

Health and Wellbeing Board

Minutes of the meeting held on 17 January 2018

Present

Councillor Richard Leese, Leader of the Council (Chair)
Councillor Sheila Newman, Executive Member for Children (MCC)
Dr Manisha Kumar, Clinical Director, Manchester Health and Care Commissioning
Kathy Cowell, Chair, Central Manchester Foundation Trust
Vicky Szulist, Chair, Healthwatch
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Mike Wild, Voluntary and Community Sector representative
Paul Marshall, Strategic Director of Children's Services
Dr Carolyn Kus, Strategic Director of Adult Social Services
David Regan, Director of Public Health

Apologies

Councillor Craig, Executive Member for Adults (MCC)
Jim Potter, Chair, Pennine Acute Hospital Trust

HWB/18/01 Minutes

Vicky Szulist referred to minute number HWB/17/37 - Lung Health Checks, and the funding of the pilot scheme which had been provided by MacMillan and asked why the pilot work had not been funded by the NHS. Also, why no recognition had been given to the involvement of MacMillan within the report or presentation for their role in the community engagement work.

Dr Denis Colligan reported that MacMillan had funded the initial research pilot work involving fourteen practices in Manchester. The NHS would provide £4million for the expansion of the programme across Manchester by the Manchester Health and Care Commissioning with a further potential take up across areas of Greater Manchester over the next year.

The Board noted the comment and recognised the contribution of MacMillan for the funding of the Lung Health Checks pilot work within Manchester and importance of partnership working between the NHS and outside organisations to develop and improve mainstream services.

Decisions

1. To agree to include recognition of the involvement of McMillan, as referred to above, in minute number HWB/17/37 - Lung Health Checks.
2. To agree the minutes of the meeting of the Health and Wellbeing Board held on 1 November 2017.

HWB/18/02 CARE QUALITY COMMISSION – LOCAL SYSTEM REVIEW REPORT FOR MANCHESTER

The Board received a report from the Executive Director for Strategic Commissioning and Director of Adult Social Services which presented the findings of the Local System Review that had been carried out by the Care Quality Commission (CQC). The report included an Action Plan that included issues that had been highlighted from the CQC report. The issues had been reviewed and themed into the following headings:

- maintaining the wellbeing of a person in their usual place of residence;
- crisis management and urgent care;
- discharge processes and safety of transfers
- providing a consistently high quality health and social care offer to our local citizens.

The Board was requested to agree the Action Plan detailed in Appendix 2 of the report submitted. The Board also received a presentation to outline the findings of the review.

The report explained that the Local System Review had been carried out from a request by the Secretary of State for Health and the Secretary of State for Communities and Local Government. This involved a programme of 20 targeted reviews of local authority areas with the purpose of understanding how people move through the health and social care system with a focus on the interfaces between services.

Mike Wild welcomed the report and referred to the importance of working with the voluntary sector and the Local Care Organisation (LCO) and the opportunity this could provide.

The Board was informed that there was an intention to increase the involvement of the voluntary and independent sectors in the development of care delivery models.

The Chair referred to page 16 of the CQC report regarding the accountability of the Health and Wellbeing Board for the delivery of the Manchester vision and plan. The review recognised the importance of the evolving role Health and Wellbeing Board in inspection processes. The Chair suggested that in view of this the Board should allocate time during the year for members to examine the way the Health and Wellbeing Board works and how to continue to develop this role.

Decision

1. To agree the arrangements for monitoring of the implementation of the agreed actions, as detailed in paragraph 3.3 of the report submitted.
2. To agree that time be allocated during the year for the Health and Wellbeing Board to consider its role and involvement within external inspection processes and how this can be developed.

HWB/18/03 RE-INSPECTION OF SERVICES FOR CHILDREN IN NEED OF HELP AND PROTECTION, CHILDREN LOOKED AFTER AND CARE LEAVERS - UNDERTAKEN 9TH OCTOBER TO 2ND NOVEMBER 2017

The Board received a report from the Strategic Director Children's Services which presented the key findings of the Manchester's Services for Children in Need of Help and Protection, Children Looked After and Care Leavers. The report also provided a summary of the actions being taken to ensure services continually improve.

Councillor Newman welcomed the report and the work that had been undertaken by the Council and its partner organisations in response to the previous inspection. The point was made it was important to note that there was still work to do to ensure that services continued to improve. Councillor Newman also suggested that rather than the Children's Board reporting annually it may be more appropriate to submit a regular progress report to provide the Health and Wellbeing Board with an assurance of the work ongoing to implement the recommendations.

The report provided the background to the re-inspection of Manchester's Children's Services that took place between 9 October and 2 November 2017. The findings of the re-inspection concluded that services for children in Manchester were no longer inadequate and required improvement to become good. The report also contained twelve specific recommendations which will be used to ensure that Manchester's Children's Services continue to improve. A further inspection will take place within the next 3 years.

The Chair referred to the relationship of the Health and Wellbeing Board with the Children's Board and importance of knowing more about the work of the Children's Board. On this basis the Chair endorsed the suggestion of a regular report from the Children's Board. Reference was also made to the role of partners and the improvements in safeguarding processes that had taken place since the previous Ofsted inspection in 2014. The Chair requested Councillor Newman to thank the Council's health partners for their contribution in this improvement.

Decision

To agree the submission of a regular progress report from the Children's Board on the delivery of the key actions identified within Ofsted re-inspection report.

HWB/18/04 MANCHESTER SINGLE HOSPITAL SERVICE – UPDATE ON CURRENT POSTION

The Board received a report from the Director of the Single Hospital Service Programme which provided an update on the progress of the Manchester Single Hospital Service Programme. The report provided details of the work being undertaken following the creation of Manchester University NHS Foundation Trust (MFT) and set out the structure/process being established for MFT to complete the acquisition of North Manchester General Hospital. The Board was informed that the

first phase of the programme had been delivered on time and on budget good with communication in place at all levels of the service.

The Chair invited questions.

Dr Kumar asked how issues were being addressed regarding matters raised by hospital staff. Also, how were working relationships of staff developing across the organisations two sites to improve service delivery?

It was reported that any issues raised had been addressed through discussion and as a result working relationships between staff at the two sites had developed well. In particular, over the busy winter period, the staff in the Accident and Emergency departments at both hospital sites had supported each other to ensure better patient handling and care. This had resulted in a higher number of diverts of patients and clinicians moving between sites.

The Chair referred to the next phase of the SHS programme regarding the North Manchester General Hospital transaction and raised a number of issues on behalf of the Board. The Chair suggested that keeping to the timescale originally set by MFT may be difficult achieve and may be delayed if the Competition and Markets Authority (CMA) became involved in the transaction process. Attention was also drawn to the task of stabilisation work required at NMGH which unlike the MFT had struggled to cope with winter demand pressures. Also, the issue of recruitment and retention of staff was important and the joint work of MFT and Salford Foundation Trust in supporting this area was crucial to maintain and develop effective services. An ongoing communication exercise was necessary to explain the SHS Programme and provide confidence to members of staff with the message that North Manchester General Hospital is essential to the health of the city and has a long term future. It was noted that a master planning exercise for the site would take place and would consider its future wider development including the Mental Health Trust and Park House. This again would help in the planning, development and delivery of better services and provide confidence for the future. The point was made that as the Local Care Organisation becomes operational it was important that community health services within Pennine Acute Trust serving north Manchester are a functioning part of the LCO from day one on 1 April 2018.

The Director of the Single Hospital Service Programme gave an assurance that all points raised by the Chair were being addressed. The Board was informed that the MFT working jointly with Salford Foundation Trust were working to create consultant posts to be located at MFT with sessions at NMGH in order to support clinical provision at the hospital.

The Chair then referred to Salford Foundation Trust and work involved in the management contract for the transaction that had resulted in Salford Foundation Trust inheriting a large deficit as part of the Health and Social Care Devolution Integration Agreement. The Chair made the point that the Manchester health system cannot inherit a large deficit as part of the transaction process because of the negative consequences this would have on the health service provision. It was noted that the issue would be part of the negotiations with the NHS Improvement (NHSI) for the period of the transaction.

Decisions

1. To note the current position with the Manchester Single Hospital Service Programme.
2. To note the comments made regarding the transaction process and North Manchester General Hospital.

HWB/18/05 OUR HEALTHIER MANCHESTER – UPDATE REPORT

The Board received a report from the Chair of Manchester Health Care Commissioning and the Executive Director of Planning and Operations – Manchester Health and Care Commissioning which provided an update on the Manchester Locality Plan 'Our Healthier Manchester'. The report included:

- A general update regarding the refresh of the strategy;
- A progress update and the development of implementation plans for 2018/2019;
- Further arrangements for development of MHCC including a single Operational and financial plan, including a single budget arrangement.
- The Manchester Agreement. The Health and Wellbeing Board was requested to agree the Manchester Agreement.

The Chair invited questions.

Vicky Szulist questioned section 5 of the report and asked how the new system would be different and how innovation would be encouraged and developed. The report appeared to make reference to infrastructure arrangements rather than than how changes would be made in the delivery of care.

It was reported that there had been a number of positive features developed within health and social care. These included strengthening of partnerships between providers, commissioners and health and social care and voluntary sector and public groups since the establishment of the Health and Wellbeing Board. Our Healthier Manchester had seen more joint working between organisations resulting in finance teams and clinicians working more effectively. Other examples of innovation included changes in clinical practice, the creation of the SHS and new delivery models such as the introduction of High Impact Primary Care. The process was at an early stage and therefore it was important that the infrastructure was in place in order to develop and provide new and improved service delivery models. The patient experience had also improved following the creation of the MFT with quicker diagnosis and procedures using clinical staff at both sites to provide better services.

Decisions

1. To note the progress made.
2. To support the direction of travel for the strategy refresh and plans for 2018/2019.

3. To endorse the Manchester Agreement.