

GM HEALTH AND CARE BOARD

**MINUTES OF THE MEETING HELD ON 8 MARCH 2019 AT STOCKPORT
COUNCIL, EDWARD STREET, STOCKPORT, SK1 3XE**

Bolton Council	Councillor Linda Thomas Suzanne Gilman
Rochdale Council	Councillor Wendy Cox Andrea Fallon
Stockport MBC	Councillor Wendy Wild Pam Smith Mark Fitton
Tameside Council	Steven Pleasant
Wigan Council	Councillor Peter Smith (Chair)
GM Mayor	Andy Burnham
GMCA	Eammon Boylan Emma Stonier
GM Health and Social Care Partnership Team	Joanne Akinleye Steve Barnard Joanne Chilton Jason Kalugarama Warren Heppolette Michael Howard Sumayya Musa Claire Norman Jon Rouse (Chief Officer) Rosie Ryves-Webb Vicky Sharrock
Manchester Health and Care Commissioning	Craig Harris
Salford CCG	Tom Tasker
Stockport CCG	Diane Jones
Wigan CCG	Sally Forshaw
Salford Royal NHS Foundation Trust	Chris Brookes
Primary Care Advisory Group (GP)	Tracey Vell

GMCVO	Nathalie Haslam
Healthwatch	Jack Firth
GM Adult Mental Health Service User Network	Marsha McAdam
Manchester Metropolitan University	Professor Alison Chambers
St Ann's Hospice	Eamonn O'Neal
LGBT Foundation	Rachel Watermam Paul Martin
Future Directions	Emily Paine
Pathways	Kim Doolan Lynne James Jenkinson
GM Carers Partnership	Lynne Stafford
GM Strategic Carers Group	Christine Morgan
Self-advocates	Darren Hayward Tony McDermott Andy Smith Sean Dempsey

HCB 12/19 WELCOME AND APOLOGIES

Apologies were received from Tony Oakman, Rachel Tanner, Councillor Bev Craig, Councillor Richard Leese, Councillor Sara Rowbotham, Councillor Alex Ganotis, Councillor Brenda Warrington, Rob Bellingham, Chris Duffy, Ian Williamson, Noreen Dowd, Cath Briggs, Alan Dow, Tim Dalton, Caroline Kurzeja, Christine Outram, Nicky O'Connor, Sarah Price, Dr Richard Preece, Janet Wilkinson, Steve Wilson and Alex Whinnom.

HBC 13/19 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

The Board agreed that Item 11 – GM Learning Disability Strategy: Implementation Update was taken before Item 10 – GM Support to Carers.

HCB 14/19 MINUTES OF THE MEETING HELD 25 JANUARY 2019

Consideration was given to the minutes of the meeting held on 25 January 2019.

RESOLVED/-

That the meeting minutes be approved as a correct record.

HCB 15/19 STOCKPORT LOCALITY PRESENTATION: AGEING WELL

Pam Smith, Chief Executive, Stockport Council gave a presentation to the Board on work taking place in Stockport around Ageing Well. Eamonn O'Neal, Chief Executive, St Ann's Hospice and Professor Alison Chambers Pro Vice Chancellor of the Faculty of Health, Psychology, and Social Care, Manchester Metropolitan University (MMU).

Key areas highlighted included:

- The draft prospectus has been developed in partnership with St Ann's Hospice and Manchester Metropolitan University to deliver healthy, safe homes which support people to age well.
- This was the first time St Ann's Hospice had been invited at an early stage to collaborate on the development of a plan. A partnership approach had been adopted to ensure people face the end of life well, delivering care in hospice, shared living environments and people's homes.
- This was a unique opportunity to put people in charge of their own health and wellbeing in the most desirable and appropriate environment underpinned by the right support.
- The prospectus articulates the vision for all age housing in Stockport and will inform commissioning of new housing development and care models, future planning and other policies across Stockport.
- Golden threads that ran through the prospectus included; community; design; integrated; smart utilising technology to help provide an innovative choice of places to live.
- Big idea: The All Age Campus & Academy of Living Well within a multi-generational urban village.
- The next steps involved developing individual implementation plans for the four core areas of focus, working alongside Stockport residents to bring the vision to life.

The Board noted the presentation and appreciation for the work of St Ann's Hospice. The Chair noted concerns around potential additional costs to hospices of NHS Nursing Pensions and the importance of supporting other organisations around lobbying government to include hospices in the same category as the NHS, in terms of concessions, was stated.

RESOLVED/-

That the presentation be noted.

HCB 16/19 CHIEF OFFICER'S REPORT

Jon Rouse, Chief Officer, GM Health and Social Care Partnership (GMHSCP), provided the GM Health and Care Board (the Board) with an update on activity relating

to health and care across the Partnership. The update included key highlights relating to performance, transformation, quality, finance and risk. A summary of the key discussions and decisions of the Partnership Board were also provided.

- Sir David Dalton was retiring and the Board noted their thanks and appreciation for the huge contribution he has made nationally and to GM.
- Andrew Foster will be retiring from his post as Chief Executive Officer for Wigan, Wrightington and Leigh NHS Trust and his achievements nationally and locally, particularly in relation to his contributions to the Wigan Deal model, were recognised by the Board.
- Winter had seen challenges in relation to performance. Ambulance turnaround times were highlighted as being better than last year. January and February had seen a dip in performance relating to the 4 hour A&E target but some recovery was now being seen.
- GM was making progress on waiting list size reduction and was now in the best position in the North West in terms of growth since April 2018. GM wanted to maintain waiting lists as close to the April 2018 position as possible.
- GM has been involved in the 2019/20 NHS planning round. National guidance was released in January and following this there had been intensive planning at local and GM level. Challenges around balancing funding and activity were noted. Relationships in GM were highlighted as positive and local systems were working well together.
- Nationally the NHS had made two key announcements; the publication of proposed NHS England legislation to support integrated care, and the publication of the new GP contract, including mandating Primary Care Networks. Work was underway with primary care partners around reconciling contract mechanisms and the GM neighbourhood model.
- The Health and Justice Board was working on a Health and Justice Strategy and one of the key priorities was youth violence and prevention and early intervention. This work was being undertaken with partners including GMP, the GMHSCP and Local Authorities and a series of recommendations and proposals would be brought forward to support this.
- An Urgent Care summit had been held in early February and summits for Cancer treatment and Elective Care were planned later in the year. Dates would be circulated to the Board.

A Member welcomed the statement regarding primary care networks as neighbourhoods were at the heart of the integrated care model.

The Board noted that the budget in table 4.2 did not account for the demand pressures from looked after children and highlighted that this remained a non-sustainable position in terms of delivering balanced budgets in 2021/22.

RESOLVED/-

1. That the content of the report be noted.

2. That the proposed dates of Cancer treatment and Elective Care summits be circulated to all Board Members.

HCB 17/19 TAKING CHARGE – THE NEXT FIVE YEARS

Warren Heppollette, Executive Lead, Strategy and System Development, GMHSCP provided the Board with a presentation on Taking Charge – The Next Five Years.

Key areas highlighted included:

- GM was almost 3 years into the Taking Charge journey and the new prospectus was intended to bring the story up to date and set out ambitions for the next stage of work.
- GM was refreshing the prospectus in order to contribute to and/or respond to; the new NHS long-term plan; the Social Care Green paper; the emerging model of GM public services; the Government Spending Review in 2019 and the national and local industrial strategies.
- Significant differences already made through devolution including; improving children and young people's access to mental health services; improving cancer survival rates to almost the national average; the successes of the Working Well programme in supporting long-term unemployed people into employment and a reduction in delayed transfers of care.
- Core tenets of the system to deliver better, more integrated care were highlighted as being; local care organisations coordinating delivery of integrated care in each borough; GP practices working with other health and care professionals; standardisation across hospital sites and more care in the community and a single local commissioning hub in each borough plus a GM Commissioning Hub.
- The challenges that still needed tackling within GM including key workforce gaps and pressure on the urgent and emergency care system, population health inequalities and inadequate estates and infrastructure. New challenges have also emerged.
- GM were focusing on five key areas for the future to drive the work forward. These were outlined as putting people at the centre, health creation through prevention, true parity of esteem, innovation and an empowered workforce.
- Work was currently underway to support progress in three areas: improving population health, creating a sustainable health and care system and unlocking economic potential.
- The Mayor's ambition to have health as a priority in all public policies was highlighted alongside GM's ambition to become the world's first Marmot city region.
- Priorities for progression under improving population health included policies/programmes to target prevention in wider determinants of health and integrated services across neighbourhoods.
- Priorities for progression for building a sustainable health and care system included creating a unified commissioning system and improving urgent and emergency care performance with patients receiving more help in community based services.

- Priorities for progression in relation to unlocking economic potential included recognising the role of health in relation to economic productivity and the strengths of health innovation systems within GM.

Members of the Board stressed the importance of having a public facing version of the prospectus to ensure that this was understood by GM residents.

The Board recognised the work GM was undertaking to build a modern, up to date health system which improved peoples' health and provided innovative solutions to tackling health inequalities. Challenges around this were also acknowledged as were the foundations laid over the last few years which should enable devolution to drive even more change over the next 5 years. The importance of making connections between the development of this prospectus and the GM White Paper on public service reform were also emphasised as being crucial to future success, with place based working and integrated systems at the heart of this. Board Members noted that it was also important that the message around integration and place based working came from parts of the system where this was in place and making positive change, to drive the adoption of this forward.

RESOLVED/-

That the presentation be noted.

HCB 18/19 GM TRANS HEALTH SERVICE

Paul Martin, Chief Executive, LGBT Foundation presented the GM Trans Health Service report. The trans and non-binary population face challenges in accessing advice, support and specialist services in GM and GM has been exploring an alternative model to respond to these needs. GM has now been identified by NHS England as an early adopter pilot to test a Primary-Care led Trans Health Service which will commence in September over a two-year period. The development of the service has been co-designed with the VCSE, those with lived experience and primary and secondary care clinicians and the outputs of this have helped inform the NHS England Service Specification.

GM has listened to the local trans and non-binary population to understand the challenges and explore how their experience could be improved. Some of the feedback arising from consultation included reducing waiting times, the importance of understanding the diversity of need, better co-productivity, inclusivity of services, drawing on experience of a range of services within over sectors, a need for skilled practitioners and a flexible service with different models of access. One of the areas particularly highlighted in the consultation was ability to access services in order to gain a diagnosis of gender dysmorphic and be prescribed hormones. The most important non-clinical service identified through consultation was counselling. This piece of research will help to ensure that the right GM Trans Health service is developed.

The Board highlighted that GM had created an opportunity for itself to develop a service, due to the lack of services available currently for trans and non-binary people, and fully supported and endorsed this work. It was also hoped that this was a starting

point for a broadening of access to services over time. The role of devolution in enabling GM to progress this work was also emphasised.

Board Members noted that it was important that commissioners review services they commission to assess how they fit the needs of diverse communities.

Members asked why access to the service was limited to those over the age of 17. It was advised that NHS England had stipulated that the pilot was for services for people over the age of 17. The GMHSCP was planning to undertake a piece of work around what GM could do for those under 17, and the GM Commissioning Hub was also looking at non specialist services which could be wrapped around specialist services to provide additional support. The Board were also informed that representations had been made to NHS England about lowering the age of accessibility. Discussions were also underway about the Tavistock Clinic, which provides a gender identity services for those under 17, having a satellite clinic located in Manchester.

RESOLVED/-

1. That the development of the Trans Health Service in Greater Manchester be supported.
2. That the progress towards development of a GM Trans Health Service be noted.
3. That the approach of co-design with key stakeholders, particularly the VCSE sector and those with lived experience be noted.

HCB 19/19 GM WINTER URGENT AND EMERGENCY CARE SUMMIT AND NEXT STEPS

Steve Barnard, Head of Service Improvement, UEC, GMHSCP presented a report which provided a summary of the outputs from the GM UEC winter summit held on 14 February 2019. It had been a challenging six weeks in terms of performance against the 4 hour A&E standard and the summit had convened partners across the system, using this as an opportunity to undertake an intensive analytical piece across each locality in GM.

Key areas considered at the summit were:

- Identifying areas of improvement.
- Looking at areas of good practice.
- Reducing variation across localities.
- The GM UEC Improvement and Transformation Plan and how this could be scaled up to achieve consistency across GM.
- Recognition of the role of primary care and the need to further strengthen engagement with primary care to deliver the GM UEC Improvement and Transformation Plan.

- An agreement to implement a new range of commissioning standards for primary and social care. A draft of these new measures and ambitions will be presented to the GM Partnership Executive Board at the end of March.
- Review of ambulance performance and NWAS transportation rates to non-emergency departments.
- Developing system working and mutual aid to identify how GM can work better as a system and utilise the GM Operational Hub better, with increased authority to manage patient flow across the whole system during periods of increased demand.

Members noted that it should be recognised that, despite winter pressures and performance challenges, the system as a whole had kept patients safe. Recognition was also needed for achievements in areas where GM was ground-breaking, and as a consequence saving patients live, such as through the GM Major Trauma Service and the Stroke patients service.

The significant reduction in the number of Delayed Transfers of Care (DTOCs) within GM was highlighted. This improvement was recognised and as was the importance of continuing to focus on this across health and social care. Additionally, the lack of capital investment into A&E services was raised as being a contributing factor impacting on performance.

The significant improvement in performance in Stockport over the past few weeks was highlighted. The new Chief Executive and the wider system, including the CCG and the local authority, were working together on this to improve A&E performance within the locality.

A Member asked to what extent the Partnership was talking to NWAS about urgent and emergency care, particularly in relation to the ambulance service transporting patients to alternative services within primary care and away from A&E. The NWAS Acting Chief Executive had undertaken measures to improve performance, for example through collaborative work and the new integrated care model which NWAS now referred into. However, it was recognised that NWAS conveyed fewer people to community services than the Yorkshire Ambulance Service and the North East Ambulance Service. The digital gap in accessing information about relevant services was highlighted, as was cultural change. GM were going to undertake work exploring commissioning intentions and were going to raise commissioning as a GM priority, with the NHSE Regional Director.

Members stated the importance of having more primary care representation at discussions around urgent and emergency care. Primary care also needed to be better connected with urgent care and relationships between the two strengthened. The Tameside work to assist with keeping people at home was also highlighted, as was the importance of looking at what can be done on a local footprint to help improve A&E performance.

RESOLVED/-

That the content of the report be noted and the agreed actions from the summit be supported.

HCB 20/19 FRAMEWORK FOR RESILIENCE AND INDEPENDENT LIVING IN GREATER MANCHESTER

Ewan Jones, Programme Manager Strategic Clinical Network, GM Health and Social Care Partnership, introduced a report which outlined the framework for resilience and independent living in GM which had been developed to support service improvement. The framework also proposed the development of a clinical frailty network to support future conversations within and between localities. The Network would bring together key stakeholders and include participants from patient representatives' groups and the GM Older People's Network and Ageing Hub.

A presentation was also provided to the Board by Ewan Jones, Dr Lauren Wentworth and Dr Saif Ahmed. Key areas highlighted included:

- That identifying clinical frailty was important to enabling people to stay well and live at home for as long as possible.
- The Charter was launched in November 2018 and outlines a framework and standards to support 'direction of travel' within GM, reflects clinical best practice, supports a network and partnership approach and aligns with wider national direction and the NHS Long Term Plan.
- Work of MDTs in Tameside and Glossop, carried out in neighbourhoods, which had found that up to 80% of severely frail patients were living in the community without any service or support in place.
- Person centred and holistic approach was key. It was also stated that people living with frailty had too many emergency hospital admissions, outcomes were better for people supported outside hospital and that a systematic approach will help avoid admissions. The importance of preventative interventions such as support within the community was also highlighted.
- Framework produced is one that can support localities to carry out this work and address issues at a local level.

The important role of family and carers in this work was stressed, as navigating the array of services and support could be challenging. Additionally, a lot of work was underway around accessing electronic health records and raising awareness about data sharing under the new GDPR regulations.

The Board supported the move to treatment within the community/primary care settings but highlighted the need for development plans for staff in these areas so that they are able to fully support this shift in working. This was important to the development of the existing workforce and also for the future workforce.

Board Members stated that it was also important to link this work to the positive ageing agenda. People being referred into non-clinical support services was also noted as being important. It was recognised that early identification was key to implementing preventative interventions that took a person-centred approach.

RESOLVED/-

1. That the 'Resilience and Independent Living' as best practice model for improving experience and outcomes for people living with clinical frailty in Greater Manchester be noted.
2. That the proposed development of the GM Clinical Frailty Network as a vehicle for supporting localities to work locally to improve services be noted.

HCB 21/19 GM LEARNING DISABILITY STRATEGY: IMPLEMENTATION UPDATE

Mark Fitton, Director of Adult Social Services, Stockport Council introduced a report which provided an update on the GM Learning Disability Strategy as to the work undertaken to support implementation since its launch in summer 2018. All localities have made commitments to making improvements in 10 key areas of the Strategy and this aligns with the wider procurement of Adult Social Care programme and how can improve services and support people within the community. Each locality is expected to deliver within the 10 areas and can choose which ones to focus in on. The GM Learning Disability Group is charged with overall responsibility around delivery. Initial implementation has been supported through the 100-day challenge with localities and GM working towards a broad range of commitments which will enable change.

The Board received a presentation from Lynn James Jenkinson, Director/Chief Executive, Pathways and Kim Doolan, Pathways Associates CIC. Self-advocates also contributed to the presentation.

Key areas highlighted included:

- GM had asked Pathways to come back and hold them to account around the delivery of the GM Learning Disability Plan.
- Opportunity to celebrate areas where GM had provided support which were making a difference to people and enabling service users to be heard.
- Investment had been focused around advocacy, belonging, isolation and workforce. Some of the projects highlighted were; the work with Meet N Match to develop a GM friendship/ dating agency to support people; linking the work in Rochdale with self-advocates on transport with the Small Sparks project and training to support volunteer chaperones for Meet N Match; extra lottery funding to support Meet N Match across GM and Lancashire and various projects/work taking place in each area of GM to support implementation of the plan.
- Strong focus on advocacy and enabling people with learning disabilities to get their voice heard. A funding application has also been submitted to fund more work across the North West, to support people with Learning Disabilities to understand their rights and gain skills to speak up and defend these.
- Work has taken place with the team writing the GM Health and Justice Plan. One area in particular arising from this was highlighted as being interactions with the police and how these can be improved for people with learning disabilities.
- Work underway with the Mayor of Greater Manchester and MerseyCare around how support can be provided to people in accessing benefits when being discharged from in-patient settings.

- Culture change within organisations was crucial including access to training for staff to develop a workforce that meets the needs of people with learning disabilities.
- A group of NWR19 who attended the conference in Blackpool where almost 100 self-advocates worked with leaders from every area of the GM Health and Social Care Sector. Salford Resident, Sean Dempsey, also won the NW Outstanding Leader 2019.
- Next steps included each locality developing a long term plan to implement the Strategy across all priority areas and supporting staff to drive the Strategy forward. Plans have been requested to be submitted to the GM Learning Disabilities Delivery Group by the end of April.
- Recognition of the support of the GMHSCP in helping to develop and drive this work forward.

The Chair thanked presenters for the presentation and highlighted the positive progress made since summer 2018.

The Mayor congratulated Sean on winning the NW Outstanding Leader Award and noted that at the next update each locality should report back on what they were doing to implement the Strategy. He also took this opportunity to raise the court ruling around the sleep-in tariff and the effect on adult social care. One group, active within four GM localities had cut this, and the potential effects on carers pay and standards of care were stressed if GM did not take a view on this.

RESOLVED/-

1. That the outputs and outcomes from the collective 100 day challenge across GM be noted.
2. That the next steps in relation to further implementation of the strategy and the related progress reporting mechanism through the LD Delivery Group, LD and Autism Programme Board and GM Confirm and Challenge be noted.

HCB22/19 GREATER MANCHESTER SUPPORT TO CARERS: LOCALITY PROGRESS UPDATE AND FUTURE RECOMMENDATIONS

Warren Heppolette introduced the Greater Manchester Support to Carers report. The report highlighted that it had been a year since the signing of the GM Carers Charter and that work had taken place since then with commissioners, providers, the Voluntary and Community Sector (VCSE) and carers to develop and shape the current offer and support available to carers cross GM. The GM Exemplar Model for Carer Support has been developed which is a resource localities are using to adapt local services for carers. Additionally, the GM Working Carers Toolkit has been developed and is being recommended to all employers and carers in GM as it identifies ways employers can work to support carers in the workforce.

In December and January conversations had taken place with each locality to provide further insight into the work behind the exemplar model and to give localities an opportunity to; identify strengths and future plans aligned to the six priorities; share

progress to date; identify gaps and further development planned and share challenges where additional action or support at GM level could be beneficial. Each locality had undertaken a range of work to support carers; for example, Rochdale had introduced a single point of contact called the Carer's Hub and Stockport has a service which connects carers with other interest groups in the area.

Some of the next steps were identified as; monitoring of further implementation of the Exemplar model; bringing together all partners to review progress and identify priorities for 2019/20 and looking at how communication can be improved within organisations so carers can be signposted to relevant services for support.

RESOLVED/-

1. That the progress outlined in the report be noted.
2. That the plans for the next 12 months of the programme be approved.
3. That the recommendations and key themes identified as requiring support at a strategic level be supported.

HCB 23/19 DATES AND TIMES OF FUTURE MEETINGS

The following dates and times of future meetings were noted:

- Friday 31 May 2019, time to be confirmed, Trafford Metropolitan Borough Council.
- Friday 26 July 2019, time and venue to be confirmed.
- Friday 13 September 2019, time and venue to be confirmed

RESOLVED/-

That the dates and times of future meetings be noted.