

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 23 January 2019

Subject: Clinical Advisory Group: 2018/19 progress and priorities for 19/20

Report of: Dr. Sohail Munshi, Chair (Clinical Advisory Group).

Summary

This report provides an update to the Health and Wellbeing Board on the work of the Clinical Advisory Group in 2018/19 and its priorities for 2019/20.

Recommendations

The Board is asked to note the report, the work of the CAG in 2018/19 and approve the approach that the CAG will take in 2019/20.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Children’s service representatives are included in the membership of CAG and a children’s subgroup will be established in 19/20 aligned to the existing children’s governance.
Improving people’s mental health and wellbeing	Medical Director of GMMH is a member of the CAG. The Group has considered the extended community model and how partners can support its mobilisation. The Winning Hearts and Minds programme has this as a key driver.
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	The CAG has been aligned to the Manchester Health and Wellbeing Board to ensure that this is a key driver for the development of its priorities.
Self-care	

Lead board member:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Manchester Clinical Advisory Group Terms of Reference.

Introduction

1. This report provides an update to the Health and Wellbeing Board on the work of the Clinical Advisory Group in 2018/19 and its priorities for 2019/20.

Background

2. The MLCO established the Clinical Advisory Group in December 2017 to build the connections between clinicians, service and social care professionals across the City. It was intended to work at the interface between primary, community and secondary care services to strengthen relationships.
3. It was established to be a strategic group working across the system not within organisational boundaries, supporting and facilitating the development of clinical, social care and professional relationships across Manchester with a focus on the integration and transformation of health and social care in community, primary, acute and mental health services.
4. Its initial focus was to:
 - align the existing clinical work programmes across the City;
 - determine system wide priorities and opportunities for collaboration and;
 - provide clinical and professional assurance on the safe transfer of services to the LCO in years 1-3.
5. The membership of the group is comprised of clinical and professional leaders in adult and children's services from across the system, MFT, MHCC, LMC, MPCP, LCO, GMMH and PAHT. The terms of reference also include adult social care and the VCSE sector.
6. Following its inception, the CAG agreed that its objectives would be to:
 - Deliver the requisite shifts from hospital to community services in a safe and sustainable manner;
 - Develop and manage the clinical and professional interface between health and social care services within primary, community and secondary care services;
 - Agree and then understand how to incentivise different clinical behaviours to deliver the LCO strategy;
 - Support the development of holistic models of care to address clinical, mental, physical and social wellbeing.
7. The CAG also agreed the priority areas it wanted to focus on during 2018:
 - Prevention;
 - Neighbourhood working;
 - Urgent care;
 - Children's services;
 - Home and residential care;

- Frailty;
- CVD;
- Respiratory;
- Diabetes.

Approach and work of the CAG in 2018/19

8. The first meeting of Clinical Advisory Group was in December 2017, where it agreed its purpose, membership, objectives and priorities for the year.
9. As this was the first meeting of its kind across the City, the Group has spent the first 12 months focused on:
 - Building the foundations for the meeting; consolidating its membership and the governance including the interfaces with existing clinical and professional committees;
 - Undertaking a stocktake of work that is already underway across the City;
 - Connecting the Group to the wider Manchester locality governance to the Health and Wellbeing Board through Transformation Accountability Board.
10. During 2018/19, the Clinical Advisory Group has considered:
 - The population health programme: Winning Hearts and Minds;
 - The Extended Community Model developed by GMMH and its application across community and primary care services;
 - The work led by MFT aligned to the GM HSCP theme 3 work on Cardiology;
 - The approach across the City to enable and support staff to volunteer; as the voice for professional leadership across the locality the CAG wanted to lend more formal support to the Our Manchester approach around volunteering;
 - The Children's Transformation Programme and the operation of children's community services in the City;
 - Community gastroenterology services and options for future developments;
 - The Citywide Respiratory work programme and how the development of community services can be taken forward through partner collaboration
 - The proposed model for Manchester Community Response developed by the MLCO;
 - The operating model for Health Innovation Manchester;
 - The options for a community heart failure service;
11. VCSE representation at the CAG has been facilitated by MACC to ensure the most appropriate representation based on the agenda. Work will continue in 2019/20 with the newly formed VCSE Reference Group to ensure this is more formalised.

12. Through its work in 2018/19, the CAG has taken forward a number of key work streams that will progress in 2019/20.
 - 12.1 Following the consideration of the Children's item and the relationships that have been built in the CAG between clinicians in adults and children's services, the CAG will establish a Children's CAG as a subgroup.
 - 12.2 Following the consideration of the community gastroenterology services, the CAG has commissioned a task and finish group led by clinicians across the City to develop the options for a gastroenterology pathway across the City. This will align the work to review the current community offer, along with the clinical strategy work in MFT. It will take into account the work at GM through the elective hub and be supported by the team at Health Innovation Manchester. The work will commence with a system-wide workshop in February.
 - 12.3 The CAG supported the development of the Manchester Community Response model and as a result of the CAG discussion, clinical support to the mobilisation of the model was identified.
 - 12.4 As a result of a number of the items including Winning Hearts and Minds and the Extended Community model (GMMH), partner organisations were closer aligned to the design and mobilisation of the new models.
 - 12.5 Whilst MHCC and MCC have already established volunteering programmes, the CAG welcomed and endorsed the approach that both have taken and would like to see similar programmes being established in all organisations in the City.
 - 12.6 Following the consideration of the theme 3 Cardiology pathway redesign and Community Heart Failure services, the CAG will aim to prioritise Cardiology and heart failure services in 2019/20 and look to develop the options for a community heart failure service.
 - 12.7 A key priority for 2019/20 will be mobilisation of the work of the Respiratory Steering Group work programme and its alignment to the operating model of the MLCO, including the development of options for a community respiratory model.
13. At the meeting in December, the Group reflected on its work during 18/19 and concluded that:
 - the connections that have been built across the City between clinicians and professionals have been strengthened and the Group has taken a thought leadership approach to its considerations;
 - the focus for 2019/20 should be to build on these foundations, develop its priorities and lead the development of the clinical strategy for the City.

14. In order to build on the work from 18/19, the CAG will develop a set of task and finish groups to take forward the work established in 18/19. In order to do that, it will build on forums and work that are already established and only establish new work streams where they are not already in place.
15. The CAG will use the strategic framework of the Manchester Locality Plan to determine its approach and priorities for 19/20 and will aim to continue to build the connections between clinicians and professionals across the City.

Priorities for the CAG in 2019/20

16. Over the course of 2018 CAG has established that there is a genuine need for citywide clinical oversight of the transformation of the health and social care system. Engagement in the CAG from all agencies has been positive, and it is the only forum in the city that brings together such a diverse range of clinical expertise and perspectives. This ensures transformation proposals are effectively challenged by practitioners from across the system, resulting in a far stronger transformation offer.
17. The building blocks are in place to increase the CAGs impact and influence over the next 12 months. CAG will strengthen its clinical leadership role by focusing three key things:
 - The transformation work being undertaken to address the poor health outcomes suffered by people with long term conditions, notably CVD, Cancer, Respiratory Diseases and Diabetes. CAG will seek to ensure that these proposals take account of prevention measures, including factors and conditions that increase risk, with the ultimate aim of achieving the measures agreed with GM HSCP to reduce preventable deaths in the city related to long term conditions.
 - End-to-end oversight of the shift in service provision from acute to community settings for services provided to people with long term conditions, from the initial case for change through to the evaluation of impact.
 - Continuing to strengthen design and delivery relationships with innovation and delivery partners in the city to achieve the maximum impact from transformation activity. For example, Health Innovation Manchester is now part of the CAG.
18. A Children's CAG will also be established from January 2019, ensuring a specific clinical focus on the needs of children. The Children's CAG will operate as a sub-group of the citywide CAG.
19. Detailed planning for 2019/20 will take place in the first two months of 2019 in partnership with MHCC to determine the priority areas, to ensure CAG can deliver on the three key things listed above. This planning work will then be referenced and reflected in the annual update to the Locality Plan, being led by the Programme Director, Our Healthier Manchester.

20. The role of the CAG will be to ensure that the strategic vision set out by MHCC is deliverable, safe and contributes towards improved outcomes for the residents of Manchester. Following the agreement of the priorities for 19/20, the CAG will work through existing working groups or establish task and finish groups if necessary to ensure that the work programme is agreed and resourced. The CAG has already demonstrated how its approach for 19/20 would operate through:
- 20.1 Respiratory: The CAG in November considered the Respiratory work programme in detail. The proposed service strategy and delivery model were acknowledged and it was agreed that the Manchester Adult Respiratory Steering Group would be the forum through which the CAG could task the development and delivery of the operating model across the system with a focus on developing the opd model.
- 20.2 Urgent Care: The CAG has considered the operational and system flow pressures in Manchester at a few points during 18/19. The cross- system representation has enabled the convening (through the MLCO) of a cross-provider group to develop proposals for how community and primary care services can work together to deliver a different offer. The benefit that the CAG provides is that it is a forum for providers across various disciplines to come together and work through system pressures and develop options for how to resolve them.
21. Further work is to be completed by March 2019 to clarify the relationship of the CAG to the existing clinical and professional groups across the City. A formal relationship has already been established with the MFT Clinical Advisory Committee; the chair of the CAG is formally recognised within the membership of the CAC and provides a regular verbal update. More work is to be done to define the relationship of the CAG to the MHCC Clinical Committee and any other forums that exist partner organisations to ensure the CAG work programme has system wide input on its development and delivery. It is important that the CAG is able to operate effectively with partner governance structures to be able to fulfill its system-wide remit.
22. It has also been agreed by CAG that through the Chief Nurse and Head of Therapies (MLCO) that the therapy professions will be represented in the CAG membership from 2019.

Summary

23. The Manchester Health and Wellbeing Board is asked to note the report, the work of the CAG in 18/19 and approve the approach that the CAG will take in 19/20.

Sohail Munshi
Chief Medical Officer (MLCO) / Chair of the Manchester Clinical Advisory Group
January 2019