

Health and Wellbeing Board

Minutes of the meeting held on 8 June 2016

Present

Councillor Richard Leese, Leader of the Council (Chair)
Councillor Paul Andrews, Executive Member for Adults (MCC)
Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)
Councillor Sheila Newman, Executive Member for Children (MCC)
Dr Mike Eeecklaers, Chair, Central Manchester Clinical Commissioning Group
Michael Greenwood, Chair, North Manchester Clinical Commissioning Group
Dr Philip Burns, Chair, South Manchester Clinical Commissioning Group
Steve Mycio, Chair, Central Manchester Foundation Trust
Barry Clare, Chair, University Hospital South Manchester
Jim Potter, Chair, Penine Acute Hospital Trust
John Scampion, Chair, Manchester Mental Health and Social Care Trust
Mike Wild, Voluntary and Community Sector representative
Vicky Szulist, Chair, Healthwatch
Dr Claire Singleton, Primary Care representative - Local Medical Committee
David Regan, Director of Public Health

Also Present

Stephen Gardiner, Central Manchester Foundation Trust
Sandra Goode, Director of Strategy, Pennine Acute Hospital Trust
Tracy Vell, Chair, Manchester Local Medical Committee

HWB/16/21 Welcome to New Members

The Chair welcomed Jim Potter and Dr Claire Singleton to their first meeting of the Board.

HWB/16/22 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 27 April 2016.

HWB/16/23 Manchester Health and Social Care Locality Plan Progress Update

The Board considered a report of the Joint Director of Health and Social Care which gave a high level overview of progress towards developing the Locality Plan including a summary of the key work areas, progress to date and milestones. The Plan was formally agreed by the Board at an earlier meeting and set out the plan for creating a financially sustainable NHS and social care services in Manchester over the next 5 years.

The report provided detailed updates on the three pillars, the eight priorities within the Plan and the different areas of work. The Joint Director highlighted that the scale

and ambition of the Plan was unprecedented in Manchester and the pace of change was increasing rapidly.

Following a question, the Joint Director explained that commissioners were currently in the process of assessing bid submissions for mental health services. This was a very complex process and it was important to get it right. A member asked for less acronyms and jargon to be used in reports so that they are easier to understand.

Board members noted that they would receive more detailed presentations on the three pillars of the plan.

Decision

1. To note the update and the progress.
2. To note the immediate focus on the publication of the Stage 2 report on the Single Hospital Service.
3. To note the need for the Transformation Priorities to strengthen their focus by developing clear milestone plans.
4. To note the progress on the enabling workstreams.
5. To note the intentions contained in paragraph 5 of the report about proposals for the Transformation Fund.
6. To note the support arrangements over the next two quarters and in particular the deployment of the programme management team as set out in paragraph 6 of the report.

HWB/16/24 Single Hospital Service Review

Sir Jonathan Michael, Independent Director of the Single Hospital Service Review presented a report that provided detail on the progress made against the action plan for the development of a single hospital service for Manchester. The second stage of the review into the most effective governance arrangements had now been completed and the final report was provided to the Board for comment. The report also highlighted the responses to the recommendations from the commissioners and each of the three provider trusts.

Sir Jonathan highlighted the findings from the first stage report and the benefits that a single service would provide. For the second stage, he had reviewed a number of options for the organisational structure and concluded that the creation of a new organisation to manage hospital services across Manchester the best way forward. The benefits of this included greater clarity about leadership and accountability, better co-ordination of services to ensure consistency across the city.

The report recommended that the Board to ask the hospital trusts to discuss the creation of a new, single organisation and to provide an initial assessment on implementation requirements and timescale. On page 32 of the Stage 2 report, a number of key issues were highlighted that had to be considered following the

recommendation. This included ensuring the maintenance of safe clinical services during the transition. If any areas were specifically at risk, the Trusts were asked to work together. There were also other issues surrounding the North East sector review and ensuring that services were sustainable for Pennine Acute Hospital Trust and the new citywide trust.

The Chair informed members of the Board that he had spoke with the leaders of Bury, Oldham and Rochdale Councils and they were largely supportive of the proposals. He had also met with Trafford Clinical Commissioning Group and the Leader of Trafford Borough Council and they wanted to be kept informed of the proposals as they developed. Central Manchester Foundation Trust and the University Hospital of South Manchester Trust were asked to help support the Pennine Acute Hospital Trust in North Manchester.

Hospital provider representatives supported the recommendation in the report and noted that it was important to focus on the benefits this would bring for the city and not the individual organisations. They noted that it was important that the delivery of services had to change to ensure consistency across the city and deliver better outcomes for the residents of Manchester. Primary care provider representatives on the Board also supported the recommendation.

The Commissioning representatives also supported the recommendations and noted that it would result in improved quality of services that would be financially and clinically sustainable. It would also promote better investment in community based services and focus on prevention.

The community and voluntary sector representatives supported the recommendation but also highlighted the need to ensure that patients and residents were actively involved in the development of services, and changing the culture of how services were delivered. They asserted that details of how patients would be put at the centre of the changes needed to be set out more clearly. Sir Jonathan agreed and highlighted the need to engage with patients.

Overall, the Board supported the recommendation. Members noted that the long-term aim of the changes was to reduce the number of people by focusing on prevention and to encourage people to take ownership of their own health. The Board thanked Sir Jonathan and all of the people that had worked on the review to get it to this point.

Decision

To request CMFT, UHSM and PAT to enter into discussion to consider the creation of a new, single organisation and to provide an initial assessment on implementation requirements and timescale. The Trusts should report back the outcomes of these discussions to the Health and Wellbeing Board within 6 weeks.

HWB/16/25 Single Commissioning Function

The Board received an update report of the Clinical Commissioning Group representatives and Director of Adult Social Care, which provided an update on the development of the single commissioning function.

The Chair of South Manchester CCG explained that a Joint Commissioning Executive was established on 1 June 2016. This provided a means for senior commissioners to agree their approach to major issues such as the plans for the Local Care Organisation and a single hospital service. The Executive will report to each constituent organisation and to the Joint Commissioning Board. These arrangements were in place until the formal commissioning arrangements were agreed. This was anticipated to be in September 2016.

The Board welcomed the rapid progress that had been made in such a short timescale.

Decision

1. To note the report.
2. To agree to receive further updates at future meetings.

HWB/16/26 Progress Update Local Care Organisation Development

The Board considered a report of the Chair of the Manchester Provider Board. This provided an update the Health and Wellbeing Board on the development of a Local Care Organisation.

The Local Care Organisation is one of the three key pillars described in the Locality Plan to deliver improved outcomes for Manchester and services that are clinically and financially sustainable. Its focus is keeping patients out of hospital and reducing the number of patients receiving acute care unnecessarily. It will deliver out of hospital care via neighbourhood teams that will serve local populations of between thirty and fifty thousand people. GPs will be central to coordination and delivery of care at a neighbourhood level.

The Chair of the Provider Group explained that the focus is now on developing the structure of the Local Care Organisation so it is capable of holding a single contract with commissioners for out of hospital care from April 2017. She explained some of the complexities around getting the technical details right and the need to progress this quickly. The success of the single hospital service was reliant on the development of the Locality Care Organisation so the timescale for the transformation needed to be accelerated to ensure that the changes developed at the same pace as the single hospital service. The Board noted that the timescale would change to align with the development of the single hospital service.

Decision

1. To note the progress made by the Manchester Provider Board developing the Local Care Organisation. Support is being received from NHS England as Manchester is one of six areas nationally that are at the forefront of this work.
2. To note the agreed high level milestones specifically, by end August 2016 to have determined organisational form of the Local Care Organisation ahead of

establishment and, from April 2017 to hold a single contract for out of hospital services.

3. To note the next steps that have been identified, specifically to develop more detailed milestones that all partners are signed up to by the end of June and the intention to establish a joint provider and commissioner steering group.

HWB/16/27 Self Care Strategy

The Board considered a report of the Director of Public Health which presented the Manchester Self Care Strategy for the Board's approval.

The strategy was developed a wide range of stakeholders from across the city. It is integral to the delivery of a number of transformation programmes contained in the Manchester Locality Plan. The Director of Public Health explained that Manchester has some of the poorest health outcomes in the country. The strategy was a vital part of encouraging people to take responsibility for their own health as this was not happening at the scale needed. Many people, particularly those with long term conditions want to manage their own health so the strategy set out the support mechanisms to do this. Many of the measures in the strategy had been trialled successfully in North Manchester.

The Board welcomed Helen Speed, Programme Director, North Manchester Clinical Commissioning Group and Dr Cordelle Mbeledogu Specialty Registrar in Public Health to the meeting. They emphasised the need for an organisational approach and changing the way staff worked to support patients to manage their own health.

The Board supported the strategy and recognised that it required a cultural shift in the way that services were provided and the way that people perceived the concept of self care. It also noted that it fit in with the concept of "Our Manchester" and the wider changes to reduce dependency and focus on prevention.

Decision

To approve the Self Care strategy.

HWB/16/28 Healthy work

The board considered a report of the Chair of Central Manchester Clinical Commissioning Group which provided an update on work related to the priorities and activities that are overseen jointly by the Health and Wellbeing Board and the Work and Skills Board. The report was divided into three parts: the developments in relation to work and health since the last report, a summary of progress, progress against recommendations approved by the Health and Wellbeing Board and Work and Skills Board in March 2015 and the recommended priorities for 2016/7.

The Chair of Central Manchester CCG described the importance of the programme of work and how it was linked to the Locality Plan and work going on across Greater Manchester. The Strategic Lead, Adults Health explained that the biggest challenge remains to deliver an integrated approach to the people out of work with a health condition who make up over 32,000 (59%) of the total out of work population in the

city. Doing so will improve health outcomes as well as employment rates. She described some of the practical things that had been done as part of the programme. This included GP referrals into schemes for people out of work and people off work sick. These schemes had been successful at supporting people back into work. She also advised the Board that a provider had been appointed to work with each of the provider trusts to review how they promote workplace health.

The Board welcomed the report and the progress made to date. Member organisations were committed to engaging with the programme and delivering better outcomes. CCG representatives explained that they had seen the benefits of the programmes for their patients who had been referred.

A member asked about the proportion of people in the programmes (both those out of work and those taking time off work sick) with a mental health condition. The Strategic Lead, Adult Health explained that approximately 65% of people taking time off work and referred to the programmes had a mental health condition, either as the main reason they are off work or as a secondary condition.

The Board acknowledged the importance of the type of programmes being undertaken and the way they were delivered, particularly in changing the way that we think about the role of health care in people's lives. The Board also recognised that the reasons people are out of work were more complex than just health and the success of these programmes was in getting a number of interventions co-ordinated to address other problems. The Board approved the recommended priorities for the next year.

Decision

1. To approve the priorities set out in the report for 2016/7.
2. To note the progress against 2015/6 recommendations.

HWB/16/29 Healthwatch priorities 2016/17

The Board considered a report of the Manchester Healthwatch, which set out the priorities for the organisation for the current year. The Chair of Healthwatch described some of those priorities. One of the main challenges they faced in the coming year was how the organisation would respond to reports of problems in services that are undergoing substantial changes as part of the transformation of NHS and social care services.

Section 4 of the report looked at the three programmes of change (single hospital service, single commissioning service and the local care organisation) in detail. Part of the Healthwatch role would be to assess that the service changes are fit for purpose and the impact on vulnerable people. A specific example of whether the relocation of breast cancer screening would put people off travelling a further distance for appointments was given.

The Chief Executive of Healthwatch explained that the statutory programme of research was well underway. Some organisations had been co-operative, but some had not so the Chief Exec would approach board members for support where this

had been a problem. Board members agreed to pick this up if it was an issue within their respective organisations.

Decision

To note the report.

HWB/16/30 Better Care Fund

The Board considered two reports on the Better Care Fund. The first report provided an update on the template submitted to NHS England for the Better Care Fund fourth 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. All expected deadlines and targets had been met by the end of the year.

The Board received a report at its meeting on 9th March 2016 updating on BCF Planning Requirements 2016/17 and proposing a further extension of the pool budget to support the development of "One Team". Delegated authority was given to the Joint Commissioning Director, Health and Social Care, to approve and submit the BCF submission in April 2016. The second report provided an overview of the template submitted for the expanded pooled Better Care Fund 2016/17.

Decision

To note the report.

HWB/16/31 Meeting Date

The Board agreed to move the date of the next meeting to a later date in July to accommodate the Single Hospital Service review item. The Committee's support officer would liaise with board members to agree a date.