

## **Health and Wellbeing Board**

### **Minutes of the meeting held on 18 January 2017**

#### **Present**

Councillor Richard Leese, Leader of the Council (Chair)  
Councillor Paul Andrews, Executive Member for Adults (MCC)  
Councillor Sheila Newman, Executive Member for Children (MCC)  
Dr Mike Eeckelaers, Chair, Central Manchester Clinical Commissioning Group  
Michael Greenwood, Chair, North Manchester Clinical Commissioning Group  
Dr Philip Burns, Chair, South Manchester Clinical Commissioning Group  
Kathy Cowell Chair, Central Manchester Foundation Trust  
Jane McCall, attending for Barry Clare, Chair, University Hospital South Manchester  
Jim Potter, Chair, Penine Acute Hospital Trust  
Mike Wild, Voluntary and Community Sector representative  
Vicky Szulist, Chair, Manchester Healthwatch  
Hazel Summers, Strategic Director of Adult Social Services  
David Regan, Director of Public Health

#### **Apologies**

Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)  
Barry Clare, Chair, University Hospital South Manchester  
John Scampion, Chair, Manchester Mental Health and Social Care Trust  
Paul Marshall, Director of Children's Services

#### **HWB/17/1 Minutes**

#### **Decision**

To agree the minutes of the Health and Wellbeing Board meeting on 2 November 2016. The Board also welcomed Kathy Cowell as Chair of the Central Manchester Foundation Trust.

#### **HWB/17/2 Manchester's Locality Plan – Investment Planning and Reform Update**

The Joint Director Health & Social Care Integration presented the report which set in the context of steps being taken to close the 'do nothing' funding gap of £134m to the health and care system, which will materialise if the status quo on delivery health and care remains in its current form until 2021

The Board were updated on progress in securing investment from the Greater Manchester Transformation Fund to support implementation of the Locality Plan as a key driver for securing clinical and financial sustainability of health and care services in Manchester.

A significant investment request was made in October to the Greater Manchester Transformation Fund and the Board were told that a process of evaluation has taken place with a decision expected on 6 February 2017. The evaluation process has

been encouraging and there is optimism that there will be a positive outcome. This will mean that investment will be possible in new integrated models of care from 2017/18 onwards. In addition the process for the Single Hospital Service will begin evaluation from late January into early February and this will continue until March/April when a definitive decision on the outcome is expected.

The Joint Director Health & Social Care Integration confirmed that £57m of City Council services relating primarily to children's social care and safeguarding has been deemed out of scope from the Locality Plan reform pillars at the present time, but that discussions will be held to determine which areas of Children's Services will in due course come into the scope of the new models.

### **Decision**

1. To note the update and progress.
2. To note the engagement with Greater Manchester Health and Care Team regarding investment requirements.
3. To note the commissioner proposals, developed with providers, for the prioritisation areas for investment in the integrated out of hospital services models of care.
4. To note that an update on the prioritisation areas for investment will be presented to the next meeting of the Board.
5. To request that a report on the updated financial model behind the Locality Plan is considered at the next meeting of the Board.

### **HWB/17/3 Manchester Health and Care Commissioning**

The Chief Accountable Officer for the merged CCG and for Manchester Health and Care Commissioning (MHCC) presented the report which provided an update regarding the development of a single commissioning function for Manchester.

The Board were told that progress is good against very challenging timescales. A number of significant milestones have been successfully met since the last report and it is expected that establishment will be completed by 1 April 2017, with the support of NHS England conditional on Boards and membership decisions which are scheduled for the end of January and early February respectively.

The Board recognised the progress made to date, and confirmed that they wished to maintain the level of GP representation to the Board and the geographical balance of this representation when the single commissioning function is implemented.

It was also confirmed that the connections to the 12 neighbourhoods within Manchester would be maintained under the new single commissioning function so that local knowledge would be utilised to ensure that appropriate services would be commissioned for each neighbourhood.

## **Decision**

To note the report.

*(Dr Burns and Dr Eeecklaers declared a personal interest in this item and took no part in the decision)*

### **HWB/17/4 LCO Planning Update – Prospectus update and Selection Process**

A report of the LCO Provider selection Board was presented to the Board by the Chief Accountable Officer for the merged CCG and for Manchester Health and Care Commissioning (MHCC). The report provided an update on progress toward developing a Local Care Organisation (LCO) within the City.

The report updated on progress with the development of the LCO prospectus and set out the intention of the three Manchester CCGs and Manchester City Council to initiate a provider selection process, which the Board was asked to endorse.

The creation of a LCO in Manchester is a significant change in the model of delivery of services and integrated models of care, and following the last Health and Wellbeing Board commissioners undertook an engagement exercise between the 2nd of November and the 3rd of January. This was to ensure that the prospectus for the proposed Local Care Organisation meets the needs of Manchester's diverse population and also to build awareness of the emerging arrangements for out of hospital care so organisations can prepare for this.

This exercise generated a wide range of responses from the city's diverse network of stakeholders, providers, academic institutions and VCSE organisations. This has generated over 400 comments, queries and endorsements made. The feedback has been overwhelmingly constructive and has endorsed the intent to pursue the creation of an LCO.

The Board acknowledged that it is important to recognise that there has been an outstanding approach on the part of all involved organisations in the process, which means that the Prior Information Notice (PIN) and final prospectus will reflect all of the issues that have been raised and the feedback that has been received.

The procurement legal framework is essential to the successful progress of the process, and a bespoke procedure is being designed, satisfying the requirements of the 'Light Touch Regime', to provide confidence to the Commissioners and external assurers that the successful contract holder can meet the ambitious outcomes expected of the new system of improved outcomes for patients, financial sustainability and value for money.

The aim is to complete the process in 2017/18, but the timescales are dependent on the number of providers who respond. The Commissioners will advertise the opportunity by February/March 2017 via a 'Prior Information Notice' (as a call for competition) in the Official Journal of the European Union (OJEU) together with a contract notice in Contracts Finder to understand the level of interest for the contract. Commissioners are seeking a single contract holder for the full scope of services.

## **Decision**

1. To note the report.
2. To endorse the Commissioners' plans to procure and award a single contract to a new LCO contract holder for a substantial proportion of out of hospital care in the city.

### **HWB/17/5 Manchester Local Care Organisation – Provider Update**

The report of the Chair of the Manchester Provider Board was presented to the Board, which provided a brief update on the response to the Local Care Organisation commissioning prospectus made by the Manchester Provider Board. It also reiterated the intention of the Manchester Provider Board to respond to any procurement processes relating to the Local Care Organisation.

## **Decision**

To note the report.

### **HWB/17/6 Manchester Single Hospital Service Update**

The Director, Single Hospital Service Programme presented a report to the Board that provided an update on the latest position of the programme to create a Single Hospital Service for the City of Manchester.

The first key deadline of the programme plan was met with the submission, on the 9 December 2016, to the Competition and Markets Authority (CMA) of the merger notification and the Stage 1 report on the competition analysis. The Trusts are seeking a "fast track" referral through to Stage 2, assessment of benefits, and, to support this, a draft of the Stage 2 submission, benefits case, was also provided to the CMA for comment. Assuming a fast track referral is achieved the final version of the benefits case will be submitted at the end of January 2017. This would be expected to produce an outcome from the CMA process by July 2017.

Work on developing the Full Business Case (FBC) is now underway. A range of work streams has been established to take forward the key areas of developmental work. These will continue over the next three months with the objective of submitting the FBC at the end of March 2017. The FBC work will need to be underpinned by appropriate Due Diligence reviews and include a well-developed plan for how the integration of the two organisations is to be implemented.

Engagement with the community and voluntary establishments is being prioritised, with arrangements put in place to meet Manchester and Trafford Health Watch organisations and Manchester Local Voluntary and Community Sector Support Organisation (MACC). This will be an expanding area of activity going forward.

The Board acknowledged that Manchester Healthwatch will be the lead Healthwatch in this process as the Single Hospital Service is a Manchester service although neighbouring authorities will have an interest in this process.

The Board also recognised the vast amount of work and negotiation that was taking place between all the involved organisations outside of the Board meetings, and the advantages that these relationships were bringing to the programme plan.

The Board also confirmed that while there is an ongoing process to establish a Single Hospital Trust, the ultimate aim is also to provide a Single Hospital Service in conjunction with this.

### **Decision**

To note the report.

### **HWB/17/7 Future of North Manchester General Hospital**

The Chief Operating Officer, North Manchester CCG presented a report to the Board that provided the detail and the summary of the Project Initiation Document (PID), agreed across all key stakeholders for the development of a clinical and financially stable plan for the future provision of hospital and well-being services at North Manchester General Hospital (NMGH).

NMGH has recently received a rating of inadequate by the Care Quality Commission (CQC) and has some very challenged services in relation to urgent care, maternity and paediatrics. The leadership of Salford Royal Foundation Trust (SRFT) has been secured by NHS Improvement to manage PAHT services and lead the implementation of the Improvement Plan across the whole trust.

The Chief Operating Officer, North Manchester CCG confirmed that it is vital that a stable plan for the future of NMGH is established within the next 3 – 6 months, and that this would also have implications for the delivery objectives of the Single Hospital Service and the Manchester Local Care Organisation.

The Board confirmed that the CCG's all endorsed the process that was suggested by the Project Implementation Document and that this was an opportunity to improve the services provided by NMGH and that it was encouraging that the Commissioners had set out a clear implementation plan which was consistent with the Locality Plan and the intentions contained within that.

The Board also acknowledged that there was still a lot of work required to stabilise the situation at NMGH, and welcomed the leadership of Salford Royal Foundation Trust (SRFT) which has been secured by NHS Improvement to manage PAHT services and lead the implementation of the Improvement Plan across the whole trust.

### **Decision**

1. To support the Project Initiation Document
2. To receive regular updates on the progress of the development of North Manchester General Hospital.

### **HWB/17/8 Consultation for the proposed redesign of learning disability and autism spectrum disorder (ASD) services in the North West.**

The Strategic Director, Adult Social Services and the Deputy Director of City Wide Commissioning, Manchester Clinical Commissioning Groups presented the report to the Board which outlined the background and basis of the NHS England public consultation for the proposed redesign of learning disability and autism spectrum disorder (ASD) services in the North West.

The consultation document attached to the report focused on the future of the inpatient provision now known as Merseycare Whalley site, but prior to the Merseycare merger in January 2016, was referred to as Calderstones Partnership NHS Foundation Trust.

The consultation began on 1<sup>st</sup> December 2016 and will close 12 weeks from that date on 23<sup>rd</sup> February 2017. Representatives from NHS England (North) will attend the Board meeting and provide an overview presentation of the Consultation.

Two options are being mooted and discussed within the published documents and are described within the briefing. The options considered the full or partial closure of the low secure beds at Merseycare Whalley and the relocation of medium secure beds to an alternative site in Merseyside. There are financial implications for GM Clinical Commissioning Groups (CCGs) in both options.

The City Wide Commissioning and Quality Team is actively supporting the consultation process by working with the North West Training and Development Team/Pathways Associates Community Interest Company (CIC) who will facilitate 3 open sessions in North, Central and South Manchester (23<sup>rd</sup> and 25<sup>th</sup> January) directly targeting people with learning disabilities and/or Autism and their families for their experiences of specialist inpatient care and their comments on the options being mooted.

The Board noted that previous cohorts in a similar process have resulted in a significant cost implication to both CCG's and the City Council, and that a decision on adequate funding arrangements must be clearly established before any final decision is made. The Board also made the point that there were implications for the communities in which these individuals would be living, and that previous arrangements of this nature had not taken consideration of this to the detriment of some of those communities, as well as to the detriment of service users themselves. The Board acknowledged that the number of service users affected was limited, but also commented that the implications could potentially far outweigh the number of individuals concerned.

The Board also queried what structure was in place to co-design the necessary services to ensure that appropriate services were in place to support individuals in their own communities upon potential discharge. The Board also asked how Carers organisations would be engaged in the process.

The Board were told that NHS England have significant links with the relevant organisations and that they have built on these links to ensure that the delivery models are developed in conjunction with service users and the Carers and organisations that support them.

The Board agreed that a formal response to the consultation would be provided, and that while they fully supported the principle people with ASD and Learning Disabilities living within their communities, the practical and financial mechanisms to achieve this must be closely examined as the report did not provide the level of detail in these areas that the Board required.

### **Decision**

1. To note the report.
2. To provide a formal response to the consultation.
3. To request more detail on the practical and financial mechanisms that would be employed in this process.