

GM HEALTH AND CARE BOARD

MINUTES OF THE VIRTUAL MEETING HELD ON 28 MAY 2021

Bolton Council	Councillor Susan Baines
Bury Council	Geoff Little
Manchester CC	Councillor Joanna Midgley
Oldham Council	Councillor Zahid Chauhan
Salford CC	Councillor John Merry Tom Stannard
Stockport MBC	Councillor Jude Wells Mark Fitton
Tameside Council	Councillor Brenda Warrington (Chair) Councillor Eleanor Wills Steven Pleasant
Trafford Council	Councillor Jane Slater
Wigan Council	Councillor Keith Cunliffe Alison Mc Kenzie-Folan
HMR CCG	Chris Duffy
Manchester Health and Care Commissioning	Ruth Bromley
Salford CCG	Tom Tasker
Stockport CCG	Andrea Green
Tameside & Glossop CCG Trafford CCG	Asad Ali Muhammad Imran
Wigan CCG	Tim Dalton Craig Harris
GM Mental Health NHS Trust	Rupert Nichols
MFT	Kathy Cowell

Northern Care Alliance NHS	Michael Luger
NWAS	Carolyn Wood
Bolton NHS FT	Fiona Noden
Pennine Care NHS FT	Evelyn Asante-Mensah
Salford NHS FT	Chris Brookes
Tameside NHS FT	Karen James David Curtis
The Christie	Roger Spencer
Wrightington, Wigan & Leigh NHS FT	Tony Warne
Director of GM Mayors Office	Kevin Lee
GM Deputy Mayor Police & Crime	Baroness Beverly Hughes
GM Mayor	Andy Burnham
GMCA	Julie Connor Lindsay Dunn Andrew Lightfoot
GMCVO	Alex Whinnom
GM Joint Health Scrutiny Members	Councillor Ronald Conway Councillor Keith Holloway Councillor John O'Brien (Chair)
GM Health and Social Care Partnership Team	Laura Conrad Warren Heppolette Jane Pilkington Sarah Price Christina Walters Janet Wilkinson
GM Joint Commissioning Team	Rob Bellingham
Healthwatch	Heather Fairfield
Primary Care Board	Janet Castrogiovanni Tracey Vell

HCB 08/21 WELCOME AND APOLOGIES

Apologies for absence were received from the following;

Councillor Daalat Ali (Rochdale MBC), Mike Barker (Oldham CCG), Eamonn Boylan (GMCA), Andrew Furber (PHE), Sir Richard Leese (GM Healthy Lives Portfolio Lead), Helen Lockwood (Oldham Council), Daren Mochrie (NWS), Silas Nicholls (WWL NHS FT), Dharmesh Patel (PCB), John Patterson (Oldham CCG), Steve Rumbelow (Rochdale Council), Councillor Andrea Simpson (Bury Council), Jeff Schryer (Bury CCG), Sara Todd (Trafford Council), Liz Treacy (GMCA), Councillor Andrew Western (Trafford Council) and Steve Wilson (GMCA).

HBC 09/21 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

Councillor Brenda Warrington (Leader Tameside Council) welcomed all, especially new members, to the virtual meeting of the GM Health and Care Board and explained that she would Chair the meeting in the absence of Sir Richard Leese (Portfolio Lead for Healthy Lives) whose apologies had been noted.

It was advised that political appointments to the Board would be formally received for approval by the GMCA at the meeting on 25 June 2021.

Appreciation was also put on record to those members who had been replaced in their roles in supporting the health and care devolution journey at GM level and within their districts and organisations.

RESOLVED/-

1. That it be noted that political appointments to the Board would be received for approval by the GMCA at the meeting on 25 July 2021.
2. That appreciation be recorded to those who had previously been members for their role supporting health and care devolution.

HCB 10/21 MINUTES OF THE MEETING HELD 26 MARCH 2021

Consideration was given to the minutes of the meeting held on 26 March 2021. It was noted that the minutes had reflected that Martyn Pritchard had at the time been the Managing Director of the Provider Federation Board. It was advised that although that was now his current position, at the time he had been the Accountable Officer for Trafford CCG.

RESOLVED/-

1. That it be recorded that Martyn Pritchard was at the time of the meeting Accountable Officer at Trafford CCG.

2. That the meeting minutes of the GM Health and Care Board held 26 March 2021 be approved as a correct record.

HCB 11/21 CHIEF OFFICER REPORT

Sarah Price, Interim Chief Officer, GM Health and Social Care Partnership (GMHSCP) introduced a report which provided the GM Health and Care Board with an update on issues relating to the Greater Manchester health and care system and the people who work in it.

Key issues highlighted to the Board included:

- The Workforce Collaborative recently published their end of year report for 2020/21. Despite the unforeseen challenges over the past year, the Collaborative had achieved some notable successes including the launch of the GM Well-being toolkit created for all health and care staff.
- Over 1k people in Greater Manchester had so far been referred to long COVID clinics. Treatment was continuously being improved in local communities to support people with symptoms of COVID-19, after their diagnosis. Plans were improving to ensure there was strong support for people struggling with their mental health, chronic fatigue, and for those with complex health needs.
- New national guidance had been issued around investigations *Learning from Life and Death Reviews* – for people with a learning disability and autistic people.
- NHS England issued its 2021/22 Priorities and Operational Planning Guidance at the end of March 2021. Final versions of the plans were due by 3 June 2021. The submission would be reviewed by an extraordinary meeting of the Partnership Executive Board and a summary of final plans would be provided to the July Health and Care Board.

RESOLVED/-

That the content of the report be noted.

HCB 12/21 CONTAINING COVID-19: TEST, TRACE, ISOLATE AND VACCINATE (TTIV)

Jane Pilkington, Director of Population Health (Interim) GMHSC Partnership introduced a report which provided an update on the Test, Trace, Isolate and Vaccinate (TTIV) arrangements in place in Greater Manchester as part of the strategy to contain the spread of Covid-19.

Christina Walters, GM Covid Testing Team, GMHSC Partnership provided a presentation and advised the Test, Trace, Isolate and Vaccinate (TTIV) programme provided the key mechanism to suppress the spread of infectious diseases and as such, was the cornerstone of the GM Contain Plan. Members were advised that the GM Targeted Testing at Scale Strategy and Operational Plan for 2021, was an update to the GM Mass Testing Strategy,

released in April 2020 in response to the emerging Covid-19 pandemic. The updated Strategy aligned to the wider Covid Response Strategy across GM and set a direction of travel which would be regularly reviewed and updated to ensure it remained current.

An overview of the GM Contact Tracing Model and GM Integrated Contact Tracing System was provided along with data relating to cases dealt with by the GM Integrated Contact Hub. It was noted that this did not include cases that had been dealt with across all ten localities.

It was noted that the Covid vaccination programme was the most successful vaccination programme which had been delivered at pace and scale since the 8 December 2020. A breakdown of the achievements to date in the delivery of Covid-19 vaccinations along with an overview of the innovative engagement activity resulting in increased vaccinations across GM was provided.

In thanking both Jane and Christina for the informative presentation, the Chair recognised the ongoing challenges particularly with the emergence of the new Covid variant and commented that it had demonstrated the positive results that had been achieved through collaborative hard work across GM. Details of how the capacity of the GM hub to provide integrated co-ordinated support to localities to undertake enhanced surge testing and provide resilience to manage increasing demand was discussed.

Members further extended their appreciation on behalf of the system and GM residents for the innovative work and commitment which had resulted in incredible achievements. The quality of advice received from the integrated team was recognised which had assisted GM in the national debate, the scope of which extended beyond GM. Encouraging messaging to ensure maximisation of second vaccinations was considered and discussed. The challenging implications of bringing forward second vaccinations was highlighted, however it was being actively promoted by locality and GM communication teams and the response to date was encouraging. The work undertaken in localities to build trust and address hesitancy and accessibility to drive take up for those most at risk groups was recognised.

The lack of income protection and job security for many was acknowledged to be a potential barrier to self-isolation and testing. It was suggested that evaluation of the self-isolation pathfinder may highlight the issue which in turn could enable future conversations with Government on the importance of income protection to compliance to self-isolation.

Appreciation was extended to all teams including volunteers working hard to undertake the programme of vaccinations in all roles. The crucial role of the VCSE within the programme was acknowledged. The availability and distribution of vaccinations was recognised to be a key factor and it was confirmed that availability was a national supply led programme and GM was currently working collaboratively to distribute mutual aid.

The acceleration of surge testing and vaccinations to deal with the Indian variant in those areas most at risk was recognised to be reliant on the availability of supply and workforce.

It was agreed that further details and JCVI guidance regarding the co-ordination of vaccinations and testing arrangements for prisoners due for release would be shared with the Deputy Mayor Police and Crime, Baroness Beverly Hughes.

RESOLVED/-

1. That the update provided be noted.
2. That the JCVI guidance on testing and vaccinations of prisoners prior to release be provided by Jane Pilkington to Baroness Bev Hughes.

HCB 13/21 ELECTIVE RECOVERY AND REFORM UPDATE

Fiona Noden, Chief Executive, Bolton NHS Foundation Trust and Co-Chair of GM Elective Recovery and Reform Programme provided an update on the approach to elective recovery across GM, including how the system was keeping patients informed while they are waiting for elective procedures.

A presentation which offered the context, an overview of the infrastructure to oversee the collaboration of organisations and priorities of the recovery and reform programme was provided.

It was advised that Clinical Reference Groups had been established for those clinical areas with the biggest challenge in terms of numbers of patients waiting, within which clinicians were working together from primary, community and secondary care and with patient representatives to reform delivery through recovery. This included introducing innovative changes such as Patient Initiated Follow ups as well as organisations providing mutual aid to one another to maximise available capacity. Organisations were working collaboratively, including using mutual aid, to make the most of the available elective capacity.

Members of the Board reflected on the situation for those people having to wait 52 weeks for surgery and considered how their quality of life and mental health had been impacted by the delay. Further information regarding communication of the 'Waiting Well' framework was requested. It was accepted that honest communication with patients highlighting the scale of the challenge was required.

It was suggested that post pandemic, normal prioritisation would not be the most appropriate approach for older people awaiting orthopaedic surgery particularly those who had been shielding. Furthermore, any changes to prioritisation would need to be effectively communicated to avoid public confusion and dissatisfaction. The Board were assured that a holistic approach was being adopted which considered the detrimental effects to patients including mental health and provided consideration to health inequalities.

The collective system wide approach involving primary, secondary and community care was acknowledged with an appreciation of the enormous pressures for hospitals and additional

demands on the scope of Primary Care. It was advised that UEC departments were also experiencing increases in patients attending who were awaiting surgery. Members endorsed the collaborative clinical approach that had been adopted by the hospitals in GM to provide the safest health and follow up care for patients.

RESOLVED/-

That the update regarding the recovery approach to elective care including the identification of opportunities to reform as part of recovery be noted.

HCB 14/21 GREATER MANCHESTER INTEGRATED CARE SYSTEM (ICS) DEVELOPMENT – UPDATE ON PROGRESS AND NEXT STEPS

Sarah Price provided an update on activities to inform the approach taken in Greater Manchester to the development of the ICS and a summary of the immediate next steps. It followed the presentation and paper provided to the Board in March which placed the ICS development in the context of the work as a Partnership since 2016 and the work during summer and Autumn to consider the Future Direction as a Partnership.

The paper also summarised the output from recent workshops involving colleagues across the Partnership and appreciation was extended to those that had attended and engaged in the sessions.

Dr Tom Tasker, Chair Salford CCG and Chair, GM Medical Executive supplemented the report by providing the Board with an update on the proposals for clinical and care professional leadership model. Further details on the proposals were available for members upon request.

Members agreed and acknowledged that areas were at different stages of integration and recognised that rigid structures would not be appropriate for each locality and would require different governance arrangements.

The Chair recognised and thanked those involved for the level of engagement across the system and work undertaken in the development of a statutory Integrated Care System for Greater Manchester along with the requirement to proceed to next steps.

RESOLVED/-

1. That the design principles for the new operating model be supported.
2. That the next steps as set out in section 3 of the report be confirmed.

HCB 15/21 DATES OF FUTURE MEETINGS

To be arranged and advised.