

GM HEALTH AND SOCIAL CARE STRATEGIC PARTNERSHIP BOARD

MINUTES OF THE MEETING HELD ON 30 June 2017

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| Bridgewater Community Healthcare NHS Trust | Dorothy Whitaker Colin Scales |
| Bolton CCG | Wirin Bhatiani |
| Bolton Council | Councillor Cliff Morris Sue Johnson |
| Bury CCG | Stuart North |
| Bury Council | Councillor Rishi Shori Pat Jones-Greenhalgh |
| Central Manchester FT | Kathy Cowell |
| Christie NHS FT | Christine Outram |
| GMCA | Eamonn Boylan Julie Connor Andrew Lightfoot Liz Treacy Adam Allen Paul Harris Emma Stonier |
| GM CCGs | Rob Bellingham Chris Duffy |
| GM H&SC Partnership Team | Jon Rouse Warren Heppolette Nicky O'Connor Claire Norman Steve Wilson Stephen Dobson Laura Browse |
| GM Mayor | Andy Burnham |
| GM Deputy Mayor Police & Crime | Beverley Hughes |
| Healthwatch | Jack Firth |

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| Manchester CC | Councillor Richard Leese Geoff Little |
| North West Ambulance Service NHS Trust | Salman Desai |
| Oldham Council | Councillor Jean Stretton Carolyn Wilkins |
| Oldham CCG | Majid Hussain |
| Pennine Acute NHS Trust | Jim Potter |
| Primary Care Advisory Group (Dental) | Mohsan Ahmad |
| Primary Care Advisory Group (GP) | Tracey Vell |
| Primary Care Advisory Group (Optometry) | Dharmesh Patel |
| Primary Care Advisory Group (Pharmacy) | Adam Irvine |
| Royal College General Practitioners (RCGP) | Martin Marshall Simon Ashmore Rebecca Hughes Jayne Dewhurst Alison Lea Bikesh Dangol |
| Rochdale BC | Councillor Allan Brett Steve Rumbelow |
| Salford CC | Mayor Paul Dennett Ben Dolan |
| Salford CCG | Tom Tasker |
| Salford Royal NHS FT | Jim Potter |
| Stockport MBC | Councillor Wendy Wild Laureen Donnan |
| Tameside and Glossop CCG | David Swift |
| Tameside MBC | Councillor John Taylor Councillor Brenda Warrington Steven Pleasant |
| Tameside NHS Foundation Trust | Karen James |

Trafford Council

Councillor Sean Anstee
Theresa Grant

UHSM

Barry Clare
Jane McCall

Wigan CCG

Tim Dalton

Wigan Council

Councillor Peter Smith (in the Chair)
Alison McKenzie Folan

Wigan, Wrightington & Leigh NHS FT

Carole Hudson
Neil Turner

SPB 56/17 WELCOME AND APOLOGIES

Apologies were received from; Trish Anderson, Margaret Asquith, Helen Bellairs, Derek Cartwright, Katy Calvin-Thomas, Matt Colledge, Steve Dixon, Alan Dow, Cllr Richard Farnell, Cllr Alex Ganotis, Denis Gizzi, Donna Hall, Anthony Hassall, Harry Holden, Su Long, Michael McCourt, Cllr Kieran Quinn, Joanne Roney, Roger Spencer, Jim Taylor, Cllr Linda Thomas, Alex Whinnom and Ian Wilkinson.

SPB 57/17 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

The Chair notified Board Members that he will remain the Lead Portfolio Member for health and Social Care and will be continuing in his role as Chair of the Board.

SPB 58/17 MINUTES OF THE MEETING HELD 28 APRIL 2017

The minutes of the meeting held on 28 April 2017 were submitted for consideration. It was noted that in Item 49/17, paragraph 6, page 5 the following sentence should read; 'Colleagues from CCGs acknowledged and have recognised the requirement for 136 provision in the city and are committed to providing this'.

RESOLVED/-

To approve the minutes of the meeting held on 28 April 2017 as a correct record subject to the amends being made to Item 49/17, paragraph 6, page 5.

SPB 59/17 CHIEF OFFICER'S UPDATE

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership, provided an update on key items of interest both within the Partnership and partner organisations.

Sincere condolences were extended to all victims of the terror attack at the Manchester Arena. Gratitude to the response of staff across the health and social care system, and to public and voluntary sector partners, from first response, through to treatment and aftercare was expressed. A full debrief, lessons learned and updated plans and protocols will be undertaken. A Health and Welfare Group that reports to the Recovery Co-ordination Group

has been created to provide post discharge support to those injured in the incident. GM Health and Social Care Partnership will play a full role on the group and various specialist sub boards. Mental Health support plans are being implemented which will have multiple phases. A coordinated screening programme will take place to ensure support is offered to those most vulnerable, and the offer of support will be available to anyone who needs it.

The following items were also highlighted;

- The achievements of the Health and Care sector in the context of an extremely difficult month following the Manchester Arena attack, which included; the launch of a Bio-Medical Research Centre, launch of Gateway C and the arrival of the Cyclotron machine for proton beam therapy at the Christie; and;
- The first meeting of the Children's Health and Wellbeing Board had taken place. Ways to engage with children and young people were being considered and expressions of interest were currently being received from organisations to coordinate this approach. A 'deep dive' was carried out into how to prevent avoidable hospital admissions for children with common conditions and a task and finish group has been established to drive work streams forward.

RESOLVED/-

1. To note the content of the report.

SPB 60/17 TRANSFORMATION THEME 2 – GENERAL PRACTICE SUPPORT AND RESILIENCE

APPENDIX – MEMORANDUM OF UNDERSTANDING BETWEEN THE GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP AND THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

Dr. Tracey Vell, Associate (Clinical) Lead Primary Care, GM Health and Social Care Partnership, presented a report which provided an overview of the GP Excellence model which will be implemented across Greater Manchester. The report also highlighted progress made to date and identified the next steps.

The Memorandum of Understanding (MOU) between the Royal College of General Practitioners (RCGP) and the Partnership is the first time in the country this has happened and will bring a wealth of experience into the GM health system.

Dr. Tracey Vell introduced Professor Martin Marshall, Vice Chair at the Royal College of General Practitioners. Professor Marshall highlighted the unique opportunity the MOU presented to bring together the RCGP and the Greater Manchester Health and Social Care Partnership. GPs were noted as essential to the success of the NHS, and in a time of increasing demand on services the MOU will support the development of this sector within Greater Manchester, providing development of trust, educational tools, identification of future leaders and innovation.

Members expressed their full support for the work programme and the signing of the Memorandum of Understanding (MOU); in particular the proactive approach was welcomed as being especially relevant for GPs and the partnership.

RESOLVED/-

1. To support the signing of the MOU between the RCGP and GM Health and Social Care partnership; and
2. To support the implementation of the GP Excellence Programme within the localities of GM.

SPB 61/17 TRANSFORMATION THEME 2 – LOCAL PROFESSIONAL NETWORK TRANSFORMATION PLANS FOR PHARMACY, DENTAL AND EYE HEALTH

Dr.Tracey Vell, introduced a report which presented the Greater Manchester Local Professional Networks (LPN) transformation plans for Dental, Eye Health and Pharmacy; each of the plans are aligned to the GM Strategic plan and include the contribution of the wider primary care professional groups to the GM Strategic Plan ambitions.

Mohsan Ahmed, Primary Care Advisory Group (Dental) provided an overview of the Dental Local Professional Network. In GM almost £200m per year is spent on the treatment of the largely preventable diseases of decay and periodontal disease; oral health was also described as being a barometer of other health measures. It was highlighted that in GM 40% of young children are affected by decay by the time they are school age and over a fifth of adults have dental decay, urgent dental conditions and/or infection. The challenges facing GM were outlined, including the need to engage communities to value good oral health. Dental practitioners will visit early year's settings and nurseries to identify high risk children and to provide advice and care at the earliest stage possible. Work will take place with primary care colleagues and other stakeholders to ensure that dental services are not considered in isolation but integrated with the wider primary care offer.

Dharmesh Patel, Primary Care Advisory Group (Optometry) provided an overview of the approach to transforming the eye health of the population of GM. Eyes and ophthalmology were highlighted as being the second highest cause of attendance at hospital in GM, and with an ageing population at greater risk of eye health problems demand has continued to rise. GM is leading nationally on the transformation of eye health and the GM approach is aligned to the transformation themes in Taking Charge; some of the work outlined was; preventing visual loss by encouraging attendance at regular eye examinations, recognising the role primary care optometry has in the delivery of standardised community based care, collaborative working across acute hospitals to standardise ophthalmology services and providing support for those with unavoidable vision loss by developing a GM sight loss strategy.

Adam Irvine, Primary Care Advisory Group (Pharmacy), provided an overview of the work the Pharmacy Local Professional Network was undertaking, to ensure that the contribution of pharmacy teams were maximised in the improvement of medicines outcomes and reductions in inequalities across the system. In GM over £900m is spent on medicines per year within across primary and secondary/tertiary care and ensuring the use of medicines is optimised across the health system is crucial. Some of the work underway highlighted was; improving patient safety through sharing and implementing learning from controlled drug incidents, reducing variation in service specifications across GM and the pharmacy workforce working

together to ensure the best use of skill mix within teams with the relevant skills put in place to deliver future services for patients and the public.

Members welcomed the report and the work underway to transform primary care services. The importance of reducing medicines wastage was highlighted as being a key component of this. The Bolton Campaigns' effect on reducing prescribing costs was re-iterated and the role pharmacy colleagues had in contributing to this was noted as being extremely important. The Board were informed that a priority within the new medicines strategy was to reduce medicines wastage and optimise their usage throughout the healthcare system. Members also noted the use of social prescribing and that alternatives to the prescribing of medicines should be considered.

RESOLVED/-

1. To support the Local Professional Networks Programmes of transformation; and
2. To support the requirement for localities to demonstrate how they will embed these initiatives into the emerging models of care to the benefit of patients.

SPB 62/17 END OF YEAR FINANCIAL POSITION 16/17

Steve Wilson, Executive Lead: Finance and Investment, Greater Manchester Health and Social Care Partnership, introduced a report which provided an analysis of the financial performance of the Partnership for the year 2016/17.

The Board were informed that Greater Manchester had delivered a strong financial performance in 2016/17 despite significant challenges for the NHS and local government nationally and locally. Overall GM health and social care budgets have delivered a surplus of £237m, which was £157m more than planned; this has been achieved through strong financial performance in all sectors, and has enabled the Partnership to deliver the transformation and improvements to patient care. The NHS Provider position has been boosted by additional, national, non-recurrent sustainability and transformation funding including £60m provided as a reward for individual trust performance. CCGs financial positions have benefited from the release of a risk reserve of £42m. The additional surplus funding will remain in Greater Manchester and will be available for organisations to invest in capital and other programmes in the coming years.

The Board were informed that the 2017/18 financial year would remain a challenge and that it was crucial that the level of financial control and management was maintained. Monthly updates regarding financial performance will continue to be provided and the Board will be notified of any identified risks.

Members asked whether analysis of outcomes and performance relating to the Transformation Funding organisations had been awarded would be coming to the Board at any stage. The Board were notified that an update on current positions, which will include reflections on the move from the award stage to the monitoring stage, would be provided at the next Strategic Partnership Board meeting.

RESOLVED/-

1. To note the 16/17 outturn position which shows that GM delivered a total surplus of £237m representing an additional surplus of £157m above the planned surplus of £80m;
2. To note that the additional surplus of £157m includes a combination of (i) the release of 1% reserve held by CCGs (£42m) to 'bottom line', (ii) additional income received by Acute Providers via STF (£60m) and (iii) improvement in performance (£55m); and
3. To note that this demonstrates strong financial management and partnership working despite the significant challenges faced across GM and that this has been well received colleagues at NHSE.

SPB 63/17 IM&T STRATEGY AND ARCHITECTURE

Nicky O'Connor, Chief Operating Officer, GM Health and Social Care Partnership introduced a report which updated the Board on the development of the implementation phase of the GM IM&T Strategy. The next step priorities for action were identified and the key enabler role IM&T has to play in transformation of the health and social care system was highlighted.

Stephen Dobson, Chief Digital Officer, GM IM&T Program, GM Health and Social Care Partnership provided the Board with a presentation. The key items highlighted were;

- The GM IM&T Framework developed which will be used to help guide localities through applications to the Digital Fund;
- Encouraging GM prioritised and implemented projects which directly or indirectly supported localities and where GM implementation makes sense, for example encourages consolidation or fills gaps between organisations;
- Creating a GM cloud environment/platform to prevent fragmentation of cloud solutions;
- Using the Framework to get the most out of programmes taking place within GM, for example the Trafford Care Contact Centre and Bolton Foundation Trust, by sharing knowledge, experience and innovation;
- Process of prioritisation in place to identify programmes to work on; currently there are 40 being worked on across Greater Manchester, including GM Business Intelligence Hub- Population Health, GM patient Wi-Fi, GM staff Wi-Fi and GM Electronic Document Sharing within and across localities;
- The governance arrangements; the GM Digital Collaborative Board will feed into the GM Transformation Portfolio Board; and
- A mapping of assets will take place across GM health and social care organisations to ensure the current position is understood and identify what systems could migrate to a shared GM cloud.

Members welcomed the strategy and implementation plan and engagement with the programme. The Partnership were asked to consider the numerous points of contact and entry into the Primary Care system when planning programmes. The Board were also informed that a joint letter between GPs, Providers, CCGs and the GMCA had been sent to the Secretary of State for Health regarding the release of resources for the IM&T programme transformation.

RESOLVED/-

1. To note the presentation;
2. To note the progress to develop the function of the Digital Collaborative;

3. To approve the approach and prioritisation and implementation; and
4. To support the resulting programme of work.

SPB 64/17 TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM UPDATE

Warren Heppolette, Executive Lead, Strategy and System Leadership, Greater Manchester Health and Social Care Partnership presented a report which provided an update on the progress to date to deliver the Transforming Care programme.

The Board were informed of the following;

- Long term hospital stays have been reduced, with more opportunities for people to be supported within their communities;
- Learning Disability teams are being provided with further training to ensure they have the right skills to support clients in challenging circumstances; this included the roll out of Positive Behaviour Support (PBS) training to key community teams and providers in Greater Manchester;
- New services for people with learning disabilities and/or autism including a specialist support service and crisis beds are in development in line with the national service model; and
- That activity and finance modelling were underway to ensure the impact of Transforming Care and the new community model across Greater Manchester, was fully understood. The Board will receive a further report for discussion on the finance model in September.

RESOLVED/-

1. To note the content of this update report; and
2. To receive a further report for discussion on the finance model in September.

SPB 65/17 HEALTH AND EMPLOYMENT

Cllr Sean Anstee, GMCA Portfolio Lead Skills and Employment, introduced a report which set out a joint proposal across the GM Health and Social Care Partnership and the GMCA to develop a whole population approach to work and health. Cllr Anstee informed the Board that he was pleased to be continuing as the Portfolio Lead for Skills and Employment. Devolution has given GM opportunities to transform the support of the GM population and build on the ambitions set out in the Skills Strategy and the GM Population Health Plan, and to integrate the approaches to work and health.

The Working Well programme has had positive outcomes with regards to supporting people with health conditions who have been out of work for some time to move towards employment; the aim is now to focus on the following areas;

- Continuation of the Working Well (work & health) programme;
- Building an early help offer to support workers to retain employment when suffering from poor health or disability;

- Creating healthy GM workplaces which support workers to thrive, reduce sickness absence and increase productivity; and
- Creating pathways to employment for those with more complex or enduring health conditions.

It is intended to align the four areas of focus with a number of strategic initiatives which included; Employer Engagement and Public Service Leadership, with a GM Employment Charter supporting the development of this theme, and Apprenticeships. The Early Help Model was highlighted as being an innovative approach, supporting those in work and at risk of being unemployed or newly unemployed. It is also intended to assist Small, Medium Enterprises (SMEs) to support employees and to get people into higher paid, sustained employment.

Members endorsed the integration of support which incorporated work and health, highlighting that it helped provide focus to the effect of work on health. Members also highlighted that it was positive to see reference to employment in the over 50s, which could help capitalise on work already undertaken in Greater Manchester through the Centre for Aging Better. A Member also noted the importance of making sure that this programme of work aligned with the GM Strategy.

RESOLVED/-

1. To note that the GM Working Well brand is expanding to encompass a whole population approach to work and health;
2. To agree the priorities proposed for the development of a GM Working Well (Early Help) programme;
3. To support the proposal for four key areas of focus for the working age population;
4. To agree the proposed stages of delivery; and
5. To note and support the progress to date on Working Well (Work & Health Programme).

SPB 66/17 PROPOSED EVALUATION FRAMEWORK FOR THE GMHSC PARTNERSHIP AND THE IMPLEMENTATION OF TAKING CHARGE

Warren Heppolette presented a report which described the proposed evaluation of the GM Strategic Plan and the latest position on putting this into place. A timetable of engagement with the localities and strategic themes had been produced following discussion at the Strategic Partnership Board Executive.

Evaluation at three levels has been agreed;

- Locality evaluation to evaluate the transformation programmes of the ten localities, ensuring a consistent approach to allow the same key features of each transformational change to be analysed;
- Evaluation of the GM Strategic plan including at a programme and project level within the five programme themes and looking at qualitative and quantitative evaluation; and
- Evaluation of GM Devolution; this work will be carried out by the University of Manchester and as funded by the Health Foundation and the National Institute for Health Research.

The Board were informed that a GM Evaluation Working Group has been established under the Transformation Portfolio Board. This will compose the detail of the evaluation to allow all findings to be aggregated and will secure an independent/academic partner to pursue the longitudinal study.

RESOLVED\-

1. To note the report.

SPB 67/17 ROCHDALE PRESENTATION

Dr. Alan Dow, Chair, Heywood, Middleton and Rochdale CCG, introduced a presentation which gave the Board an overview of work taking place in Rochdale to improve outcomes for people and the health and social care system.

The presentation highlighted;

- Commissioners and providers working together to make a difference;
- The ambitions of transforming care were; improving independence and outcomes for people, to manage the whole system capacity better, to avoid unnecessary hospital care and to achieve whole system ownership of the system;
- Changing the conversation with people from ‘What’s the matter with you?’ to ‘What matters to you?’, for example keeping people informed, listening to what’s important and helping people to make own decisions;
- Some of the early outcomes of the programme were a 6.7% reduction in non-elective admissions to hospital, delayed transfers of care in the lowest quartile in GM and had moved to the 7th best nationally and reductions in A&E attendances;
- New developments including the Discharge 2 Assess (D2A) Pilot which has 3 simple pathways out of hospital with 80% of supported discharges taking place through D2A and assessments taking place at home or in a community setting;
- The outcomes for people included people spending less time in hospital, increased service user satisfaction rates and fewer people in residential care; and
- The next steps, which included plans to extend the Intermediate tier and other home based treatment and care and the significant development and investment planned across personal social care services to achieve planned reduction in hospital services and increase in caring for people at home.

RESOLVED\-

1. To note the presentation.

SPB 68/17 DATES OF FUTURE MEETINGS

The Chair informed Board members that the dates of future meetings would be changing. The meeting on 28th July was due to take place as scheduled, the meeting on 25th August was cancelled and dates after these dates would be confirmed with Members as soon as possible.

Friday 28 July 2017

10:00-11:30am

Manchester

Future dates post July TBC