

**GM HEALTH AND CARE BOARD**

**MINUTES OF THE MEETING HELD ON 11 MAY 2018 AT MANCHESTER TOWN HALL**

Bolton Council	Tony Oakman
Bridgewater Community Healthcare	Dorothy Whitaker
Christie NHS FT	Roger Spencer
GM Mayor	Andy Burnham
GMCA	Eamonn Boylan Nicola Ward Jamie Fallon
GM ACCGs	Rob Bellingham
GM H&SC Partnership Team	Warren Heppolette Jane Pilkington Dr Richard Preece Sarah Price Jon Rouse Steve Barnard Janet Wilkinson
Manchester Foundation Trust and SCN	Carol Ewing
GMCVO	Nathalie Long
Healthwatch	Jack Firth
Manchester City Council	Councillor Bev Craig
Manchester Foundation Trust	Kathy Cowell Darren Banks
Manchester Health and Care Commissioning	Ian Williamson
NHS England	Chris Hewitt
Oldham Council	John Patterson Councillor Eddie Moores Carolyn Wilkins
Primary Care Advisory Group (Optometry)	Dharmesh Patel

Primary Care Advisory Group (GP)	Tracey Vell
Primary Care Advisory Group (Pharmacy)	Adam Irvine
Rochdale MBC	Sally McIvor
Stockport CCG	Gaynor Mullins Ranjit Gill
Stockport MBC	Councillor Wendy Wild Pam Smith Chris McLoughlin
Tameside MBC	Councillor Brenda Warrington Steven Pleasant
Tameside NHS Foundation Trust	Karen James
Trafford Council	Theresa Grant
Trafford CCG	Matt Colledge
Wigan Council	Councillor Peter Smith (in the Chair) Donna Hall
Wigan Wroughtington and Leigh NHS FT	Tony Warne

Also present at the meeting were Louise Hayes (GM HSCP), Karishma Chanderia (GM HSCP) Katie Gallvion (GM HSCP), Chris Hainsworth (Novonordesh), Aaron Gowson (Abbvie), A Mursell (ASK), D Thorpe (GSU), J Dennington (Johnson and Johnson), James Firth MP (Bury North), Frances Cosby (Bury North Constituency Office), Zahida Hussain (GM HSCP), Ewan Jones (GM HSCP), Julie Cheetham (GM HSCP), Tony Bonson (GM HSCP), Kim Wrigley (GM HSCP), and Neil Thwaite (GMMH NHS FT).

## **HC B 12/18 WELCOME AND APOLOGIES**

Apologies were received from;

Councillor Andrea Simpson (Bury Council), Councillor Richard Leese (Manchester City Council), Councillor Sara Rowbotham (Rochdale Council), Steve Rumbelow (Rochdale Council), Jim Taylor (Salford Council), Christine Outram (Christie NHS Foundation Trust), Jim Potter (Pennine Acute NHS Trust), Claire Molloy (Pennine Care NHS Foundation Trust), Tim Dalton (Wigan CCG), Carole Hudson, Andrew Foster, Richard Mundon and Neil Turner (Wigan, Wroughtington and Leigh NHS Foundation Trust), Alex Whinnom (GM CVS), and Bob Morris (TfGM).

## **HCB 13/18 MINUTES OF THE MEETING HELD 26 MARCH 2018**

The minutes of the meeting held 26 March 2018 were submitted for approval.

### **RESOLVED/-**

To approve the minutes of the meeting held on 26 March 2018.

## **HCB 14/18 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 following items were highlighted;

- ) Since the last report to the Board, the Partnership had entered the third year of the five year Health and Social Care Plan, which marks a peak year for the transformation programme and the beginning of developing a transition plan to take us to the next five year period, with 2020/21 as the new year one..
- ) The Partnership have also been reflecting on a positive trend for emergency care performance over the last four weeks and the signs of the impact of some of the transformation projects.
- ) With regards to the Mental Health Strategy, the majority of indicator targets are already being met, with additional work being undertaken to identify where devolution may be masking variation in indicators across geographies and providers.
- ) The Partnership have also launched its 'devolution difference' communications campaign through a range of media, including a new website, video and booklet which have all been designed to increase the awareness of health devolution to Greater Manchester.

Members commented that the work on devolution difference was very clear and accessible and would help residents to understand the impact of devolution; however, they also urged that members of the Board need a strong understanding of the financial concerns in balancing the health and social care budgets as this underpins the future priorities for the Partnership. It was agreed that future reports to the Board include further detail of budgets and any financial concerns. Jon Rouse further added his thanks to each of the Greater Manchester local authorities for their discipline in contributing financially to support health and social care devolution.

Tom Tasker, Chair of the GM Association of CCGs commented on an aspect of the report which detailed how Greater Manchester was one of the top ranking areas for flu vaccinations this year. He urged that this positive message is shared with frontline staff. Jon Rouse responded that there had been tremendous performance in this area, especially Stockport which have ranked highly in every category.

### **RESOLVED/-**

1. To note the update report.
2. To ensure that budget information, including any financial concerns about the programme are included in future reports to the Board.

3. To ensure feedback is given to frontline staff regarding the exceptional performance of the flu vaccination programme, and special recognition to the public health team in Stockport for their high achievement.

## **HCB 15/18 DIABETES CLINICAL BEST PRACTICE STRATEGY**

Richard Preece, Executive Lead for Quality at the GMHSC Partnership introduced the 'Tackling Diabetes Together: Greater Manchester Diabetes Clinical Best Practice Strategy' and welcomed Zahida Hussain who gave a presentation to the Board about her own experience of diabetes, and the issues amongst the South East Asian communities, especially around the period of Ramadan.

She reported that one in four of the population is likely to develop diabetes, yet there remain many myths about the condition. During Ramadan, there is an increased risk of hypoglycaemia due to fasting, increased prayer time and she urged that people tell their friends and family that they are diabetic to ensure they can receive help should it be required, and to also increase the awareness of diabetes within communities.

### **RESOLVED/-**

To note the presentation and to endorse the Tackling Diabetes Together as a statement of clinical best practice and the vision for improving diabetes care in GM.

## **HCB 16/18 CHILDRENS HEALTH AND WELLBEING FRAMEWORK**

Jon Rouse, introduced the report which signified his personal proudest moment of the last two years in his role. Greater Manchester has a fantastic opportunity to make the vision of the best start for children a reality thanks to the Children's Health and Wellbeing Board and ten clear commitments.

He reported that the framework had two waves and a set of enablers which would give strategic direction to children and young people's services across Greater Manchester.

Charlotte Underwood, Youth Representative from the Children's Health and Wellbeing Board gave a presentation which outlined the opportunities through devolution to transform services for children and young people. She highlighted the importance of communication between departments and organisations, the need for effective and supportive transition from services and the requirement for high level digital services.

Chris McLoughlin, Director of Children's Services at Stockport Council reported on the opportunities available through devolution, and the integration of services within the framework.

Carol Ewing, Clinical Advisor, Greater Manchester and Eastern Cheshire Strategic Clinical Network further iterated how the framework will improve integration between health services, working together with an integrated care model to share evidence, science, research, quality improvement and evaluation with a collective vision.

Andy Burnham, Mayor of Greater Manchester commented as to how important the children's health and wellbeing agenda is for ensuring that every child in GM has the best start in life. He added that this was a great vision but it now needs to be followed by actions as unfortunately the reality is that 1 in 3 children are ending reception not school ready, that families with complex needs face a battle to joined up services and the demand for young people's mental health services is increasing. He urged that the Partnership and GMCA do more and make a clear statement that all children shall have access to mental health services within GM without a long wait and that GM should pilot a flexible point of transition, based on a person's needs rather than a service deadline, which could perhaps start with care leavers. Finally, the Mayor added that the commitments of the framework need to be broadened and put in a wider context for the GMCA as there are many contributing factors to the health and wellbeing of children and young people i.e. clean air, increased physical activity, reducing advertising of junk food etc.

A member of the Board welcomed the report as an introduction to the vision for children and young people's services in GM, and to endorse its recommendations for taking forward this agenda. However, she urged that the local Health and Wellbeing Boards are fully engaged as they are jointly responsible for safeguarding and the delivery of services that need to be working within the parameters of the framework. Officers agreed to amend the framework to include the local Health and Wellbeing Boards as a partnership approach is vital to the successful delivery of the agenda.

Another member added that the presentation gave excellent challenge to the Board, but that as public bodies we need to lead by example through an exemplary level of services and support to those children in the care of their Local Authority. These children often have no advocate, and as a result the barriers to accessing services are even more difficult to negotiate, therefore, public services need to hold themselves to account over these complex pathways.

With regards to objective six (avoiding admissions), a member of the Board commented that there are already pilots underway to educate asthma sufferers about inhaler techniques and widen education through schools which would further support this objective.

Dr Tom Tasker added that the framework has already been discussed by the Association of CCGs and their comments taken on board. He welcomed the report of improved access to children's and young people mental health services but that there should be standardised waiting time standards akin to those for adult mental health services.

Officers acknowledged the work to date, but with no complacency as there is further work to do on all areas of the framework.

## **RESOLVED/-**

1. To note the report and presentations.
2. To amend the framework to ensure the involvement of the local Health and Wellbeing Boards.
3. To support the ten objectives currently identified within the GM Children's Health and Wellbeing Framework and the proposed approach to phased delivery.
4. To support the first wave objectives proposed, using a phased approach with system leaders to develop a mechanism for delivery and understand the resources required to support implementation.

5. To support an equivalent process for the second wave and enabling objectives of detailed co-production with system leaders to determine the best mechanism for delivery, finalise the deliverables and understand the resource required to support their subsequent delivery.

## **HCB 17/18 A GREATER MANCHESTER FRAMEWORK TO IMPROVE PALLIATIVE AND END OF LIFE CARE**

Richard Preece, Executive Lead for Quality at the GMHSC Partnership introduced the agenda item which focused on ensuring the best end of life care.

Tony Bonser, Dying Matters Champion for the North West spoke of his own personal experience of the death of his son Neil, and how the Partnership can begin to consider the opportunities to improve palliative care, ensuring that patients' are empowered to make choices about their own Advanced Care Plan.

Kim Wrigley, Senior Programme Manager, Strategic Clinical Network, GMHSC Partnership added further points from a health and care perspective. She reminded the Board how difficult it is for patients and families at the end of life and although across GM there were a range of successful projects supporting palliative care, there are areas which can be further enhanced. Through engagement across the sub region, a draft set of priorities to inform a new set of standards have been created, highlighting the views of the population and healthcare staff regarding their experience of end of life care.

Dying Matters week is to take place in the coming week, with a range of activities taking place across Greater Manchester, creating opportunities to talk about this difficult subject.

The Mayor of Greater Manchester, Andy Burnham thanked the presenters for their open presentations and shared his own personal experience regarding the challenges of end of life care and the need to support the request of the patient through a shared commitment to person centered care. He further expressed concern that the relationship with the hospice movement could be further strengthened around this agenda to de-medicalise palliative care and ensure a clear funding basis.

An officer responded that the hospices in Greater Manchester have come together to discuss what their wider offer can be to the work of the Partnership. James Frith MP was in attendance, committed to taking forward this agenda within Parliament and Greater Manchester as there is an appetite to integrate hospices within our health and social care package, giving a range of options for people at their end of life. He further suggested that the summary of this work be brought to a future meeting of the Board.

### **RESOLVED/-**

1. To note the content of the report and presentations.
2. To consider an item on the integration of hospice care to a future meeting of the Board.
3. To support the proposal for the development of a Greater Manchester Framework for Palliative and End of Life Care led by a Programme Board.
4. To endorse the importance of providing effective care and support for people affected by death in Greater Manchester.

## **HCB 18/18 URGENT EMERGENCY CARE IMPROVEMENT AND TRANSFORMATION**

Steve Barnard, Head of Service Improvement, Urgent Emergency Care, GMHSCP introduced the report which provided the Board with an overview of Urgent and Emergency Care (UEC) improvement working that was undertaken during Quarter 1 and detailed revised governance arrangements for the transformation programme going forward. He reported that there had been significant challenge regarding the four hour admission target over the winter period, in response a quarter 1 improvement plan had been agreed. There have been positive signs over the past couple of weeks signifying an improved performance. However, the revised programme structure under the transformation programme will further support this going forward and achieve fully integrated urgent care services.

Andy Ennis, Director of Operations at Bolton Hospital provided a presentation about their Accident and Emergency department who have seen significant numbers of patients but have not achieved the 95% standard over the past three years. In response to this, the hospital set themselves a 100 bed challenge, designed to provide an additional 100 beds in the community, but due to demand pressures, and the high impact of the flu outbreak the challenge was not successful. Therefore the hospital have introduced another programme, 'Spring into Action', which looks at making cultural changes, improving the movement of patients and the implementation of other transformation projects which as a by-product, had already seen improvements in standards.

### **RESOLVED/-**

To note the report and agree the identified approach.

## **HCB 19/18 DRAFT BUSINESS PLAN 2018/19**

Warren Heppolette, Executive Lead for Strategy & System Development (GMHSCP) introduced the framework for the draft third year business plan for the 'Taking Charge' five year plan.

Year three's business plan will see the maturing of the key mechanisms for delivery in local care organisations, the development of pan-GM commissioning, and greater collaboration across hospital services.

The Business Plan will be shared with the GMHSCP Executive and come for final approval to the Board in July.

A member of the Board commented that the report does not reference the initial aspirations of the whole system transformation, which are crucial to keep central to these discussions. Reducing demand out of the system needs to feature as this is a key element to balancing the cost of the programme. Officers were assured that these areas will be covered in the full Business Plan.

### **RESOLVED/-**

To note the draft Business Plan summary.

## **HCB 20/18 DATES OF FUTURE MEETINGS**

Friday 13 July 2018	10:00am – 12:00 noon	Council Chamber, Trafford Town Hall
Friday 14 September 2018	10:00am – 12:00 noon	Number One Riverside, Rochdale Council