

## GM HEALTH AND SOCIAL CARE STRATEGIC PARTNERSHIP BOARD

### MINUTES OF THE MEETING HELD ON 13 OCTOBER 2017

Bridgewater Community Healthcare NHS Trust	Dorothy Whitaker
Bolton CCG	Su Long
Bolton Council	Councillor Linda Thomas John Daly
Bury CCG	Stuart North
Bury Council	Steve Kenyon
Christie NHS FT	Roger Spencer
GMCA	Eamonn Boylan Lindsay Dunn Jamie Fallon
GM ACCGs	Rob Bellingham
GM Fire and Rescue Service	Tony Hunter
GM H&SC Partnership Team	Steve Barnard Warren Heppolette Claire Norman Nicky O'Connor Jon Rouse Steve Wilson
Health Innovation Manchester (HiM)	Rowena Burns
Healthwatch	Jack Firth
Heywood, Middleton & Rochdale CCG	Chris Duffy Simon Wooton
Manchester CC	Councillor Bev Craig Geoff Little
NW Boroughs Healthcare NHS FT	John Heritage

Oldham Council	Councillor Eddie Moores Carolyn Wilkins
Primary Care Advisory Group (GP)	Tracey Vell
Primary Care Advisory Group (Optometry)	Dharmesh Patel
Primary Care Advisory Group (Pharmacy)	Adam Irvine
Salford CC	Councillor John Merry David Herne
Salford CCG	Tom Tasker
Stockport CCG	Ranjit Gill
Stockport MBC	Councillor Wendy Wild Pam Smith
Stockport NHS Foundation Trust	Adrian Belton
Tameside & Glossop CCG	Paul Pallister
Tameside MBC	Councillor Brenda Warrington Steven Pleasant
Tameside NHS Foundation Trust	Karen James
TfGM	Bob Morris
Trafford CCG	Matt Colledge Cameron Ward
Trafford Council	Councillor John Lamb Jill Colbert
Wigan Council	Councillor Peter Smith (in the Chair)
Wigan, Wrightington & Leigh NHS FT	Carole Hudson Neil Turner

## **SPB 85/17 WELCOME AND APOLOGIES**

Apologies were received from;

Simon Barber, Ann Barnes, Councillor Jacqui Beswick, Wirin Bhatiani, Chris Brookes, Andy Burnham, Derek Cartwright, Paul Connellan, Bev Humphreys, Julie Connor, Mayor Paul Dennett, Alan Dow, Councillor Richard Farnell, Anthony Hassall, Beverley Hughes, Bev Humphreys, Majid Hussain, Pat Jones-Greenhalgh, Kevin Lee, Andrew Lightfoot, Councillor Cliff Morris, Silas Nicholls, Pete O'Reilly, Christine Outram, Dr Richard Preece, Steve

Rumbelow, Colin Scales, Councillor Rishi Shori, Tom Thornber, Liz Treacy, Ian Williamson, Ian Wilkinson and Giles Wilmore.

### **SPB 86/17 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS**

The Chair thanked Oldham for the use of facilities for the revised arrangements of the GM Health and Social Partnership Board meeting that previously met on the same day as the Greater Manchester Combined Authority. It was explained to members that as well as the frequency and timings changing, the format would also alter in order to better engage with the talents of those represented.

#### **RESOLVED/-**

To note the revised arrangements and format.

### **SPB 87/17 MINUTES OF THE MEETING HELD 28 JULY 2017**

The minutes of the meeting held 28 July 2017 were agreed as a true record

#### **RESOLVED/-**

To approve the minutes of the meeting held on 28 July 2017.

### **SPB 88/17 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;

- ) In relation to the Workforce Strategy, GM has developed a system wide approach to nursing recruitment with some encouraging first results. Commendation was given to the Directors of Nursing and the relevant Universities for their collaborative work in this area which has seen an 11% increase in student intake against a national reduction of 6%. The Partnership is expecting to build on this collaborative model and extend to benefit Social Care, General Practice and mental health where there are significant staff shortages.
- ) GM is investing £10m of capital in digital solutions across the health and care system this year. The funding will support the transformation of services to residents and is the start of a digital improvement plan expected to invest up to £70m over the next 3-4 years. Localities have had the opportunity to submit bids for the use of this funding which relates to 2017/18. The recommendations from this process will be reported to SPBE for decision.

- J The Care Quality Commission (CQC) will undertake place based reviews in both City of Manchester and Trafford over the forthcoming weeks with emphasis on the integration of health and social care. The outcome of both reviews will be presented to the Board in due course.
- J Urgent Care performance across GM is currently at 89.4% for the year to date with no individual trust achieving the national standard of 95%. Bolton, Stockport and Pennine Acute have particularly challenged performance.
- J Delayed Transfers of Care performance is at 3.7% for the month of July, showing a positive lower amount year on year. Variation still exists across the system, however, Stockport has reported significant improvements in this area.
- J Cancer performance is now a priority concern for GM. The Partnership team is supporting improvements to address, stabilise and correct the current position.
- J CQC have recently completed Primary care inspections. A tremendous achievement was reported on the performance of Tameside and Glossop GPs practices, all of which have been found to be either 'good' or 'outstanding'.
- J Although resources are much tighter this year, financial performance was summarised as broadly to plan.

## **RESOLVED/-**

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

## **SPB 89/17 HEALTH INNOVATION MANCHESTER – UPDATE ON PROGRESS**

Rowena Burns, Executive Lead, Health Innovation Manchester introduced a report and provided a presentation which outlined the work that has taken place since March 2017 to refocus Health Innovation Manchester (HInM) and create a sound platform for delivery. It also outlined the further work scheduled for the months beyond October 2017.

It was reported that the operational merger of the Academic Health Science Network (AHSN) and Academic Health Science Centre (AHSC) organisations, including colocation of the staff, is complete. The HInM board has agreed a 3-year strategic business plan consisting of a revised set of three strategic objectives, which will be presented to this Board in due course and published in November.

The HInM board, partners and staff have all been engaged in its creation. This plan will have a full suite of KPIs and a measurement framework to demonstrate contribution to GMHSCP's goals, and direct and indirect economic benefits.

The 3 key strategic objectives going forward for HInM were reported as:

- J To make GM an internationally renowned location for life science, med-tech and digital healthcare research and innovation.
- J To accelerate the discovery, development and deployment of innovations that improve our population's health and well-being.
- J To contribute to national and international health and life science policy to strengthen the competitiveness of the UK Life Sciences Industry, tackle health and social care challenges and address the rising costs of ill health.

The key next steps over the next six months were highlighted as:

- ) Consolidation of the HInM delivery vehicle, governance arrangements and complete resourcing of the single HInM team.
- ) The confirmation of the future funding model for HInM.
- ) The launch the 3-year strategic business plan to reflect the Key priorities for HInM going forward.
- ) Extensive communication with partners and stakeholders, to improve understanding of HInM's work, and of the processes through which innovations will be evaluated and adopted.
- ) Bringing forward quick win innovations in mental health, social care, and primary care, alongside implementation of the secondary care quick wins already identified.

On behalf of the Partnership, the Chair welcomed the update which demonstrated the use of the devolution agreement to ensure wider benefits for the region in terms of healthcare and promoting GM as an attractive place for future innovative developments.

A member asked, if as a result, GM providers and commissioners would benefit from obtaining drugs and medicines at a competitively reduced price. It was highlighted that the pricing of drugs is highly complex both in the degree in control at a national and local level. It was confirmed that at present, the focus of work alongside the pharmaceutical industry with regard to pricing, is on projects with payment linked to outcomes.

Jon Rouse confirmed that an adoption and diffusion framework is a critical development required for GM. This is currently being developed in order to drive perception into reality for the potential opportunity to develop evidence based best practice. The adoption and diffusion context and structure will be presented to the Board in due course.

#### **RESOLVED/-**

1. To note the progress made in 2017 to establish HInM and provide a firm basis for implementation of the priorities in the Business Plan;
2. To note and approve the next steps to be undertaken in 2017/18 to consolidate the new organisation, launch the strategic objectives and new business plan and determine HInM's future funding structure.

#### **SPB 90/17 TRANSFORMATION FUND UPDATE**

Steve Wilson, Executive Lead: Finance & Investment introduced a report providing an update on recent developments with the Transformation Fund. Members were asked to acknowledge the significant milestone in the investment of the fund as all ten localities have progressed through the locality bidding process for investment. It was noted that the Transformation Fund will move into a different phase and focus on delivery of the plans and assurance that investment will deliver the goal of clinically sustainable and financially affordable services across GM.

This month had an expanded section on the findings and recommendations from the assessment team in their evaluation of the proposals from Bury, Rochdale and Trafford.

The key headlines were:

- J Bury's proposal supports the delivery of their locality plan to achieve a series of system wide transformational 'shifts' in order to transform the health and wellbeing of the population in Bury.
- J By 2021, Rochdale aims to have more people in control of their own health and wellbeing, managing their long term conditions well and being supported to achieve good health and wellbeing.
- J Trafford's Transformation Fund Bid sought to secure a sustainable health and social care economy by 2021, in order to build a strong foundation for delivery of Trafford's vision for 2031.
- J TFOG recommended a substantive investment of £19.2m over four years for Bury, £23.5m over four years for Rochdale and £22m over three years for Trafford. These funding recommendations were accompanied with material conditions for the funding. Funding for all Bury and Rochdale was approved by SPBE on 9 August 2017, and for Trafford on 28 September 2017.

## **RESOLVED/-**

1. To note the progress update reported on the Transformation Fund;
2. To note the Executive's decision to:

To approve a substantive investment in Bury of £19.2m over four years, with phasing to be set out in the Investment Agreement and paid quarterly in advance:

- J 2016/17: £1.0m
- J 2017/18: £7.03m
- J 2018/19: £6.31m
- J 2019/20: £4.89m
- J Noting that there are material conditions to funding, only to be released upon their satisfactory completion. These are set out at 2.3.2.

To approve a substantive investment in Rochdale of £23.5m over four years, with phasing to be set out in the Investment Agreement and paid quarterly in advance:

- J 2016/17: £0.46m
- J 2017/18: £6.32m
- J 2018/19: £14.95m
- J 2019/20: £2.2m
- J Noting that there are material conditions to funding, only to be released upon their satisfactory completion. These are set out at 3.3.2.

To approve a substantive investment in Trafford of £22m over three years, with phasing to be set out in the Investment Agreement and paid quarterly in advance:

- J 2017/18: £4.80m
- J 2018/19: £13.42m
- J 2019/20: £3.77m
- J Noting that there are material conditions with funding only to be released upon their satisfactory completion. These are set out at 4.3.2.

To note the BDO conclusion and revisions to the process to take into account their recommendations.

## **SPB 91/17 WINTER PREPAREDNESS**

Steve Barnard, Head of Urgent and Emergency Care Service Improvement introduced a report which provided an overview of the work undertaken by the Partnership and localities to help mitigate the demands of winter. The report described how the GMHSC Partnership will provide ongoing support for local systems to ensure they are able to respond effectively to the demands of winter and continue to 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 winter.

The key headlines were:

- ) GMHSC Partnership, in partnership with NHSI, has worked closely with each of the localities to support the development and ongoing review of plans to help mitigate the increased demands of winter. There has been additional focus on (and support offered to) three systems within GM (Bolton, Stockport and North East Sector), which are considered to be more fragile in the context of achieving the 4 hour performance standard. The GMHSC Partnership has developed an overarching winter assurance document, which reflects local planning and nationally identified best practice. The document also sets out the role of the partnership during winter in terms of operational support, escalation, winter reporting and assurance.
- ) From November, the GM UEC Operational Hub will be a key component of the GM-level of support, when urgent care pressures are experienced within the system. It will collect, analyse and report key performance and flow information, to support decision making as part of the escalation processes. It will also act as a single point of contact for regional and national winter reporting – reducing the burden on local systems.
- ) A GM winter summit took place earlier that day and was attended by Chief Officers and senior system leaders from across health, social care and the voluntary sector attended. The summit offered localities an opportunity to provide an update on their plans and to discuss ongoing challenges. The GM and locality-level UEC Delivery Boards continue to meet monthly and monitor progress and provide oversight of the plans.

The children's programme for the flu vaccination was discussed and the Chair questioned whether or not there was a possibility that some parent's reluctance could be attributed to previous concerns surrounding other immunizations. The reasons were thought to be difficult to understand, however it was believed that the current communication campaign has a good chance of success and will feature along major gateways and on televised boards in areas where there is a high footfall.

### **RESOLVED/-**

1. To note the content of the paper in relation to winter preparedness;
2. To support the delivery against the identified priority areas.

## **SPB 92/17 GREATER MANCHESTER MODEL FOR URGENT PRIMARY CARE**

Dr Tracey Vell, Associate Lead for Primary and Community Care, GMHSC Partnership introduced a report that provided context regarding urgent and out of hours primary care reform in Greater Manchester. An overview of progress to date and the proposed future model for an integrated 24/7 urgent primary care offer was detailed in the paper.

A model which articulates what a reformed, integrated 24/7 urgent primary care offer could look like with key components that will enable patients to receive the right care, in the right place in a timely manner while reducing the burden on highly pressurised A&E departments was described in the report. The new model of urgent and out of hours primary care will contribute to a reduction in hospital utilisation by reducing avoidable A&E attendances and subsequent admissions and at the same time assist in community resilience.

The rationale for a GM Model along with the risks, considerations and opportunities including the next steps, changes for this forthcoming winter and the future ambition were highlighted to the Board.

Stuart North, Urgent Care Lead for the Association of Clinical Commissioning Groups (ACCGs) offered support for the approach and confirmed that there had been the appropriate clinical involvement throughout the process in the development of the model. The key next steps for health and social care partners in each locality is to implement the recommended approach and model. In support of this, a group chaired by the Urgent Care Lead for ACCGs will provide assistance to facilitate the development and mitigate risks identified in the report.

Members offered support for the proposals and requested that local elected members are provided with a thorough briefing in order to positively explain and address concerns regarding access to appropriate treatment from members of the public. It was recognised that this maybe a complex process to understand, however the aim is to provide better standardisation across all localities. It was recommended that plain English is used in literature to deliver communication on urgent primary care. A slide pack with a visual explanation of the process has also been developed which will be considered to support the development of appropriate patient messages.

A Member brought it to the attention that Tameside and Glossop would be one of the areas that would not meet the national specification highlighted in section 5.2.2 of the report. This is due to the fact that the control total has not yet been signed off, and as a result, NHSI will not release funding for primary care streaming. Despite improvements locally to reduce direct demand on hospitals and the overwhelming contribution of health and social care staff, essential capital is required in order to continue to deliver improvements. Support was requested to continue to improve all services and resolve the release funding.

On behalf of the GM Partnership Jon Rouse explained that he was sympathetic to the fact that both Tameside and Stockport capital requirements to develop new models of care were linked to control totals. This has been communicated previously and just recently expressed to the Prime Minister's Health Advisor. This will now be followed up by a letter to the Department of Health (DoH), NHSI, NHSE and Treasury from Lord Peter Smith reiterating the concerns regarding limiting the ability as a devolved system to make decisions and allocate resources.

In offering support for the paper, Primary Care Advisory Group (PCAG) acknowledged their role in helping to develop and deliver the public message in the community. The involvement of local social care partners in planning at locality level was considered integral as appropriate availability of social care support is essential to respond to and meet needs.

## **RESOLVED/-**

1. To note the progress to date including development of future model of 24/7 urgent primary care;
2. To support the proposed 24/7 urgent primary care model;
3. To note the risks to delivery and considerations which will be picked up as part of the work of the task and finish group;
4. To agree the deliverables for 2017 and future ambition for GM;
5. To provide effective communication to elected Members in order to provide support for the model;
6. To develop appropriate communication and engagement of the model for the public.

## **SPB 93/17 MANCHESTER ARENA INCIDENT RESPONSE**

Nicky O'Connor, Chief Operating Officer, GMHSCP, provided a paper which highlighted the health and care input during the immediate response and recovery phases following on the Manchester Arena incident on 22 May 2017. This included the delivery of actions within the Health and Welfare plan focused on identifying and ensuring provision of appropriate immediate and longer term psychological, physical, practical and social support for those affected and their families.

Tribute was paid to all public sector and voluntary workers involved in the immediate emergency response and recovery phase which was described as exemplary.

The immediate health response saw 65 ambulances deployed to the scene of the incident within 31 minutes. In total 59 individuals were taken to local hospitals depending on their particular injuries and which hospital was most suitable. The responsibility for the recovery phased passed to Manchester City Council on 31 May 2017. The health and care response is providing support to bereaved families, individuals injured as a result of the incident and public service staff involved in the response. This has been enhanced by the establishment of the GM Resilience Hub to provide support for people psychologically affected by the incident. Following the independent review lessons learnt will be used to inform responses to any potential future incidents.

Geoff Little, Deputy Chief Executive, Manchester CC who has led the Health and Welfare Group as part of the recovery phase, added to this that, this particular workstream will continue for as long as is required. Furthermore, where necessary, services will be improved and support will continue for the survivors. The link between public services to deliver integrated post discharge assistance for those that received the most severe physical injuries will also remain in place. It was noted that the web site that has been created to sign post those affected, will be further developed along with other support networks by the survivors with expert guidance of Dr Anne Eyre.

The Chair added his appreciation to all those involved in the aftermath of the tragedy and on the ongoing support for those in need.

## **RESOLVED/-**

1. To note the health response to the Manchester Arena incident during the immediate and recovery phases;
2. To note the actions delivered through the Welfare and Health plan in particular the establishment of the GM Resilience Hub;
3. To note the involvement in the independent review and lessons learnt process which will influence responses to future incidents;
4. To note the gratitude to all those involved in the aftermath of the tragedy.

## **SPB 94/17 HEALTH AND HOMELESSNESS**

Consideration was given to a report presented by Warren Heppolette, Executive Lead, Strategy and System Development, which set the background and emerging detail of the homelessness and health work programme, which supported the wider Greater Manchester priority with a Mayoral commitment to end rough sleeping and homelessness by 2020.

The paper outlined some of the current challenges and activity in respect of homelessness and rough sleeping in Greater Manchester and a proposed response from the Health and Social Care system.

The involvement of the health and care system in delivering support to people experiencing homelessness was acknowledged to be of critical importance. It was reported that the health needs of the client group can be acute and both a cause of homelessness and a consequence of it.

The Strategic Partnership Board were informed of the intended contribution of the health and care system to end homelessness and rough sleeping. It detailed the Greater Manchester context and the four principal commitments made by GMHSC Partnership at the meeting of Reform Board on 6 October 2017. Alongside this, based on evidence and understanding, some longer term action was proposed, which collectively will provide additional health service support to people experiencing homelessness. A task and finish group will be convened over the forthcoming weeks to identify the necessary processes, stakeholders and mechanisms required to achieve delivery of the commitments.

Members offered support for the report and requested information on the numbers involved in order to assess if there is likely to be any impact on the issues raised as a result of winter pressures. It was confirmed that the numbers are small and should not have an immense consequential impact on delayed transfer of care. It was noted that in some localities, housing is already embedded in the discharge process and integration with housing should be standardised across GM.

It was noted that each Local Authority has a significant resource in the commissioning of housing which addresses and helps to provide housing solutions across the conurbation. It was suggested that these are included on the proposed task and finish group.

Members expressed concern with regard to the level of engagement and communication required in order to respond to those individuals sleeping rough and homeless. Likewise the

possibility of NHS processes being overly bureaucratic and in turn preventing the moral response referred to.

**RESOLVED/-**

1. To note and discuss the content of the report;
2. To confirm support for delivery of the commitments made to Reform Board;
3. To support collective engagement with the actions that will emerge from the identified work areas, to ensure they are successfully implemented.

**SPB 95/17 OLDHAM LOCALITY PRESENTATION**

Dr Carolyn Wilkins, Oldham Chief Executive introduced a presentation that provided an overview of the Oldham locality model of Public Sector Reform. The partnership vision and ambition for improving Oldham’s population health by empowering people and communities, the case for change, next steps and journey to date were detailed in the presentation.

Thanks were placed on record for the contribution of Denis Gizzi, Chief Officer, Oldham CCG for his involvement in the development of Oldham’s Local Care Organisation and the wider Health and Social care system in GM. It was noted that it was his final day in the role and the Chair extended his appreciation and wished him success in his new role.

Investment, innovation and Oldham’s achievements in establishing the primary care cluster system and integrating services including a fully integrated hospital discharge team along with successful local performance were highlighted to the Board.

**RESOLVED/-**

1. To note the progress provided and update on Oldham Locality Model;
2. To acknowledge the role of Denis Gizzi in the GMHSC Partnership.

**SPB 96/17 DATES OF FUTURE MEETINGS**

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

Friday 10 November 2017 10.00am Stockport Town Hall

Friday 19 January 2018 10.00am Wigan Town Hall