

**GM HEALTH AND SOCIAL CARE STRATEGIC PARTNERSHIP BOARD
MINUTES OF THE MEETING HELD ON 19 JANUARY 2018**

Bolton CCG	Wirin Bhatiani
Bolton Council	Tony Oakman
Bury CCG	Kiran Patel
Christie NHS FT	Christine Outram
GM Mayor	Andy Burnham
GMCA	Eamonn Boylan Lindsay Dunn Jamie Fallon
GM ACCGs	Rob Bellingham
GM H&SC Partnership Team	Warren Heppolette Nicky O'Connor Jon Rouse Steve Wilson Zoe O'Neill Sarah Price Sarah Fletcher-Hogg Karishma Chandaria
GMCVO	Nathalie Long
Healthwatch	Jack Firth Mick Hodlin
Manchester Carers Forum	David Williams
Manchester CC	Councillor Bev Craig Geoff Little
Manchester Foundation Trust	Kathy Cowell
Manchester Health and Care Commissioning	Craig Harris
NW Boroughs Healthcare NHS FT	John Heritage
Oldham Council	Councillor Eddie Moores

Oldham CCG	Noreen Dowd
Primary Care Advisory Group (GP)	Tracey Vell
Primary Care Advisory Group (Pharmacy) Pennine Acute NHS Trust	Adam Irvine Jim Potter
Rochdale MBC	Steve Rumbelow Ross Jeffrey
Salford CC	Councillor Paula Boshell David Herne
Salford CCG	Tom Tasker Jim Potter
Salford Royal NHS Foundation Trust	Chris Brookes
Stockport CCG	Ranjit Gill
Stockport MBC	Councillor Wendy Wild Pam Smith
Tameside MBC	Councillor Brenda Warrington Gill Gibson
TfGM	Bob Morris
The Gaddum Centre	Lynne Stafford
Trafford CCG	Matt Colledge
Wigan Council	Councillor Peter Smith (in the Chair) Will Blandamer Donna Hall
Wigan, Wrightington & Leigh NHS FT	Carole Hudson Neil Turner
Wigan CCG	Tim Dalton Trish Anderson

SPB 01/18 WELCOME AND APOLOGIES

Apologies were received from;

Darren Banks, Simon Barber, Steve Barnard, Julie Connor, Paul Dennett, Alan Dow, Chris Duffy, Councillor Alex Ganotis, Pat Jones-Greenhalgh, Anthony Hassall, Beverley Hughes,

Bev Humphreys, Tony Hunter, Karen James, Kevin Lee, Claire Molloy, Steven Pleasant, Councillor Sara Rowbotham, Joanne Roney, Councillor Rishi Shori, Councillor Andrea Simpson, Mel Sirotkin, Jim Taylor, Liz Treacy, Alex Whinnom, Dorothy Whitaker, Ian Williamson, Carolyn Wilkins, Ian Wilkinson and Simon Wooton.

SPB 02/18 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

The Chair opened the meeting and wished members of the Board a Happy New Year. He highlighted that the NHS had received a considerable amount of publicity recently as it approached 70 years of establishment along with the challenges for health and social care systems nationally from winter pressures.

Tony Oakman, Chief Executive, Bolton Council was introduced and welcomed to the Board. Thanks were placed on record for the contribution of Anne Gibbs for her joint role as Director of Delivery and Improvement, NHSI for GM and Lancashire and within the GMHSCP and was wished success in her new role.

SPB 03/18 MINUTES OF THE MEETING HELD 13 OCTOBER 2017

The minutes of the meeting held 13 October 2017 were agreed as a true record.

RESOLVED/-

To approve the minutes of the meeting held on 13 October 2017.

SPB 04/18 CHIEF OFFICER'S UPDATE

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership (GMHSCP), provided an update on key items of interest across the GMHSC Partnership.

The Board were asked to note and provide feedback on the content of the revised update report that included recommendations and decisions made at the GM Strategic Partnership Board Executive meetings.

The following items were highlighted;

-) NHS England (NHSE) National Commissioning Committee have given GM the ability to make decisions around most specialised mental health services. In this context, GM has agreed a delegated specialised commissioning portfolio which has been developed in collaboration with NHSE North West specialised commissioning team. Sarah Price, Sandy Bering, Tom Tasker and the team were thanked for the significant work undertaken to develop and agree the delegated portfolio. It was highlighted that the first area of focus would be CAMHS Tier 4 provision in order to address the barriers that existed between levels of intervention for children and young people.
-) There had been significant coverage of the whistleblower case and letter from clinicians at Royal Manchester Children's Hospital expressing concern with regard to staffing levels in respect of critical care for children and young people. Manchester Foundation Trust (MFT) have issued a clear statement in terms of the seriousness with which they had taken the concerns and the appropriate steps taken. The Board were reassured that in light of the Francis Report, all parties had taken the concerns

seriously and were working to ensure that the provision of care in the unit was safe and of the highest quality possible;

-) It was expected that the national planning guidance for the NHS 2018/19 which set out how extra resources announced in the November budget were to be allocated would be published imminently. It was anticipated that there would be some new requirements alongside the money which would need to be reflected in the devolution accountability agreement and may need some re adjustment to targets;
-) It was reported that in light of national guidance issued in relation to the potential cancellation of elective procedures and outpatient appointments, GM had adopted a proportionate approach and had only cancelled procedures where necessary to ensure the safe running of UEC departments. It was recognised that cancellations were a huge inconvenience which could cause potential stress for patients. It was anticipated that just under 14% of procedures would be cancelled in January and partnership work had ensured this had been minimised. Plans for recovery and rebooking would be scheduled as a priority over the coming months. It was also advised that if the position was to change due to winter pressures for example, then the partnership and public would be kept informed;
-) A succession of Ofsted and CQC SEND inspections has highlighted that there is work to do in GM to strengthen joint arrangements between Local Authorities and CCGs to focus on the assessment and planning of an individual education, health and care plan for each child with special educational needs;
-) Salford locality were commended for their remarkable improvement in quality in care homes performance. The percentage of care homes rated good or outstanding compared to last year had seen a significant level of progress;
-) Steve Wilson, Executive Lead, Finance and Investment provided a six month finance position update. It was advised that the financial position for 17/18 remained challenging especially for the provider sector. This was mainly due to Pennine Care FT not expecting to meet the agreed financial plan for the year and other trusts not meeting their UEC performance, thus not allowing for the maximum Sustainability and Transformation funding allocations from NHSI;
-) Dr Tracey Vell provided the Board with feedback from the delegation of representatives that had visited 10 Downing Street earlier in the week to discuss support required to roll out primary care reform at scale. The meeting with representatives from Government, Treasury and the Department of Health had provided an opportunity to demonstrate the progression made in the development reviews of the LCO's as a collective part of the accountable care system. It also presented the opportunity to highlight some of the difficulties experienced in general practice, with contracts and estates. The group had requested support and a positive narrative towards general practice, primary care and community work.

Members of the Board welcomed the update provided and asked for clarification on the progress with government with regard to capital funding which had been held up due to control totals not being agreed. It was confirmed that the Partnership continued to make representations and the latest position was that resources could be released if GM could make a commitment across the system to meeting the aggregate of the individual control totals. However, as previously highlighted in the finance update, there could be no guarantee at this stage that such a position could be met due to the current deficit against planned position.

Assurance that transformation fund allocations were being used to make the intended improvements to services along with the required checks and balances was requested by the Board. It was recognised that there was a real and present risk with regard to funding and as such built into investment agreements were clauses which ensured that the transformation funding only be used for the purposes intended along with monitoring and tracking to provide assurance.

RESOLVED/-

To note the update report and provide feedback in relation to content or omissions for future updates.

SPB 05/18 TRANSFORMATION FUND UPDATE

Steve Wilson introduced a report providing an update on recent developments with the Transformation Fund.

This month had an expanded section on the findings and recommendations from the assessment team in their evaluation of the proposals from Salford and Wigan.

The key headlines were:

-) The report provided a general update on the latest developments in relation to the £450m GM Transformation Fund and contained, in detail, the findings of the Transformation Fund Oversight Group (TFOG) on 23 November, 5 December and 13 December 2017, and the decisions of the Strategic Partnership Board Executive on 14 December, where the Mental Health, Salford and Wigan submissions were considered.
-) The mental health proposals allocated funding to two key elements of the GM Mental Health Strategy which supported both the development of the Children and Young Peoples Crisis Care Pathway and the Liaison Mental Health Services within GM Acute Hospitals.
-) The Salford proposals supported a plan to deliver a radical upgrade in population health through stratification and needs identification, engagement and prevention. It would support people to live healthy independent lives, managing their own conditions through a community asset based approach.
-) Wigan's proposals build on their phase 1 transformation fund allocation and looked to deliver a new approach to out of hospital unplanned care, a reformed housing with care offer, a place based approach to specialist mental health services and a further acceleration of the Heart of Wigan programme.
-) TFOG recommended a substantive investment of £27.68m in mental health services (this is out of the total transformation fund allocation of £42m agreed by SPBE in July 2017), £3.44m investment in Salford and £15.43m for Wigan. These funding recommendations were accompanied with material conditions for the funding. Funding for all proposals was approved by SPBE subject to those conditions.

RESOLVED/-

1. Note the Strategic Partnership Board Executive's decision to:

- J Approve a substantive investment in the Mental Health business case for the Children and Young People's Crisis Care Pathway of £13.44m over four years, with phasing to be set out in the Investment Agreement and paid quarterly in advance:
 - o 2017/18: £0.56m
 - o 2018/19: £3.89m
 - o 2019/20: £4.51m
 - o 2020/21: £4.48m
 - o Noting that there are material conditions with funding only to be released upon their satisfactory completion. These are set out at 2.4.3.

- J Approve a substantive investment in the Mental Health business case for the Liaison Mental Health Services in Acute Hospitals of £14.24m over four years, with phasing to be set out in the Investment Agreement and paid quarterly in advance:
 - o 2017/18: £0.37m
 - o 2018/19: £2.96m
 - o 2019/20: £4.73m
 - o 2020/21: £6.18m
 - o Noting that there are material conditions with funding only to be released upon their satisfactory completion. These are set out at 2.4.3.

- J Approve a substantive investment in Salford of £3.44m over four years, with phasing to be set out in the Investment Agreement and paid quarterly in advance:
 - o 2017/18: £0.28m
 - o 2018/19: £1.51m
 - o 2019/20: £1.37m
 - o 2020/21: £0.28m
 - o Noting that there are material conditions with funding only to be released upon their satisfactory completion. These are set out at 3.3.2.

- J Approve a substantive investment in Wigan of £15.43m with phasing still to be determined, set out in the Investment Agreement and paid quarterly in advance:
 - o Noting that there are material conditions with funding only to be released upon their satisfactory completion. These are set out at 4.3.2.

SPB 06/18 GM HEALTH AND SOCIAL CARE PARTNERSHIP GOVERNANCE REVIEW: PROPOSALS

Jon Rouse introduced a report which set out the review of the current governance arrangements for the GM HSC Partnership and proposed a number of changes to recognise and support the Partnership's move into its next phase of delivery of Taking Charge Together.

In drawing together the proposals in the report, all key stakeholders have been consulted. In addition the recommendations from a recent NHS England Internal Audit of governance have been incorporated. The proposals were supported by SPBE at their meeting in November 2017 and have been updated to reflect that discussion.

It was highlighted that the review provided the opportunity to ensure that GM health and social care governance was fit for purpose and proposed that the current Board became more public facing and focused on impacting the determinant's of health by working across public services and beyond, including the role of the VCSE. It would develop a strong relationship with local statutory Health and Wellbeing Boards in pursuing their local strategies along with the Mayor on public service reform priorities.

The Mayor of Greater Manchester, Andy Burnham supported the direction set out in the proposals and thanked the Board for the work done so far to integrate and engage with the public service reform agenda. He highlighted the work done regarding homelessness and in doing so extended his gratitude for the implementation of the proposal to help those of no fixed abode register with a GP along with the commitment not to discharge those from hospital onto the street and the ongoing efforts to address and improve mental health outreach. The broad GM person centred focus, which concentrated on place based interventions was welcomed and fully endorsed by the Mayor.

Members of the Board offered support for the report and discussed the importance of engaging the public and by doing so recognising the need to ensure that reports are public facing providing a clear understanding of the vision and ambitions. It was recognised that it may be challenging to implement citizen led agendas, however a balance would be required to become fully engaged with the public. Acknowledgment for the role of the VCSE in the report and the opportunities to become more innovative were welcomed. The importance of recognising the public as people that may access a myriad of services rather than a patient in just a health setting was highlighted.

It was confirmed that there had been an oversight in the terms of reference for the Health and Care Board and that the broader Primary Care Advisory Group should be represented as opposed to primary care through the Local Medical Committee.

RESOLVED/-

1. To note the issues with and limitations of the current governance approach;
2. To note the high level findings from the governance audit;
3. To agree the proposed changes;
4. To note the comments from the Board with regard to the broader public service reform agenda, public engagement and a person focused place based approach;
5. To amend the Terms of Reference for the Health and Care Board with regard to primary care representation.

SPB 07/18 GM HEALTH AND SOCIAL CARE PARTNERSHIP BUSINESS PLAN 2017/18 – SIX MONTH SUMMARY

Warren Heppolette, Executive Lead Strategy and System Development, introduced a report which summarised the Health & Social Care Partnership's progress in delivering its aims for the first six months of the financial year set out in the 2017/18 Business Plan.

It was advised that there had been a number of key achievements and relatively good performance against target, however there were inevitable challenges which would require addressing.

Key highlights included;

-) The proportion of children who start school ready has steadily increased. Good progress had been made in improving the oral health of children along with the co-ordination in reducing the numbers of pregnant women and their partners who smoke in GM;
-) The Lung Health Check pilot introduced and focused on deprived areas has led to a significant increase in early stage lung cancer being diagnosed;
-) £134m investment for mental health was one of the number of momentous steps to deliver on the commitment to improve mental health and well-being of the residents in GM;
-) The rate of progress with the mobilisation and progress to develop the Local Care Organisations (LCO's) was considered to be compellingly positive in helping to deliver new models of care and support in neighbourhoods;
-) The support and activity of the community learning disability teams across GM had been recognised for the progress made in supporting people with learning disabilities to live in their communities;
-) In line with Mayoral priorities, an innovative housing and health programme including the commitment to tackle homelessness had been set up in GM;
-) Urgent and emergency care was one of the most challenging areas where there had been significant steps to introduce stability and consistency including the introduction of urgent primary care on a 24/7 basis;
-) In order to improve hospital care, the first stage of the most significant hospital merger in the country, the Single Hospital Service was completed. Progress had been made in the development of the Northern Care Alliance along with secured national funding of £93m for capital investment for Healthier Together and the development to increase capacity for major trauma services;
-) The work on genomics and cancer, being led by leading world experts and the GM Cancer Board would aim to dramatically advance precision medicine in the treatment of cancer;
-) £10m of funds has been assigned to a range of digital projects across localities;
-) The Workforce Transformation Strategy was agreed to help address the key workforce gaps and critical shortages;

The contribution of staff working seamlessly across the system to address the challenges and pressures faced by urgent and emergency care (UEC) systems to better support patients was recognised. A member welcomed that the rate of smoking had reduced in Greater Manchester but requested that consideration be given to a report which highlighted that

younger people were taking recreational drugs as opposed to smoking which may have a future impact on mental health.

The benefits of the Tameside integrated care digital health programme were highlighted to the Board and it was suggested that a presentation to demonstrate the cost effectiveness of this model be provided to the Board.

RESOLVED/-

1. To note the six month summary update on the progress this year;
2. To note the contribution of staff working across the system to address the challenges and pressures faced by admissions to UEC;
3. To receive a presentation from Tameside locality on the digital programme.

SPB 08/18 WINTER PREPAREDNESS

Jon Rouse introduced a report which provided an overview of the winter UEC performance to date and the work undertaken by the localities and the Partnership to continue to mitigate the demands of winter and provide safe, high quality care to patients. It also set out the current challenging position of the GM system and identified the ongoing risk in relation to service delivery over the winter.

The effort, dedication and commitment of staff across health and social care was recognised and the obligation to deliver a more sustainable framework at local and national level going forward was acknowledged.

The key headlines were:

- J All local and national systems have reported a much greater number of higher acuity patients, which had resulted in increased hospital admission rates. This had resulted in much higher bed occupancy rates of 95% plus. This was despite running a GM-wide 'Home for Christmas' campaign and a significant effort by systems, leading up to the festive period, to achieve 85% bed occupancy. The validated performance against the 4 hour standard for Greater Manchester was 81.5% for December, down from 86.7% in November and 89.6% in October. Having sustained at or close to the recovery target level of 90% over summer and through to end of October it is disappointing that we have been unable to hold the position as winter has set in. On a more positive to note to date, partnership work across Greater Manchester has meant that OPEL4 major incidents have been avoided and delayed discharge numbers low.
- J The Greater Manchester Health and Social Care Partnership with NHSI, had continued to work very closely with localities through regular site visits, system conference calls and workshops. Additional service improvement support has continued to be provided by NHSI, the Emergency Care Improvement Programme and Advancing Quality Alliance to three systems within GM (Bolton, Stockport and North East Sector).
- J The Greater Manchester UEC Operational Hub had been operational for two months and had been working with the systems to help reduce ambulance handover delays, maintain

patient flow, support escalation processes and winter reporting to the regional and national winter rooms.

- J GM had received approximately £21 million of additional winter monies from the national allocations for acute, primary care and mental health services. The additional monies have been predominantly used to increase; bed capacity, clinical workforce, primary care additional access and 24/7 mental health services.
- J Following the publication of NHSI and NHSE guidance on the deferral of non-urgent elective activity until the 31st January, the GMHSCP had asked each locality UEC delivery Board to consider their response to the guidance and submit a plan for January and the remainder of the financial year. Work was currently underway to understand the implications of the guidance and any deferrals in the context of devolution and the formally adopted accountability agreement, particularly around the requirement to achieve constitutional standards such as Referral to Treatment.

The capacity of the estate and workforce were highlighted as constraints that would require immediate attention to manage the pressures and demand placed on the system.

Following his visits to the Emergency Care Hub, the Mayor reiterated the views of the Chief Officer and thanked all parts of the system for working in partnership and managing the situation under increased and unprecedented levels of demand. The one system and partnership approach to working, evident after the attack at the Arena had continued across the health and care system and was commended for continually improving.

Following the guidance issued by Government on the cancellation of elective procedures, the Mayor highlighted the proportionate and balanced approach adopted by GM which illustrated the benefits of a devolved health and care system. This had resulted in fewer procedures being unnecessarily cancelled which delivered a more favorable outcome for the residents of GM.

The record number of people arriving at UEC and the ultimate admissions demonstrated that the care at home model was no longer acceptable. The increasing impact of that would have an inevitable effect on the demand placed on the system, therefore a new model of care which optimises the patient journey, like Care 2020 was considered essential.

The Chair replicated the views expressed with regard to the efforts of the workforce across GM.

RESOLVED/-

1. To note the content of the paper in relation to winter preparedness;
2. To support the delivery against the identified priority areas;
3. To note the positive comments from the Board with regard to the efforts of the workforce across the system and;

4. To note a national and local solution is required to manage the pressures of winter in a sustainable framework.

SPB 09/18 BURY CCG MEDICINES STRATEGY

Dr Kiran Patel, NHS Bury CCG Clinical Chair, GMHSC Partnership introduced a presentation which provided an overview of the Medicines Optimisation project introduced ten years ago in Bury. Two areas of focus for the project were diabetes prescribing and the national call to reduce psychotropic medicines for people with learning difficulties (LD).

The driver for the diabetes medicine optimisation project was due to the fact that Bury's prescribing spend was 21% above the England average, higher than the North West average spend and the worst 10% of English Primary Care Trusts for cost-effective statin prescribing. The programme recommended a combination of incentive payment and support, the development of a trustworthy relationship and a cost effective model along with quality improvements. The data was analysed to challenge well established views and a programme of work was developed, the outcomes of which have reduced average practice spend on statin prescribing along with good outcomes.

Collaborative work was undertaken between Bury CCG and Pennine Care NHS FT to implement the call to action by reviewing all LD patients receiving antipsychotics. As a result all people where prescribing was considered inappropriate have had reduction plans in place, and where agreed, appropriate support was provided.

Members offered support for the optimisation strategy and welcomed the balance of cost with quality and engagement across the system involving patients with treatment plans. The work of the Medicines Strategy Board to reduce wastage and the implementation of electronic patient prescribing was highlighted as being a key area of focus.

The expansion of the primary care workforce to deliver front line medicine management care was recognised as allowing GP's more time to see and treat patients. It was suggested that in order to roll out the important piece of work across localities, collaboration would be required through the GP excellence programme. The emphasis on quality as a focus to develop involvement and understanding for patients would be paramount.

RESOLVED/-

1. To note the progress to date of Medicines Optimisation in Bury;
2. To consider programme roll out across localities using the GP excellence programme.

SPB 10/18 WIGAN LOCALITY PRESENTATION

Will Blandamer, Programme Director of Health and Care Integration, Wigan Council introduced a presentation that provided an overview of the Wigan locality model which sought to improve outcomes and secure sustainable cost reduction in public service provision

through the large scale application of Wigan Deal principles across health and care and wider public services.

It was emphasised that large scale application of asset place based integrated place working for individuals and communities was core to the attainment of improving the population health and wellbeing, managing demand and reducing the cost base. It was advised that the focus of public services should be on the people who receive them and the communities in which they live and not the organisations that provide them.

In line with the GM framework, staff from different public services and agencies in the Healthier Wigan Partnership, work closely together to support residents with a shared common commitment and ambition.

Service delivery footprints built out of primary care clusters provided a focal point for new delivery models and the foundation for public service reform. This was gaining significant momentum and success as a single operating model for place based working has developed.

The best advocates to highlight the benefits already achieved of the single operating model and develop further are the staff who have expressed enthusiasm and confidence.

Members offered their support for the co-ordinated work being carried out and described it as the principle theme and aspect for the mobilisation of LCO development which was energising people at neighbourhood level. The model of public service delivery which has people at the centre was recognised as a tribute to reform. Will Blandamer was thanked for his contribution to the locality planning agenda and wished success in his new role.

RESOLVED/-

To note the progress provided and update on Wigan Locality Model.

SPB 11/18 GM COMMITMENT APPROACH TO CARERS: CARERS CHARTER AND COMMITMENT TO CARERS

Warren Heppolette, Executive Lead introduced a report which set out a commitment to carers, agreed by organisations across Greater Manchester to support the implementation of an integrated approach to the identification, assessment and meeting the health and wellbeing needs of unwaged carers; and the Carers Charter which has been developed by carers for carers and which articulates what carers across GM could expect.

The report also provided an overview of the programme of work and delivery plan being progressed to make real and embed the Commitment to Carers and Carers Charter into everyday support. It also detailed the potential 'ask' of partner organisations going forward to support the many carers in GM.

The background and emerging detail of the Support for Carers work programme, the key principles for supporting carers formalised through a Carers Charter and Commitment to Carers and how the offer for carers as a whole could be improved were highlighted to the Board.

Lynne Stafford, Chief Executive, The Gaddum Centre and the VCSE lead for carers provided an overview of the assistance provided by the voluntary and community sector to engage and consult with carers to feedback and design the charter through the forums that were already providing support.

David Williams, Chief Officer, Manchester Carers Forum and working carer provided a personal overview of the benefits of adopting the charter which he described as vital for the wellbeing of carers and maintenance of the essential workforce. He commended the Charter to the Board for endorsement which recognised the role of carers as partners in care provided.

The Mayor offered his support for the Charter and recognised that the development reflected the ethos of work of the Combined Authority where individuals and support organisations were involved in the development of policies. He suggested that ongoing core funding and financial support should be provided for carers organisations and the charter should be viewed as the start of the journey for carers. It was recognised that more could be done and the potential to provide carers with one point of contact to offer accountability and assurance was proposed.

The importance of the charter as new models of care are established and the potential implications and pressures on carers were highlighted. Reassurance was provided by the Chief Officer that a commitment would be made to all carers and that localities would be accountable for delivery of the charter and the commitment would be sought through the assurance framework. The challenge of funding for different cohorts was acknowledged.

RESOLVED/-

To approve and sign off the Commitment to Carers, the Carers Charter and delivery plan as appended within.

SPB 12/18 DATES OF FUTURE MEETINGS

Future meeting of the GM Health and Social Care Strategic Partnership Board are arranged as follows:

Friday 16 March 2018	10:00am – 11:30am	Council Chamber, Bury Town Hall
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Friday 11 May 2018	10:00am – 11:30am	Council Chamber, Manchester Town Hall
Friday 13 July 2018	10:00am – 11:30am	TBC