had discussed the scale of ambition and vision for the future health and well being of Manchester residents. They were considering the actions that are required to ensure future health needs are addressed through provision that is both clinically and financially sustainable. The Locality Plan will act as the commissioning plan for health and care integration based on three pillars that will support the transformation of health and care services in the city. These pillars are mutually dependent and are:

- A single commissioning system ensuring the efficient commissioning of health and care services on a city wide basis with a single line of accountability for the delivery of services;
- 'One Team' delivering integrated and accessible out of hospital community based health, primary and social care services; and
- A 'Single Manchester Hospital Service' delivering consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the city.

The Executive Member for Adult Services welcomed the plan and the opportunities that the devolution agreement would provide to drive better health and social care and unite the fragmented healthcare system currently in place. He recognised the financial challenges and that it was imperative to take action. He welcomed the collaborative approach of the commissioners and the clear target of contracting a single hospital service. Crucial to the success of this, was the co-operation of providers to work together to deliver the single hospital service on a city wide basis.

The Board discussed each of the recommendations in the report individually. The second recommendation asked the Board to support the development of a single commissioning system. The Council and the three clinical commissioning groups (CCGs) supported this recommendation. CCG representatives explained that it was vital to pool resources to ensure that the right services are commissioned for residents. Currently the system was disjointed and inconsistent across the city, and it was difficult to commission services that met the needs of all residents. The Board recognised that the public viewed the health and social care system as a single system. It was intended to have this in place by April 2016.

Members welcomed the third and fourth recommendations which asked the Board to support the intention to procure "One Team" to deliver frontline services through a single provider, and to support the movement of resources from hospitals to community based care settings. This had been the ambition for community based health and social care services for a long time, and significant progress had been made in integrating health and social services. The Board recognised the importance of resources being redirected from hospitals to community services to ensure financial sustainability in the long term. CCG representatives particularly welcomed the opportunity this provided to transform the way primary care services were delivered which would help to reduce the variation in care across GP practices.

The Board discussed the final recommendation, which asked the Board to support the development of a single hospital service across Manchester. The Board welcomed Mr Steve Mycio, Chair of Central Manchester Foundation Trust Board and Mr John Jesky, Chair of Pennine Acute Hospital Trust Board. They circulated a provisional action plan that set out how the hospital providers would work together to deliver a single hospital service. The plan set out the challenges, timeline for implementation and plans for a full review. The review would be in two stages. These were an assessment of the benefits of the structure and a review of the governance and organisational arrangements that would be best to deliver the service.

The hospital trusts welcomed the opportunity to work together voluntarily to deliver the single hospital service across Manchester. They recognised the significant challenges that they faced; and that there was a real opportunity to address the fragmentation of services and reduce duplication of some services across the city. Representatives from the three trusts endorsed the provisional action plan and would be meeting to finalise the details later in the week. They requested that CCG and Council representatives met with the trusts in the following week once they had a chance to consider the provisional action plan in more detail.

The commissioning representatives welcomed the action plan and recognised that they needed to consider it in more detail before meeting with representatives of the hospital trusts. They also agreed that they should also start the process for commissioning a single hospital service through one lead provider in parallel to consideration of the action plan.

The Board discussed the first recommendation to endorse the revisions to the Manchester Health and Social Care Locality Plan. Members recognised that delivering the locality plan within the agreed timescale would be challenging, and that it was important to maintain strong leadership of the plan and the actions within it. The Board acknowledged the challenges and difficulties that member organisations faced, and that the programme required a substantial amount of investment. In response to a question, the Joint Director of Health and Social Care Integration clarified that engagement with the public and staff would take place between January and March. She also explained that a further report on the governance and accountability arrangements around the Locality Plan would be reported in January.

Decision

1. To endorse the revisions to the Manchester Health and Social Care Locality Plan.
2. To support the development of a single commissioning system and function advocated by the 4 commissioning bodies.
3. To support the intention of commissioners to procure 'One Team', which from April 2016 means the integration of front-line community services at neighbourhood level, through a single contract with a single contract holder.
4. To note that this approach intends to lever a shift of resources out of the acute hospital sector into the out of hospital care component of the contract, enabling investment in the community based infrastructure of care and support to be delivered through 'One Team'.

5. To support the development of a Single Manchester Hospital Service with the providers working together to determine the most appropriate form of governance to ensure effective delivery and accountability.
6. To welcome the submission by the three acute trusts of an agreed provisional action plan for the single hospital service and to note that commissioners will consider the plan; and at the same time, initiate a process to commission the single service through a lead provider.

HWB/15/45 Joint Strategic Needs Assessment for Children and Young People

A report of the Director of Public Health and the Director of Children's Services was considered which set out the Joint Strategic Needs Assessment (JSNA) for children and young people. This will support the delivery of the Joint Health and Wellbeing Strategy (JHWS) and aim to improve decision-making about programmes of work and service provision for children and young people in the city. Board members were invited to review the JSNA template and provide feedback to the Children's Board.

The Director of Children's Services welcomed the JSNA as this clearly demonstrated that the Council was committed to identifying and addressing the complex needs of children and young people. She explained that it was crucial to invest in early intervention and health and wellbeing in children to improve outcomes into adulthood. Investment at this stage would reduce high cost interventions in the long term and as such, reduce the cost of public services in the future.

The JSNA identified a number of complex areas, which would need the co-operation of different stakeholder agencies to ensure they were addressed. Members noted that other programmes were closely linked to the health and wellbeing of children such as domestic violence and it was important that all agencies were working together to address the needs of whole families.

The Board discussed specific areas of the JSNA. A member asked about the measures being taken to address childhood obesity, as the rates in Manchester were so high. The Director of Public Health described initiatives to reduce obesity in children and how available information was being used to target specific community groups and provide training resources and support information. The Board emphasised the importance of engaging with young people so that they helped themselves.

Decision

To note the topics for inclusion in the JSNA Children and Young people as set out in section 3.5 of the report to the Health and Wellbeing Board.

HWB/15/46 Implementation of the Disabled Children's Charter

The Board considered a report of the Director of Children's Services, which provided details of how Manchester is fulfilling its commitments in the Disabled Children's Charter. It also provided background information on the implementation of the special educational needs and disability reforms and other key developments affecting

disabled children and young people. The Board was asked to agree that the report is submitted to Every Disabled Child Matters as evidence of how Manchester is meeting its Charter commitments.

A member asked about whether academy and free schools were required to meet the needs of pupils with special educational needs and whether this was funded. The Special Educational Needs and Disabilities Lead confirmed that all schools were required to meet these needs and the places were funded.

Decision

To agree the report and to approve its submission to Every Disabled Child Matters as evidence of how Manchester is meeting its Charter commitments.

HWB/15/47 Age- Friendly Manchester Older People's Charter

The Board considered a report of the Director of Adult Social Services, which sought the support of the Board and its member organisations to adopt and implement the Older People's Charter. The Age-friendly Manchester Older People's Charter sets out the rights of older people in Manchester to live in an age-friendly city.

The Charter was developed by and for older people in the city, led by members of the Age-friendly Manchester Older People's Board. The Charter builds on the city's internationally recognised Age-friendly Manchester programme. This report provides an update for the board on the delivery of the Age-friendly Manchester programme as well as the establishment of strategic areas of work on ageing at a Greater Manchester level.

Members welcomed Age Friendly Manchester Board members who described the work of the Board, its achievements over the past 10 years and what they hoped to achieve with the Charter. The Age Friendly Manchester Board had made progress in getting the needs of older people considered within overarching strategies but there was still some way to go in ensuring key strategies such as the Manchester Strategy took account of the needs of older people.

The Charter was a significant achievement and all organisations in the city were being encouraged to sign up to its principles. The Charter would be presented to the Lord Mayor at the Council meeting on 18th November before being put forward for adoption by the Council. Board members recognised the importance of the charter and that each member needed to take back for consideration within their organisation.

Decision

1. To recommend to Full Council that the Council adopt the Age-friendly Manchester Older People's Charter (as appended to the minutes).
2. To agree that the organisations represented on the Health and Wellbeing Board work with the Age-friendly Manchester Board and team to identify how the charter can be adopted and implemented.

3. To note progress on the development of the Age-friendly Manchester programme and the establishment of a Greater Manchester Ageing Hub.

HWB/15/48 Better Care Fund Q1 Performance Report

The Board considered a report of the Deputy City Treasurer and the Chief Financial Officer of the clinical commissioning groups, which provided an update on the template submitted to NHS England for the Better Care Fund first quarter 2015/16 performance. The template measured performance against six key areas and was submitted under delegated authority, which had been agreed by the Board at a previous meeting.

The Chief Financial Officer highlighted some of the key performance data. She assured members of the Board that the two national conditions that were marked “in progress” would be completed on time. Performance on non-elective target had not been achieved. The Board set this and it was acknowledged at the time that it would be a challenging target to achieve. Levels were maintained which was a reduction in real terms as this was expected to grow. The Chief Financial Officer also highlighted that the Better Care Fund performance targets needed to be seen in the context of the Locality Plan. Further guidance on the Better Care Fund was expected in 2016/17.

Decision

To note the report.

HWB/15/49 Public Health Grant

The Board considered a report of the Director of Public Health, which provided a summary of the response from Manchester City Council to the Department for Health consultation on proposed changes to the formula for the future allocation of the public health grant. Changes to the formula would result in Manchester losing approximately £3.3m funding. This is in addition to the recently announced 6.2% in year reduction in public health budget, resulting in a total loss of £6.6m in Manchester alone. The potential loss of funding across Greater Manchester was approximately £12.9m. The implications of the in year reduction in funding were being assessed.

Manchester’s detailed technical response to the consultation included comments from commissioner and provider members of the Board and was submitted on 6 November 2015. The response challenged the Advisory Committee on Resource Allocation to make the case that any reductions in funding would have a detrimental and unfair impact on health outcomes. Manchester had successfully challenged this committee in the past, particularly around the allocation formula for clinical commissioning groups.

Decision

To note the report.

AGE-FRIENDLY MANCHESTER, 2015



OLDER PEOPLE'S CHARTER

This charter reinforces the existing rights of all older people in Manchester to live in an age-friendly city. Manchester has a diverse population, and the charter recognises the diversity of older people. This includes gender, ethnicity, sexual orientation, religion and disability.

The charter recognises the diverse roles that older people have in the city and all that they bring.

The charter is for all older people as they are often marginalised in society, and we encourage all major organisations in the city to adopt it. It will be embedded through action.

VALUE

Older people have the right to be treated with dignity and respect and to be free to live a life that has meaning and purpose. Their contribution is a significant economic and social asset to the city. Older people work in the city with all generations to make it a better place.

INDEPENDENCE

Older people have the right to decide where they live, how they live and with whom they live. They have the right to access services and travel around their city without hindrance or barriers.

INFORMATION

Older people have the right to information, advice and guidance that is up to date, appropriate and relevant, in a range of formats.

HEALTH AND WELLBEING

Older people have the right to lead a healthy and proactive life wherever they live, with access to social and creative opportunities. They have the right to access health and wellbeing services and to be fully involved in later-life decisions.

DECISION-MAKING AND VOICE

Older people have the right to choice and control and to meaningfully influence the decision-making processes that affect their lives. They have the right to be engaged in shaping all aspects of life, including involvement in the design and delivery of the services that are provided to support them.

SAFETY, SECURITY AND JUSTICE

Older people have the right to be taken seriously when they are afraid. When they need the law to protect them, they should not be treated differently because they are older.