

Health and Wellbeing Board

Minutes of the meeting held on 13 January 2016

Present

Councillor Richard Leese	Leader, Manchester City Council (Chair)
Councillor Paul Andrews	Executive Member for Adult Services
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
Gillian Fairfield	Chief Executive, Pennine Acute Hospital Trust
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	Strategic Director of Adult Social Services
Vicky Szulist	HealthWatch
Dr Bill Tamkin	Chair, South Manchester Clinical Commissioning Group
Dr Silas Nicholls	Acting Chief Executive, University Hospital South Manchester Trust (attending for Dr Attila Vegh)
Dr Martin Whiting	Chief Accountable Officer, North Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, Macc

HWB/16/01 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 11 November 2015.

HWB/15/02 Manchester Safeguarding Annual Report 2014/2015

The Board considered report of the Strategic Director of Adult Social Services and the Independent Chair of Manchester Safeguarding Adults Board. The report provided an overview of the Manchester Safeguarding Adults Board (MSAB) Annual Report for 2014/15 including an overview of the work of the partnership, its themes and objectives, governance arrangements and its business plan for the next three years.

The Board welcomed Julia Stephens-Row, Independent Chair of MSAB who introduced the report. She explained that the MSAB is a statutory board and brings together a number of agencies across the city to ensure that there is a joined up approach to safeguarding adults. The report was themed around specific principles and described the Board's objectives and priorities for the future. Ms Stephens-Row also highlighted the importance of ensuring that safeguarding measures were embedded in organisations in a time of system wide changes to how services will operate. There were a number of opportunities to make this happen within the context of the devolution and integration agenda.

The Board welcomed the report and supported the objectives and priorities as described. It acknowledged that there were safeguarding risks associated with major changes to the health and social care system. The MSAB played a crucial role in ensuring that partner organisations should be alert to these risks and take appropriate measures to address them, such as providing training for health and social care staff. Commissioner representatives supported the MSAB priorities and objectives, and explained that the Identification and Referral Service to Improve Safety (IRIS) had been expanded to help GPs to support safeguarding.

A member enquired about the level of detail gathered in safeguarding data and whether this identified any specific trends. Ms Stephens-Row explained that statistical information on performance has been collected since April 2015. Detailed information would be analysed for trends and monitored by the newly established Quality Assurance Subgroup of the MSAB. Information would be made available on the website in due course.

Decision

1. To note the publication of the Manchester Safeguarding Adults Board (MSAB) Annual Report 2014-2015.
2. To support the strategic objectives and priorities of the MSAB for 2015-18 that have been outlined in the report.
3. To promote the importance of adult safeguarding across all partners and in the services that they commission, ensuring that safeguarding is at the heart of the re-design of services.
4. To recommend that Board members will consider the impact of budget decisions on adult safeguarding in the same way that they consider equality impact assessments, within their respective organisations.

HWB/15/03 Greater Manchester Health and Social Care Devolution Strategic Plan

The Board considered a report of the Joint Director of Health and Social Care Integration, which provided an update on the Greater Manchester Health and Social Care Devolution Strategic Plan.

In February 2015 the local authorities and NHS organisations in Greater Manchester signed a devolution agreement with the government on the transformation of health and social care. The “GM Strategic Plan: Taking Charge of Health and Social Care in Greater Manchester” was appended to the report. It had been endorsed by all of the organisations in the devolution partnership in December 2015. The plan sets out the ambition and the priorities for transformation from 1 April 2016, when control over the £6billion health and social care budget is devolved. The GM plan is underpinned by locality plans in each of the ten local authority areas.

The Board welcomed the report and acknowledged that all partners at the regional level had positively received the Greater Manchester Plan. The Board noted the links with the themes outlined in the Manchester locality plan which was endorsed at the

November Health and Wellbeing Board meeting.

Decision

1. To note the Greater Manchester Strategic Plan: Taking Charge of Health and Social Care in Greater Manchester, which sets out how the city region's health and social care system will be transformed over the next five years.
2. To support the delivery of the Strategic Plan in Manchester through the implementation of the Locality Plan.

HWB/15/04 Locality Plan

At the last meeting of the Health and Wellbeing Board, members considered a revised draft of Manchester's Locality Plan. Work was now underway to complete the implementation plan for the different programmes of work. This was following the end of the Comprehensive Spending Review and discussions with NHS England, which has enabled all partners to proceed with devolution of health and social care, and the implementation of the Locality Plan. The Board considered reports on the different elements of the plan, how they would be implemented and their current progress.

Single Commissioning Function

A report of the Interim Chief Officer, Central Manchester Clinical Commissioning Group and the Strategic Director for Adult Social Services set out the plans for the future of commissioning in Manchester. It also described the short to medium term actions for how each of the four commissioning organisations will work most effectively together to establish the single commissioning function set out in the Manchester Locality Plan.

The Interim Chief Officer, Central Manchester CCG explained that the single commissioning function was one of the key pillars of ensuring the success of the Manchester locality plan and it was closely linked with the governance arrangements in the Greater Manchester Plan. The process was still being developed, and he anticipated that there would be a further review in 18-24 months. A timeline for implementation was included in the report.

A member asked about the inclusion of the Social Value Act to support the employment of people with health issues. This was not clearly defined in the report. The Strategic Director of Adult Social Services explained that the report did not reference everything that would be included but she welcomed the support of the voluntary and community sector in developing this further. The Board welcomed the focus on developing a shared culture across all the commissioning organisations but acknowledged that this may take some time to develop. The Board endorsed the proposals in the report.

One Team Commissioning Update

A report of the Joint Director Health & Social Care Integration and the Deputy Chief Officer, South Manchester CCG provided an update on the progress made by the One Team Commissioning Project Team to support the first stage of the integration

of health and social care services. The Deputy Chief Officer, South Manchester CCG explained that there was a core group of commissioners and providers working together to develop new ways of delivering care and a framework to measure outcomes. The key component of ensuring that this is successful is the Single Contract for services. There were still a number of challenges highlighted in the report but discussions between commissioners and providers indicated that all would work together to deliver the single contract by April.

Provider representatives assured the rest of the Board that discussions with commissioners had been positive. They had focussed on the governance arrangements and how to deliver services within the local neighbourhood. The Board acknowledged that there were still some significant challenges, particularly around commissioning for resident versus registered populations and differential allocation of funding across different areas of the city. Resourcing the changes was also a challenge and provider representatives noted that this would be reviewed within their respective organisations. The Board noted the report and the substantial positive progress made.

Pooled Budgets

A report of the Deputy City Treasurer, Manchester City Council and Chief Financial Officer, North, South and Central CCGs outlined proposals to expand the pooled fund on a phased basis, with the first stage commencing 2016/17. This would cover the service budgets for commissioning 'One Team'.

Key financial settlement announcements were made in December. They supported the requirement to move at pace to implement proposals set out in the locality plan which would be updated to include the financial details. The Chief Financial Officer assured members of the Board that the risks associated with pooled budgets had been reviewed alongside lessons learned from previous experiences between the Council and NHS organisations. The governance arrangements would reflect this. CCG representatives highlighted the challenge of variation in funding levels per patient across the different parts of the city and that this needed to be recognised in the pooling budget arrangements.

A Board member suggested that it might be useful for a provider representative to attend the Joint Finance Committee that had been established. The Chief Financial Officer confirmed that the terms of reference for this committee had not been established and could be reviewed to accommodate this request.

Single Hospital Service

A report of the Chief Executives of Pennine Acute Hospitals NHS Trust (PAT), Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University of South Manchester NHS Foundation Trust (UHSM) provided an update on progress against the action plan for the development of a Single Hospital Service for Manchester. This was previously discussed at the last Board meeting in November.

The Board welcomed Stephen Gardener, Director of Strategy at CMFT who was co-ordinating the work between the three acute trusts. He described some of the

progress that had been made to date including the finalisation of the action plan, the appointment of a project manager and review team and the signing of a Memorandum of Understanding about how information will be shared across the three organisations. All three organisations were confident that delivery of the agreed action plan to develop proposals for a Single Hospital Service for Manchester will be achieved in accordance with the original timescale subject to approval for external consultancy spend and no unexpected issues or delays.

The Board noted the progress made to date, and recognised that it was important that these proposals moved at pace. It recognised the links with the commissioning of the 'One Team', which aimed to integrate hospital, and community based services and the need to integrate services across the city. It also recognised that the project needed to take account of how other large scale changes such as Healthier Together and the reconfiguration of the Pennine Acute Sector would be affected by these changes. Provider representatives assured the Board that these had been included in the terms of reference so they will be considered as part of the review, which would not cause delays to other parts of the review.

In response to a query about how changes would be communicated to staff and the public, the Director of Strategy explained that there was no dedicated communications resource within the project team but each of the organisations have worked together to produce a set of key messages for communication purposes. Sir Jonathan Michael had been appointed as an independent director for the review and would provide a further update at the next meeting of the Board.

Governance Review

A report of the Joint Director and Health and Social Care Integration sought the approval of the Board to establish a governance and accountability framework to support the development and implementation of an integrated health and care system in Manchester.

The Joint Director described the scale of the changes proposed and the need for a suitable governance framework to be in place. The report set out changes to the role and proposed membership of the Health and Wellbeing Board, and the Health and Wellbeing Executive Group from April 2016. If approved, these would operate in shadow form until April. There was still substantial amount of work to refine the arrangements at Greater Manchester and a local level so they were subject to review as further details emerged.

Members of the Board welcomed the inclusion of voluntary sector and HealthWatch on the Executive Group of the Board. In terms of the representation from primary care providers within the governance structure, discussions were still ongoing about who the most appropriate people will be. CCGs were still represented on the Board and the Executive Group and would continue to do so. A member suggested that the Joint Director of Health and Social Care Integration should chair the Locality Plan Programme board given her key position in the transformation of services. The Board endorsed the recommendations in the report.

Communications and Engagement Plan

A report of the Head of Corporate Services, Manchester Clinical Commissioning Groups and the Head of Strategic Communications, Manchester City Council provided details of the activity planned to raise awareness of Manchester's Locality Plan, and to receive feedback from the public. The public document summarising the plan was included in the report. The Head of Corporate Services explained that this work would be in addition to the individual communication plans for the different programmes of work.

A Board member asked about the co-ordination of the communication and engagement at a Greater Manchester level. The Head of Corporate Services advised that there was a Greater Manchester Communication Steering Group which devised a range of mechanisms to raise awareness and gather information. Information was collated and shared both locally and at the regional level.

The Board recognised the need for a strategy to set out how different audiences will be targeted with key messages. A Board member also suggested that patient stories with examples of where people will go for care in the future would be useful in helping people understand the changes. Overall, the Board members welcomed the document and the Communication and Engagement Plan and supported the recommendations.

Decision

1. Single Commissioning Function

To endorse the proposals for the Single Commissioning Function as set out in the report.

2. One Team Commissioning Update

To note the report and the positive progress made to implement the 'One Team.'

3. Pooled Budgets

- (a) To endorse proposals for the first phase of the programme to expand the pooled fund, with budgets for services in-scope with 'One Team' as set out in section 4.5 of the report.
- (b) To recommend the Council's Executive approve the decision to pool the Council budgets detailed at section 4.5 of the report, including the removal of Public Health Grant funding (£1.771m) which is aligned to residential and nursing services that are currently planned to be pooled in a subsequent phase.
- (c) To note that work is underway to construct business cases to pool service budgets for residential social care, homecare, continuing health care and placements where children and young people with disabilities have education, health and social care needs, for consideration in 2016/17.
- (d) To endorse proposals to pool funding arising from successful bids against the Greater Manchester transformation fund.

- (e) To endorse the intent to begin financial reporting in 'shadow form' on the whole resource quantum in view for pooling over the medium term.
- (f) To note work underway to update the Partnership Agreement for implementation 1st April 2016.

4. Single Hospital Service

To note the progress with the Single Hospital Service for Manchester.

5. Governance and Accountability Framework for Health and Social Care Integration

- (a) To support the proposals contained in the report.
- (b) To support the enhanced role of the Health and Wellbeing Board and proposed amendments to membership for the Board and the Executive Group, subject to approval from the Council.
- (c) To note the establishment in shadow form of the Joint Commissioning Board.
- (d) To note the establishment of the Manchester Provider Group.
- (e) To note the establishment of the Locality Plan Programme Board.
- (f) To note the need to confirm representation of primary care on the Health and Wellbeing Board and the Executive Group.
- (g) To endorse the proposal to establish the governance arrangements in shadow form from 13th January 2016.
- (h) To provisionally support formal introduction of these arrangements from 1 April 2016 subject to review and individual engagement with partner organisations, including any necessary changes to constitutional arrangements.
- (i) To note that the Health and Wellbeing Board will be asked to approve the governance and accountability arrangements before they move from shadow to full implementation from April at its March meeting.

6. Communication and Engagement Plan

- (a) To note the communications and engagement activity aligned to the Locality Plan.
- (b) To receive a further report in June 2016 reporting on the results of the communication and engagement activity and detailing how comments received will influence the delivery of the Locality Plan and the transformation.

HWB/15/05 Presentation in the Voluntary and Community Sector Contribution to Health and Wellbeing

The Director of Macc gave a presentation which summarised the scope of the voluntary and community sector in Manchester, the work that organisations do, the number of volunteers and an estimate of the financial and voluntary contribution to the health and social care sector. The figures were based on the State of the Sector report from 2013 and as such some figures were out of date particularly the financial information. He anticipated that the total income for the sector would have reduced in line with the general reductions in funding to the wider public sector. Specific concerns around budget reductions for some organisations included the increasing reliance on reserves to fund basic operation of voluntary organisations.

The presentation also highlighted some of the work done to co-ordinate information about voluntary sector organisations and projects including the online directory, which was maintained by Macc.

The Board welcomed Ms Kate MacDonald, Chief Executive of the Young People Support Foundation and Ms Sian Payne, Director of Delivery, Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation who were seconded to the Practitioner Design Team. They described their contribution to the team, explaining that they had brought their experience in the sector to bring a fresh perspective to the design of services. They had helped colleagues realise the scope of the voluntary sector in Manchester and the different areas it contributes to. They felt that they had been welcomed into team and that this approach had substantial scope to contribute to the health and social care sector in the future both at a strategic level and in the delivery of services.

The Board welcomed the presentation and the practical examples of how the voluntary and community sector contributed to health and social care. Some members stated that they were unaware of the range and scope of the voluntary contribution but they recognised the need to ensure that this was recognised, and included at a strategic and delivery level. There was increasing reliance on larger voluntary organisations as a funder of some programmes.

Members discussed the commissioning of ‘One Team’ and the need to think about how to ensure the resources within voluntary organisations were used most effectively. The commissioning of the ‘One Team’ provided the opportunity to tailor organisations to the specific needs of different demographical areas. This was particularly important in reviewing how to invest in prevention which was a key strategic priority of ensuring that the changes to health services were successful.

CCG representatives highlighted the difficulties faced by key partners such as GPs in identifying the resources available in the voluntary and community sector. The Board recognised the need for ensuring that this information was available, particularly at a community level for practitioners as changes to move towards place based health services were implemented. Voluntary Sector representatives explained that this was already being addressed through the involvement in specific programmes such as Early Help and this would feed into One Team. They gave other specific examples of successful innovations in the voluntary sector and the involvement of both commissioned and non commissioned organisations and networks. It was important

to recognise that not all organisations wanted to be included in the sector, and they would develop and support people outside of health and social care in different ways.

Overall, the Board recognised that the voluntary sector would develop organically and with the right level of inclusion, was a valuable asset and partner in all aspects of health and wellbeing.

Decision

To note the report.

HWB/15/06 Better Care Fund – Quarter 2 Submission 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 second quarter 2015/16 performance. The template measured performance against six key areas and was submitted under delegated authority to the Strategic Director for Families Health and Wellbeing, which had been agreed by the Board at a previous meeting.

The Chief Financial Officer highlighted some of the key performance data. At the last meeting, performance on non-elective targets had not been achieved but the majority of these targets were in progress to be achieved by the end of the year.

Decision

To note the report.