

## Manchester Health and Care Commissioning Notes of Board\* Meeting held on 5 April 2017, 2.00 pm Windrush Millennium Centre

\* The Manchester Health and Care Commissioning (MHCC) Board comprises MHCC's Commissioning Committee and MHCC's Partnership Committee meeting 'in common'.

### Present:

Dr Philip Burns	Chair
Dr Faizan Ahmed	GP Member, Central
Paul Andrews	Executive Councillor, MCC
Dr Ruth Bromley	GP Member, South
Atiha Chaudry	Lay Member, PPI
Dr Denis Colligan	GP Member, North
Carol Culley	City Treasurer, MCC
Ed Dyson	Director of Planning and Operations
Chris Jeffries	Lay Member, Finance and Audit
Professor Craig Harris	Executive Nurse
Dr Manisha Kumar	Clinical Director
Joanne Newton	Chief Finance Officer
Grenville Page	Lay Member, Governance
David Regan	Director of Population & Health Well Being
Peter Williams	Secondary Care Doctor
Ian Williamson	Chief Accountable Officer

### Apologies:

Sue Murphy	Executive Councillor, MCC
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### In attendance:

Dr Ali	GMMH / GMW
Val Bayliss-Brideaux	Senior Engagement Manager
Michael Burke	Embrace Resilience
Nick Gomm	Director of Corporate Affairs
Michelle Irvine	Director of Performance and Quality
Sharmila Kar	Director of Workforce
Catherine Regan	Executive Assistant
D. Struyk	Member of Public

Item	Note	Lead
01 / 17	Welcome/apologies, declarations of interest	P Burns
	<p>No additional interests were declared to those currently recorded on the register of interests.</p> <p>Mr Gomm apologised to members for the late distribution of board papers. He assured that future papers would be disseminated at least 7 days in advance of MHCC Board meeting.</p>	
02 / 17	Public Questions	P Burns
	<p>Dr Burns acknowledged the question received from Mr Michael Burke from Embrace-Learning:</p> <p><i>Is there a role for MHCC in engaging with employers to promote wellbeing messages for workers and carers? If not, why not? If so, which Board Member would be the first point of contact to consider such an initiative?</i></p> <p>Mr Regan stated that as a member of the Health and Wellbeing Board (HWBB), work has been commissioned to look at how public sector organisations improve the health and wellbeing of its workforce. The HWBB was due to receive a report in June on how the public sector has improved health. An engagement exercise will also be undertaken with all employees. Mr Regan said one of the strategic aims was to improve the health of the population, employees and social determinants of health.</p> <p>Mr Regan confirmed he would be the first point of contact for the initiative.</p>	
03 / 17	Public / Patient Story	P Burns
	<p>Ms Bayliss-Brideaux welcomed representatives from Manchester People First who had been invited to share their experiences of healthcare in Manchester.</p> <p>Board Members viewed a video made by service users which highlighted the support required by people with learning disabilities to use health and care services.</p> <p>Steven Hughes (Manchester People First (MPF)) introduced Paul Hughes who outlined the key points:</p> <ul style="list-style-type: none"> <li>➤ Understanding correspondence / information</li> <li>➤ Understanding of personal issues – education on illnesses in order to prevent a crisis</li> <li>➤ Support workers – need to have an interest</li> <li>➤ Too many gatekeepers making decisions for people with learning disabilities – information not being disseminated</li> <li>➤ Information not filtering down within organisations / public bodies</li> <li>➤ Closure of day centres – now have to pay for day services as daycentre reluctant to release staff as there will be a revenue loss</li> <li>➤ Screening to be undertaken at health checks</li> <li>➤ Transport – no direct bus route / use of taxis – need care closer to home</li> <li>➤ Jargon – difficult to understand – need to refrain from using</li> <li>➤ Closure of clinic with specialist equipment – nothing local for health checks</li> <li>➤ Use practical symbols</li> <li>➤ Please be patient with patients</li> </ul> <p>Dr Kumar mentioned her recent visit to Manchester People First and the</p>	

	<p>subsequent health offer made to ensure MHCC made a difference, particularly in relation to information and the need to ensure any communication is understandable. Dr Bromley referred to the comment that there were too many gatekeepers and asked whether Manchester People First had a vision as to what the service should look. Mr Hughes said that people needed support, but there was a need to understand it was important for them to have information and for people with learning disabilities to make their own decisions. Mr Harris referred to health checks and agreed to pursue how the service could be improved. Ms Chaudry acknowledged that a number of issues required addressing and suggested these also be considered at PPAG meeting. She recognised there were a number of organisations in the city that work and support people with learning disabilities as well as the different types of groups such as those not living independently. She felt the support element for carers was a wider issue that should be considered further. Additionally, Ms Chaudhry mentioned the link to engagement work in relation to BME communities and learning disabilities which should be considered collectively by MHCC board. Mr Jeffries agreed that the non-use of jargon would benefit all patients and members of the public. Dr Burns said that easy-read materials were available and agreed to highlight this to general practice to increase awareness.</p> <p><b>ACTION:</b> Dr Burns thanked Manchester People First for providing an insight and highlighting the challenges being faced by people with learning disabilities when accessing health and care services. The Board agreed that the outcomes of the discussion be pursued further.</p>	
04/17	<b>Agenda Briefing</b>	E Dyson
	Mr Dyson reported there were no conflicts of interest to be managed in relation to the business being discussed during the course of the meeting. Dr Burns mentioned that a private meeting would ensue after the public discussion in order to approve the Joint CCG Board March minutes. It was noted that GP members would be excluded from the private meeting.	
05/17	<b>Minutes of Joint Manchester CCG Board Minutes</b>	P Burns
	<b>ACTION:</b> The minutes of the meeting held on 8 March 2017 were approved as a true and accurate record.	
06/17	<b>Chair and Chief Accountable Officer Update</b>	P Burns / I Williamson
	<p>Dr Burns informed board members that he had commenced his engagement work, with the aim of visiting every practice and being a “roaming” Chair, visiting different settings such as Manchester City Council, Providers etc. in order to get a feel of patient and practitioner experiences.</p> <p>Mr Williamson reminded board members of the significance of the board meeting and the creation of Manchester Health and Care Commissioning in bringing together Health and Social Care. He described a few logistical details for the board meetings, which would include the rotation of venues ensuring these were easily accessible to the public and for meetings to be livestreamed. Members noted that the board meeting was being live tweeted on social media. Mr Williamson mentioned that the Executive Team had agreed a set of principles for board meetings ie. avoid distractions during meetings.</p> <p>Mr Williamson acknowledged there would be challenges, however he said it would be essential to ensure that services commissioned and delivered for the population of Manchester were the best they could be across health and social care; transformation around the Manchester Locality Plan and Our Manchester was the central focus of working and MHCC must continue to be integrated as a single commissioner.</p> <p><b>ACTION:</b> MHCCC Board members noted the update.</p>	

07 / 17	<b>NHS Manchester CCG Constitution</b>	E Dyson
	<p>Mr Dyson reported that the CCG Constitution had been approved by the CCG Governing Body. He explained that the document set out the committee structure and governance structure of the organisation. Mr Dyson explained the governance intricacies around the need for two MHCC boards to meet simultaneously and meet as committees in common.</p> <p><b>ACTION:</b> MHCC Board agreed and adopted NHS Manchester Clinical Commissioning Group Constitution.</p>	
08/17	<b>Committee's Terms of Reference</b>	E Dyson
	<p>Mr Dyson advised that terms of reference for committees had now been developed. It was noted that slight amendments may be required prior to the first meetings. Ms Chaudry informed members that the first Citywide PPAG had taken place and again minor amendments would be made to the terms of reference. Mr Dyson advised that although not a sub-committee of the Board, the terms of reference for the Provider Board had been included for approval. Members noted that the Governance Committee had overview of all Terms of Reference and final approval would take place following agreement at all Committees.</p> <p><b>ACTION:</b> MHCC Board approved the terms of reference for Clinical Committee; Finance Committee; Governance Committee; Executive Committee; Quality and Performance Improvement Committee; Patient and Public Advisory Group and LCO Provider Selection Board.</p>	
09 / 17	<b>Partnership Agreement with Manchester City Council</b>	E Dyson
	<p>Mr Dyson explained the intention to present the Partnership Agreement to MHCC Board. Unfortunately as the CCG's legal team was carrying out a final review of the agreement, a letter of intent had been compiled summarising both partners' intentions in supporting the agreement.</p> <p>Members noted that NHS Manchester CCG Board had delegated signing of the Partnership Agreement to Chief Accountable Officer with support from MHCC Chair, Lay Members for Finance and Governance and the City Solicitor by 12 April 2017.</p> <p><b>ACTION:</b> MHCC Board supported the agreement made by CCG Governing Body to delegate sign off to those mentioned above and noted the letter of intent between Manchester CCG and Manchester City Council which was presented at the meeting.</p>	
10 / 17	<b>NHS England Primary Medical Services Delegation Agreement</b>	N Gomm
	<p>Mr Gomm stated that the Delegation Agreement was similar to the previous arrangements for North, Central and South Manchester Clinical Commissioning Groups. He explained that the Agreement was required to ensure that Manchester CCG could legally commission PMS Services from 1 April 2017.</p> <p><b>ACTION:</b> MHCC Board noted and supported the Delegation Agreement.</p>	
11/17	<b>Manchester Health and Care Commissioning Strategy</b>	E Dyson
	<p>Dr Burns presented the paper which set out the strategy for Manchester Health and Care Commissioning. He explained that Strategy was aligned to Our Manchester, Greater Manchester and National Strategy and developed with the aim of changing and improving health and social care outcomes for the population of Manchester.</p>	

	<p>Mr Dyson reminded board members of MHCC strategic aims, benefits and risks and outlined the work being undertaken in relation to the Transformation Fund.</p> <p><b>ACTION:</b> The Board endorsed the continued strategic direction as outlined within the paper.</p>	
12/17	<b>Operational Plan</b>	
	<p>Dr Kumar presented the report, explaining that the Operational Plan comprised of five main areas – transformation, delivery, efficiency, enablers and investment and was aligned to the key clinical priorities.</p> <p>Mr Williamson informed board members that an announcement would be made over the next few days with regard to the appointment of Director of Strategic Commissioning. He mentioned that the 5 Year Forward View had been updated which would need to be incorporated within the operational plan. Mr Williamson said it was important to ensure there was an improved position in terms of outcome and delivery.</p> <p><b>ACTION:</b> MHCC Board approved the Operational Plan.</p>	
13/17	<b>Finance</b>	
	<p><i>Finance Report</i></p> <p>Mrs Newton presented the financial report for North, Central and South Manchester CCGs at month 11. She confirmed that each CCG was on track to deliver its financial duties. Members noted the increased surplus of £1.5m in relation to North Manchester which would be returned for Manchester CCG in 2017/18. Mr Williams asked whether there had been any provider deficit. Mrs Newton confirmed that each provider across Manchester was on track to deliver its control total.</p> <p><b>ACTION:</b> MHCC Board noted the financial position.</p> <p><i>Opening Budgets</i></p> <p>Mrs Newton informed board members that the opening budgets had previously been agreed in principle at the Joint CCG Board meeting in March 2017. She reported that the budgets now included the £1.5m available to CCGs. Mrs Newton reminded members of the national targets which included 1% control target; 1% non-recurrent reserve (0.5% of this had been utilised for local discretion, however 0.5% had been retained for risk reserve); and 0.5% contingency. Members noted there was a risk reserve for PBR. Mrs Newton advised that not all QIPP targets had firm plans in place.</p> <p>Mrs Newton stated that the budget for MHCC was indicative. She advised that Manchester City Council budget plans for 2017/18 had been shared. Additional funding had been announced for social care. Mrs Newton explained that the paper highlighted Health and Social Care budgets in scope that could and could not be pooled and those budgets that would be part of the delegation of agreement, consequently there would be 3 pools of budget. She explained that from a Council perspective the paper provided details of gross and net budgets.</p> <p>Mrs Newton was pleased to announce there would be opportunities for investment in 2017/18 - the transformational bid for £12m had been successful; investment was available for primary care and North Manchester resource had been committed. She said it was essential to ensure that funding was maximised in order to deliver outcomes and achieve a sustainable financial position. Mrs Newton explained that Section 75 was the mechanism by which funds could be legally used to commission services.</p> <p>Ms Culley confirmed that adult social care had received additional funding, however it was essential to note that the grant tapered down. With regard to</p>	

	<p>gross and net budgets, she explained that gross was the full cost of provision and net referred to funding based on activity.</p> <p>In response to a question from Dr Colligan, it was noted that risk based contracts had been agreed with CMFT and PAHT.</p> <p>It was agreed that a progress report would be submitted to the board meeting on each pillar of the Locality Plan – Single Hospital Service, One Team and Single Commissioning Function.</p> <p>Mr Page asked about commissioning across 3 CCGs and questioned whether lessons learnt would be taken forward as a whole city. Dr Kumar confirmed that commissioning managers were currently looking to standardise good practice and work towards a population coverage offer. For example, Mr Williamson mentioned that the learning and benefits from the work undertaken North Manchester in relation to delayed transfer of care would be replicated in South Manchester.</p> <p><b>ACTION:</b> MHCC approved the opening financial budgets for 2017/18 and noted the indicative MHCC budgets.</p>	
14/17	Quality and Performance	
	<p>Ms Irvine presented the summary paper. More detailed information was available in a supplementary appendix which would be circulated to members electronically and uploaded onto MHCC website.</p> <p>With regard to Urgent Care, members noted that very few providers were delivering the national standard for A&amp;E 4 hours, however it was noted that CMFT and UHSM were performing at a satisfactory level and were on track to delivering 95% for April. Ms Irvine reported that NMGH performance was unacceptable with a delivery of 70% against a 95% target. She advised there was a significantly high level of 12 hour breaches. Members noted that other providers were providing a significant amount of support and NMGH was the focus of PAHT Improvement Board.</p> <p>Ms Irvine informed members that delayed transfers of care had proved challenging for UHSM, however significant improvements had been made. She advised that best practice from North Manchester was being shared across the city.</p> <p>Members were informed that ambulance handover performance at UHSM had been maintained with the shortest handover time, however the response times at NMGH were concerning. Ms Irvine advised that the Citywide Urgent Care Delivery Board were currently monitoring specific actions to improve the position.</p> <p>Ms Irvine reported on the improved position at CMFT (currently 2.7% in relation to Diagnostic waiting times. She stated that the significant improvement had meant that Greater Manchester had delivered the 1% target.</p> <p>Members noted that the RTT position at UHSM remained challenging and was short on national expectations. An improvement plan had been put in place. It was noted that specific issues had been identified at PAHT. The target should begin to deliver at speciality level.</p> <p>Ms Irvine reported that cancer standards across the city and at Greater Manchester level were unsatisfactory. She explained that CMFT was undertaking a detailed piece of work around urology to understand and resolve the current position. It was noted that UHSM and Stepping hill would move routine work. Ms Irvine acknowledged that the recent cancer campaign had</p>	

	<p>increased demand, however providers had failed to increase capacity as a result.</p> <p>Members were informed that it would be unlikely to achieve the mental health IAPT target, however the challenge should be overcome with the new provider.</p> <p>Ms Irvine commented on the extremely long waits for paediatric elective care at CMFT. She explained that the target was linked to clinical criteria and not part of the RTT standard. Members noted that an investigation is underway to ensure that any planned treatment dates have not been bypassed and once this work had been completed, an update would be provided within the next board report.</p> <p>Mr Regan stated that social care data would be captured in more detail and reflected in next month's performance report.</p> <p>Mr Williams felt that performance varied significantly across the city and it was essential to ensure equity and bring an end to unwarranted variation. Ms Irvine confirmed that site meetings had been established with each provider to ensure consistency across the city.</p> <p><b>ACTION:</b> The Board supported the actions being undertaken to improve the quality and performance of clinical services at the CCG's main providers</p>	
15/17	<b>Engagement</b>	
	<p>Ms Chaudry welcomed the patient stories at the beginning of MHCC Board meeting as it enabled members to have an appreciation of the issues and experiences of patients and service users.</p> <p>Ms Chaudry presented the report which provided an overall idea of the level of engagement that has taken place and updated on the activity of citywide and individual PPAGs. She informed members that the first citywide PPAG meeting had taken place, the focus of which had been involvement in the new organisation. Ms Chaudry referred to the discussion at Central Manchester PPAG in relation to Competitions and Marketing Authority where it had been agreed to take forward this piece of work at a citywide level.</p> <p>Ms Chaudry outlined the forward planning for Citywide PPAG. She stated that PPAG members had a wealth of experience and knowledge and they would be given an opportunity to continue as volunteers on an expert panel. Members noted that several PPAG members had come to the end of their tenure, as they are extensively involved in a number of procurements/projects it had been agreed to extend their term for a further year.</p> <p>Members were updated on the activities undertaken by Ms Chaudry during January and February 2017.</p> <p>Mr Page asked whether there would be an opportunity to broaden the representation to include social care, housing tenants and work skills programme. Ms Chaudry said that cross-cutting issues would arise from the PPAG discussions, however an analysis had not previously been undertaken. Work would be progressed with the Local Authority and organisations within Manchester. She advised that in addition to the PPAG meeting there would be two annual events held to engage and network with the health and social care agenda.</p> <p>Mr Williamson supported the content paper and suggested that a link be made with Councillors to ensure ward coordination. Mr Regan referred to the Health and Wellbeing Board that had a range of partnership boards to connect with. Dr Kumar said it was essential to build on engagement work and ensure this was</p>	

	<p>incorporated within contracting arrangements.</p> <p>From a communication aspect, Dr Bromley felt it would be useful to invite students, as they would have an alternative view and interface. Members agreed it was important to consider how to ensure genuine public engagement.</p> <p>Dr Burns recommended that MHCC Board members attend a PPAG meeting and suggested that a rota be developed or attendance depending on the items being discussed. Ms Chaudry mentioned that the timetable of meetings was being discussed to ensure topics are “live” and PPAG can be influential.</p> <p><b>ACTION:</b> MHCC Board endorsed the ongoing engagement activity taking place across Manchester.</p>	
16/17	<p><b>Organisational Development</b></p> <p>Ms Kar explained the need to have a focussed approach to workforce in order to develop as an organisation during the upcoming challenges. She said the focus of work will be how to embed the values of MHCC into the new partnership. Members noted that a significant amount of engagement had been undertaken to operationalise the values and a subsequent launch event had been scheduled.</p> <p>Ms Kar advised that an organisational readiness assessment would be undertaken, the outputs of which would inform the skills and competencies required for the workforce. She said it was essential to define new ways of working and develop a sense and purpose. Ms Kar highlighted the key considerations that have been recognised in developing the OD Plan, all of which was underpinned by “Our Manchester” approach. She commented that workforce planning and development would need to ensure teams are integrated, demonstrate collaborative working, with shared roles across organisations. Mr Jeffries felt it would be important for the work to be undertaken throughout the organisation, as it would be essential to address cultural differences in order to get the best for the organisation.</p> <p>Ms Kar agreed to provide an update to MHCC Board on a regular basis.</p> <p><b>ACTION:</b> MHCC Board noted the update.</p>	
17/17	<p><b>Risk Management</b></p> <p>Mr Gomm informed board members that the Board Risk Assurance Framework would be submitted to each board meeting. He advised that the first development session would focus on risk; consequently it would be necessary for MHCC Board members to consider what they deemed as the relevant risks which would then be the focus of significant discussion at future board meetings. Mrs Newton commented that MHCC would face significant risks over the next 12 months and it would be vital to consider the current position, in particular the risk appetite of MHCC. Mr Williams said a significant piece of work would be necessary to ensure there was an understanding of the risks, this should be organised in a structured way with adequate time. Members noted the proposal for the risk management framework to be developed which would be discussed and agreed at the Governance Committee. Mr Page felt it would be necessary for MHCC to be in a position where the Risk Management Process was used to inform and add value to its decision-making.</p> <p><b>ACTION:</b> MHCC Board noted the discussion and agreed that the Governance Committee should discuss and approve the Risk Management Framework on behalf of the Board.</p>	
18/18	<p><b>Board Forward Plan</b></p> <p>Mr Gomm presented MHCC Board meeting forward plan. Professor Harris suggested that statutory reporting i.e. safeguarding and nursing be submitted at</p>	

	different intervals in order to ensure a balanced agenda discussion. <b>ACTION:</b> Board members noted the plan and agreed to submit any additional items to Mr Gomm.	
19/18	Date of Next Meeting – Wednesday, 24 May, Friends Meeting House	