

Health and Wellbeing Board

Minutes of the meeting held on 30 August 2017

Present

Councillor Richard Leese, Leader of the Council (Chair)
Councillor Craig, Executive Member for Adults (MCC)
Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)
Dr Philip Burns, Chair, Manchester Health and Care Commissioning
Dr Manisha Kumar, Clinical Director, Manchester Health and Care Commissioning
Dr Ruth Bromley, GP Member, (South) Manchester Health and Care Commissioning
Dr Faizan Ahmed, GP Member (Central) Manchester Health and Care Commissioning
Kathy Cowell, Chair, Central Manchester Foundation Trust
Barry Clare, Chair, University Hospital South Manchester
Jim Potter, Chair, Penine Acute Hospital Trust
Mike Wild, Voluntary and Community Sector representative
Vicky Szulist, Chair, Healthwatch
Dr Carolyn Kus, Strategic Director of Adult Social Services

Apologies

Councillor Sheila Newman, Executive Member for Children (MCC)
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Dr Claire Singleton, Primary Care representative - Local Medical Committee
Paul Marshall, Strategic Director of Children's Services
David Regan, Director of Public Health

HWB/17/28 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 5 July 2017.

HWB/17/28 Update on GM Strategy, "Taking Charge"

The Board received a presentation from the Chief Officer of the Greater Manchester Health and Social Care Partnership. The presentation provided an update of the activity of the Greater Manchester Health and Social Care Partnership during 2016/17 and the plans for implementing the Greater Manchester Health and Social Care Partnership Strategy from 2017/18 and beyond.

The Board expressed satisfaction that the progress to date has been good, particularly with regard to the single commissioning function and the single commissioning organisation. In addition the implementation of the Local Care Organisation was progressing well, and the decision of the Competition and Markets Authority in recent weeks regarding the Single Hospital Service was a boost in terms of the merger of Central Manchester University Hospitals NHS Foundation Trust

(CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM).

The Board were told that much of the focus is now on the next stage, which is how North Manchester General Hospital (NMGH) will be acquired from Pennine Acute Hospital NHS Trust to result in a genuine Single Hospital Service for Manchester and the City Region as a whole. The presentation also demonstrated how the management team that had been brought into the structure each delivered specific areas of expertise that complimented each other to the benefit of the process as a whole.

The Board were also told how the future work on digital solutions and public health projects was complimenting the ongoing processes and work of the Greater Manchester Health and Social Care Partnership to the benefit of Manchester and Greater Manchester as a whole. The Board were also told that many of the targets that had been met were a much better result than that in many other parts of the country, further reinforcing the effectiveness of the working partnership approach that Manchester had taken. The Board were encouraged by the fact that these targets had been met despite extremely challenging circumstances.

There were some areas of operation that did not perform as well as hoped, in particular the Urgent and Emergency Care services. The reality is that while there are significant demographic issues in Manchester as a whole, the systems do not work as well as some of our comparable authority areas. If allowed to continue this could erode the devolution status of Manchester, which is not acceptable. A&E services are good in part, but there has also been a serious issue with delayed discharge services across the city as a whole which will need to be addressed.

There is progress identified in delivery of projects that have been under development, for example the Single Commissioning Review has resulted in services being at the point of delivery for Single Commissioning Functions, especially in the localities, at both a Manchester and Greater Manchester level. Progress has also been made in making a reality of commitments that have been made at a neighbourhood level, and it is crucial that the new models of care are integrated and rolled out proactively and effectively.

A Single Acute Services Strategy is currently being developed, and progress has been good. The Strategy will be aligned with the Single Hospital Service, as well as other services which will be a challenge.

The financial situation will also be challenging in the future, with financial savings increasing year on year. Service delivery in 2017/18 will be further restricted and there will be a need for a strong degree of partnership working across services and providers if financial targets are to be met, especially given the known £1.1bn gap in financial provision. All partners need to be aware of the ultimate aims and objectives, and while services are undergoing a period of change it is still unclear what the position will be in future years.

The Board asked what the implications were of being behind schedule on the transformation process, and what capacity existed to make up that time. Officers

said that the position is variable and that the focus needs to remain on implementing the new models of care within the neighbourhoods. There may have been some imbalance between putting the infrastructure in place and then driving through the models of care, but that this is on course and not unduly worrying.

The Board also asked whether the move towards a Single Acute Service would mean that services would be centralised rather than spread in the neighbourhoods, and were told that the proposed model would involve a degree of consolidation but that other pre- and post- care services will be based within individual neighbourhoods, with an intention that Health and Social Care Services would be fully integrated to provide a seamless service.

Decision

To note the report.

HWB/17/29 Locality Plan Refresh and MHCC Strategy update

The Board received a report from the Executive Director of Planning and Operations, Manchester Health and Care Commissioning which set out the progress of the development of the Locality Plan refresh and Manchester Health and Care Commissioning (MHCC) strategy.

The Board asked for clarification as to how members of the public will know how to access services as the methods of delivery change, and officers confirmed that there would be different means of communication including social media. There would also be an emphasis on promoting the changes within the individual neighbourhoods. The Board commented that members of the public needed to have easy search facilities to find out what services were on offer and where those services were, and officers confirmed that they were in the process of implementing a new digital strategy that meant if a member of the public rang their GP, they would be signposted to the most appropriate service. This would be the case both within normal operating hours and out of hours. Officers also confirmed that existing staff would have training and resources to help them to determine the most appropriate service to refer a patient to.

The Board commented that a mystery shopper exercise had highlighted that although 7 day services have been commissioned, patients are not always made aware that 7 day services exist, which is disappointing. In addition the Board expressed some concern that the new governance structure did not include representation from patient groups. Officers confirmed that the new structure would not include representation from patient groups, as the emphasis would be on the operational issues rather than strategy, but that the patient voice would be fully accounted for at Board level.

Decision

1. To note the report.

2. To support the proposed direction set out in the Locality Plan refresh and its alignment with the commissioning strategy.
3. To agree that organisations will work with MHCC to develop milestones to support delivery of the aims of the refreshed Locality Plan.
4. To support the proposed governance outlined, endorse the terms of reference for the Manchester Transformation Accountability Board (TAB) and delegate to the TAB establishment of other groups within the governance structure.

HWB/17/30 Manchester Single Hospital Service.

The Board received a report from the Director SHS Programme, which provided an update on the City of Manchester Single Hospital Service (SHS) Programme.

In addition to the information in the report, officers confirmed that an Audit of the process to date by KPMG had returned an unqualified opinion on Stage 1, which was very encouraging. Stage 2 will finish about 10 days after the meeting, and they are confident that there will be another unqualified opinion of Stage 2. Work is continuing to achieve a satisfactory assessment score from NHS Improvement (NHSI), with a view to achieving the anticipated authorisation date for the new NHS Foundation Trust of 1 October 2017.

The Board were told that there was weekly contact with the CQC, and Manchester University NHS Trust should be registered on 1 October 2017, after the de-regulation of CMFT and UHSM. A Community Forum has been established and has held its first meeting, and communication will be increased with staff regarding the process and the implications for staff. There is also regular communication about how the SHS and the LCO will integrate and continue to co-operate on an ongoing basis.

The Board were also told that the integration with North Manchester will be within the next 12 to 18 months, once NHSI have approved the process.

The Board were also told that a priority is communicating with members of the public and patients that the creation of a single service does not mean that choice will be reduced, and in fact will be increased within the model of benefits to patients as it will reduce boundaries between current providers of services.

The Board welcomed the report and thanked all the officers for the work that has been done and the progress that has been made.

Decision

To note the current position with the Manchester Single Hospital Service Programme.

HWB/17/31 Manchester Local Care Organisation – Provider Update.

The Board received a report from the Chief Executive of the Manchester Provider Board which provided an update on the development of the Local Care Organisation by the Manchester Provider Board, including the development of service and clinical

models and strategy, as well as progress in relation to the procurement process set by Manchester Health and Care Commissioning.

The Board asked what the main risks were for achieving the aims and objectives, and what mitigation was in place to address the risks. Officers confirmed that one of the main risks identified was the take up of the integration contract from GP's, and that this risk would be mitigated by consistent dialogue and communication with GP's to emphasize the benefits that the scheme would bring. In addition, patient participation groups had been fully involved in the process and the development of the LCO, and there is a network of care co-ordinators who have as part of their role the co-ordination of services in the individual neighbourhoods. Officers also confirmed that there was a current recruitment process to ensure that key posts are filled with the best possible candidates, who have both the local knowledge and experience to drive the process. The aim is to appoint by the middle of September.

Decision

1. To note the development of the interim legal structure of the Manchester Provider Board which will be established ahead of service delivery in April 2018 and the programme plan;
2. To note the progress in regards to the implementation of the new models of care for 2017/18 and the engagement activities co-ordinated by the Manchester Provider Board; and
3. To note the continued progress made by Manchester Provider Board in the procurement process to date.

HWB/17/32 Better Care Fund and Improved Better Care Fund.

The Board received a report from the Executive Director for Strategic Commissioning and Director of Adult Social Care Services (DASS) which provided the Board with an outline of the Manchester Better Care Fund Plans, the linkages to support performance with regards to Delayed Transfer of Care (DTC) and associated key performance metrics.

In particular, the Board welcomed the Improved better Care Fund which will have a focus on the following key areas for the Manchester system:

- The development of new models of home care, residential and nursing care homes, acknowledging the pressures upon the care market, and the development of reformed models of care that deliver a step change in outcomes and experience for citizens, which offers attractive employment opportunities and scope for career development; and supports the delivery of wider system benefits
- Review and reform (where applicable) ASC direct provision in readiness for a safe transfer of services to the emerging LCO, recognising the phased approach of services therefore conducting a review of those services that will be retained but transfer to the LCO in later phases.

- Develop an appropriate and effective finance, performance and contract management system infrastructure required to support the delivery of new models of social care delivery
- Short term improvements/here and now pressures, focussing upon high cost provision, and addressing the system pressures and demand challenges resulting in delayed transfers of care (DTC);

Decision

1. To note Manchester BCF Plans and the requirements of the new LCO
2. To note Manchester IBCF Plans
3. To agree that the plans and supporting information are to be shared with the Health and Wellbeing Board for formal sign off of the IBCF plans prior to submission to the BCF Team 11 September 2017.

HWB/17/33 The Establishment of a Regional Adoption Agency.

The Board received a report from the Strategic Director of Children's Services which provided information about the establishment of a new Regional Adoption Agency. The new agency, named Adoption Counts, has been formed by Manchester City Council Adoption Service with four neighbouring local authority adoption services and two local voluntary adoption agencies. A regional service will widen the pool of adopters for Manchester's looked after children who need adoption and enhance our ability to secure adoptive families for children in a timelier manner than as a single agency. It is anticipated that creating a regional service will reduce competition and create efficiencies through the pooling of resources.

Regionalising the service is consistent with the Government agenda promoting regional adoption agencies and with the Greater Manchester agenda for joined up services across the region. After significant development work Adoption Counts commenced operations on July 3rd 2017.

Adoption Counts is operating across the five local authority areas in a 'hub and spokes' model. The hub is made up of a centralised team dealing with overall service management, marketing, enquiries about becoming an adopter, performance management, adoption panel administration, and centralised tracking, linking and matching of children to adoptive families. The agency hub will be based in the Etrop Court building owned by Manchester City Council in Wythenshaw.

The three spoke offices, covering North, Central and South of the region will be engaged in adopter preparation and approval, early identification in each local authority of children who may require adoption, placing of children with adopters, and providing adoption support services. The staff serving the Central spoke will be based in Etrop Court alongside the hub staff, as will most of the staff serving the South spoke. The remainder of the staff serving the South spoke will be based in Middlewich in Cheshire East, and the staff serving the North spoke will be based in Swinton in Salford.

Where the Adoption Service does not have its own approved adoptive family for a particular child efforts are made to identify a suitable family approved by another local authority or voluntary agency. Where such placements are used we are required to pay the other agency a fee of £27k per child. Over recent years this expenditure has been re-funded by a DfE grant but the DfE grant has now ended. It is anticipated however that being in a regional agency with a larger pool of adopters to choose from will mean the Council avoids the likely significant costs of purchasing placements from other agencies had we remained as a single agency. Based on historic activity the cost avoidance could be c£400k given the DfE grant in 2016/17 was worth £432k to Manchester.

It is anticipated that the number of local authorities in the arrangement will increase as the model is rolled out. There are also plans to increase the level of engagement by developing a recruitment strategy within local communities and neighbourhoods, which will help to increase the pool of potential adopters, especially for older children and family groups.

Decision

1. To note the report
2. To note that Manchester City Council as from July 3rd 2017 delivers adoption services as part of the new regional agency, Adoption Counts.

HWB/17/34 Manchester A Great Place to Grow Older (2010-2020) – the refresh of Manchester’s Ageing Strategy.

The Board received a report from the Strategic Lead, Age-friendly Manchester, Population Health & Wellbeing Team and Head, GM Ageing Hub, GMCA, which provided the Board with an update on work undertaken to refresh Manchester’s Ageing Strategy, Manchester a Great Place to Grow Older (2010 - 2020), to ensure it reflects upon and addresses the economic and social change that has occurred in the City since its publication in 2009. The refreshed strategy will cover the period 2017 - 2021 and sets out to define what an Age-friendly Manchester might look like in four years’ time.

The Board welcomed the report, and asked how diverse communities will be brought into the scope of the strategy. Officers told the Board that this was a challenge that is still under consideration, and the team are looking at engaging with the 50-60 year old cohort to provide early information and intervention to assist them in the future. There has also been a significant level of research into engagement levels with BME communities, and this research will form an important part of the eventual overall strategy.

Decision

1. To note progress of the report.
2. To endorse the general approach of Age-friendly Manchester’s Ageing Strategy refresh.

