

## Draft Minutes

### ONE Stockport Health and Care Board – Public Meeting

Date: 26 April 2023  
Time: 12:30 – 13:34 pm  
Venue: Fred Perry House, 1<sup>st</sup> Floor, Conference Rooms 1 and 2

<b>Present:</b>	<b>Apologies:</b>
Cllr Mark Hunter, Leader of Stockport Metropolitan Borough Council, <b>Chair</b>	Sarah Dillon, Director of Adult Social Care, Stockport Metropolitan Borough Council
Michael Cullen, Deputy Chief Executive (Section 151 Officer) Stockport Metropolitan Borough Council	John Graham, Director of Finance/Deputy Chief Executive, Stockport NHS Foundation Trust
Ben Fryer, Interim Director of Public Health, Stockport Metropolitan Borough Council	Karen James, Chief Executive, Stockport NHS Foundation Trust
Anthony Hassall, Chief Executive, Pennine NHS Foundation Trust	Maria Kildunne, Chief Officer, Healthwatch Stockport
Philippa Johnson, Deputy Place Based Lead, Greater Manchester Integrated Care	Jo McGrath, Chief Officer, Sector 3
Helen McHale, Chief Executive, Stockport Homes	Chris McLoughlin OBE, Corporate Director People and Integration Director of Children's Services Interim Director Adult Social Services, Stockport Metropolitan Borough Council
Jonathan O'Brien, Executive Director of Strategy & Partnerships Stockport NHS Foundation Trust & Tameside & Glossop Integrated Care NHS Foundation Trust	Clare Parker, Executive Director of Quality, Nursing and Healthcare Professionals, and Deputy Chief Executive, Pennine Care NHS Foundation Trust
Dr Viren Mehta, GP, and Vice Chair Viaduct Care, representing Primary Care	Mandy Philbin, Chief Nurse and Executive Nurse of Quality and Learning Disabilities, Greater Manchester Integrated Care
Kathryn Rees, Director of Strategy, Stockport Metropolitan Borough Council	
Heidi Shaw, Director, Family Help and Integration, Stockport Family – Education, Health and Care, Stockport Metropolitan Council	
Caroline Simpson, Place Lead Greater Manchester Integrated Care, Chief Executive, Stockport Metropolitan Borough Council	
Chief Superintendent John Webster, Stockport District Commander, GMP	
Dr Simon Woodworth, Associate Medical Director, Greater Manchester Integrated Care	

In attendance

Geraldine Gerrard, Head of Business Support (Commissioning & Contracts), Stockport Metropolitan Borough Council

Paddy McGee, Head of Strategy and Planning, Greater Manchester Integrated Care

Alison Newton, Senior PA & Business Administrator, Greater Manchester Integrated Care (Minutes)

Item No.	Topic	Action
1.	<b>Welcome &amp; Apologies</b>	
	The Chair welcomed members to the ONE Stockport Health and Care Board. Apologies were noted as listed above.	
2.	<b>Notification of items of Any Other Business</b>	
	There were no other items of business.	
3.	<b>Declarations of Interest</b>	
	The Chair asked members of the Board to declare any interests held that would impact on the business conducted. There were no declarations of interest.	
4.	<b>Minutes from Previous meeting</b>	
	<p>The minutes of the meeting of the ONE Stockport Health and Care Board held on 29 March 2023 were received and agreed as an accurate record.</p> <p><b>RESOLVED:</b>  <b>The minutes of the ONE Stockport Health and Care Board held on 29 March 2023 be APPROVED as a correct record by the Place Lead.</b></p>	
5.	<b>Action Log</b>	
	<p>The Chair advised that there were no open actions following the previous meeting or matters arising.</p> <p><b>RESOLVED:</b>  <b>The Board NOTED there were no actions to review.</b></p>	
6.	<b>Place Based Lead Update</b>	
	<p>C Simpson advised that the diagnostic work and review of system performance highlighted the significant challenges faced at Greater Manchester (GM), notably in terms of the financial position. The reports generated from the reviews would be considered in terms of the impact for Stockport Locality.</p> <p>A Locality Urgent Care summit was due to take place later that week; an update would be provided at the next meeting.</p> <p>Members were asked to note that Clare Parker was the new Senior Responsible Officer (SRO) for mental health in Stockport; this work included Learning Disability (LD) and Autism. There remained significant challenges in terms of waiting lists for children's mental health services. It was highlighted that the demand for children's mental health services had increased significantly since January 2023. There was an average of 1000 referrals a month in January 2023; this number had increased to 1400 referrals a month. The current wait time for an assessment in Stockport for children was 6 weeks but this wait time could not be guaranteed should the number of referrals continue to increase – this remained a risk for Stockport and GM.</p> <p>P McGee joined the meeting.</p>	

	<p>C Simpson reported that a constructive meeting had taken place with Healthwatch Stockport and a Carer's Group for Serious Mental Illness (SMI). A report would be presented to Board at a later meeting.</p> <p>Colleagues had participated in a positive DfE visit the previous day to discuss the progress of the improvement plan for the outstanding action arising from the original Special Educational Needs and Disability (SEND) inspection.</p> <p><b>RESOLVED:</b> <b>The update from the Place Based Lead was NOTED.</b></p>	
<b>7.</b>	<b>Final approval of the Board's Terms of Reference and associated papers</b>	
	<p>The Chair referred to the papers circulated and advised that these had been discussed previously but presented for final approval.</p> <p>G Gerrard provided an overview of the request from GM for further clarity on certain aspects of the draft Terms of Reference (ToR) and drew members' attention to the changes implemented. The Board members were reminded that it was established as two committees operating under hybrid arrangements to discharge delegated functions on behalf of Greater Manchester Integrated Care Board (GM ICB) and any other party as set out in the terms of reference circulated and to conduct business to manage the Section 75 Agreement.</p> <p>Members were reminded of the voting rights under the two committees and were informed that a revised cover sheet for all submitted reports would highlight if a decision was required by Board and whether it related to the section 75 agreement or ICB. A revised board structure diagram had been included as well as the GM Scheme of Reservation and Delegation (SoRD).</p> <p>A brief discussion took place and it was <b>AGREED</b> that should any further changes be required, these would be presented to the Place Based Lead for approval.</p> <p>It was noted that as the governance and architecture of the Locality was evolving, further changes could be implemented in the future once funding flows were aligned to Stockport's local priorities.</p> <p><b>RESOLVED:</b> <b>The revised Terms of Reference and all associated papers under this agenda item were APPROVED.</b></p> <p><b>It was agreed that any further minor amendments would be delegated to the Place Based Lead.</b></p>	
<b>8.</b>	<b>Finance Report</b>	
	<p>M Cullen advised on the NHS Greater Manchester Integrated Care (Stockport) outturn figure of £5.246m – this figure had reduced since the previous report presented to Board due to national agreed drug prices.</p> <p>The pressures for the system included higher activity than planned for in areas such as audiology and CHC placements.</p>	

	<p>Planning for 2023/24 included financial risks as identified. The efficiency target for Stockport Locality was £3.415m (2.31%) but this could increase to £4m with further iterations of the financial plan.</p> <p>A Financial Recovery Group had been established. The Group meet fortnightly to identify efficiencies across the system in areas such as prescribing. The risks to the system included delivery of the efficiency target and an assumption that there would be no further activity growth identified by GM ICB.</p> <p><b>RESOLVED:</b></p> <p>(i) The Board NOTED the outturn position for the period July 2022 to March 2023 (unaudited) was a £5.246m deficit.</p> <p>(ii) The Board NOTED the 2023/24 Planning update included financial risks.</p> <p>(iii) The Board NOTED the Locality efficiency target was currently £3.415m (2.31%).</p>	
9.	<p><b>Cost-of-Living Update</b></p>	
	<p>M Cullen outlined the achievements to date in response to the cost-of-living crisis for Stockport residents whilst acknowledging that this would be an ongoing piece of work. These achievements included establishing a dedicated telephone number and page on the Council website for Stockport residents, money maximising road shows, a crisis food offer, holiday vouchers – supporting thousands of children and the warm spaces programme.</p> <p>A second round table event involving VCFSE (Voluntary, Community, Faith and Social Enterprise) and system partners was due to take place on 9 June 2023.</p> <p>The Chair highlighted the importance of residents knowing what support was available. Members were encouraged to share the contact details for the cost-of-living website and phone line.</p> <p><a href="https://www.stockport.gov.uk/topic/cost-of-living-support">https://www.stockport.gov.uk/topic/cost-of-living-support</a> 0161 474 2140, Monday to Friday, 9.30 am to 4.30 pm. Citizens Advice free line: 0808 278 7803, Monday to Friday, from 8.30 am to 5.30 pm or via the <a href="#">Citizens Advice website</a>.</p> <p><b>RESOLVED:</b> The Board NOTED the Cost-of-Living Update.</p>	
10.	<p><b>Neighbourhoods and Prevention – The Community and Out of Hospital Care Model</b></p>	
	<p>P Johnson outlined the proposal to establish a consolidated bed base to support people who required a bed following discharge from hospital and support required for people to live as independently as possible in their own home.</p> <p>A draft model had been produced, based on a preventative approach in neighbourhoods, using technology, equipment and adaptations as well as providing short-term care if required – linking up health, social care and partners.</p> <p>It was emphasised that the draft model of care provided an opportunity to generate discussions to ensure people in Stockport got the right support, at the right time and place, based on a Home First Principle.</p>	

	<p>P McGee pointed out that whilst this paper was focused on the people of Stockport, it was aligned to the GM Model of Health, based on:</p> <ul style="list-style-type: none"> <li>• Integrated Health and Care Pathways.</li> <li>• Increased connection across all partners.</li> <li>• Proactive Prevention – population health improvement plans at Primary Care Network (PCN) level.</li> <li>• Proactive Prevention – involving case management and multidisciplinary teams.</li> </ul> <p>It was noted that there was strong federation and pathways already in place such as for heart failure, dementia, frailty and end of life care but this needed bringing together as one service with a view to keeping people out of hospital.</p> <p>A Hassell welcomed the links to other services and asked the Board to consider a different name for the model rather than an Out of Hospital Model as it was not just hospitals that were responsible for admissions avoidance but lots of other services. Members were encouraged to include patients with lived experience to gain feedback on the proposals for a new Model of Care. In addition, data would need to be standardised across different organisations across GM to influence where the areas of focus should be.</p> <p>V Mehta reiterated the comments and highlighted the work that took place in primary care to prevent hospital admissions. It was added that whilst it was positive for a person to have a named person to liaise with, consideration also needed to be given to the support required for those patients that were not registered with a GP practice in Stockport. An evaluation of the Model would be required to ensure it worked for the people of Stockport. V Mehta added that further clarity would be required to show that this was an all-age Model and not just for the elderly; H Shaw encouraged including Children and Young People (C&amp;YP) in future iterations of the paper.</p> <p>H McHale requested that further clarity be provided in future iterations of the paper as to the work that would take place with the wider partnership and not just a focus on hospital care.</p> <p>S Woodworth pointed out that the teams currently working in neighbourhoods at Primary Care Network (PCN) level should not be changed as they had already gone through numerous changes – the focus should be on pathways and outcomes for the people of Stockport.</p> <p>A further discussion took place on the paper. P Johnson reiterated that feedback received on the proposals would support the development of a Model of Care and an update on the progress of the work would be presented at a later Board meeting.</p> <p><b><u>RESOLVED:</u></b> <b>The Board NOTED the update on Neighbourhoods and Prevention.</b></p>	
11.	<b>Data, Performance and Assurance</b>	
	<p>K Rees advised that work continued at a GM level regarding performance and assurance but informative data was still required at a Stockport level. The data would need to be interrogated further within in each PCN as the population would vary from one area to another. It was noted that the Performance, Improvement and Assurance</p>	

	<p>(PIA) report was a working document, continually evolving, in line with changing target measures within the NHS.</p> <p>A Hassall asked that workforce metrics be included within future reports. The NHS produced the largest staff survey in the world. Metrics could include vacancies and turnover within organisations – without an engaged workforce, it would be difficult to achieve the outcomes required within the transformation work. K Rees stated that there would be a focused session on workforce in the next month.</p> <p>Highlights and exceptions for the month included cancer waiting times, mental health (including SMI and Improving Access to Psychological Therapies), prescribing of antibiotics and antimicrobial resistance.</p> <p><b>RESOLVED:</b> The Board NOTED the report and that further discussions would take place on the measures required for oversight at Locality level.</p>	
<b>12.</b>	<b>Flash Report – Stockport Provider Partnership</b>	
	J O'Brien advised that the Group had met the previous day and outlined the main discussion topics.	
<b>13</b>	<b>Flash Report – Stockport Primary Care Commissioning Committee</b>	
	<p>S Woodworth outlined the main topics of discussion held at Stockport Primary Care Commissioning Committee and highlighted the change in national contract variation that meant that practices could not ask patients to call back but had a duty to direct them to an appropriate service such as 111 if they could not offer an appointment.</p> <p>The Chair commented that re-directing a patient to 111 could increase pressure on the service and ultimately lead to more people going to hospital. S Woodworth acknowledged these comments but explained that this was a national contract that practices had to adhere to.</p> <p>V Mehta advised that there were changes to the primary care contract each year and practices were monitored on how they met the contractual changes. Practices would continue to work on signposting patients to the most appropriate service if a same day appointment could not be issued.</p> <p><b>RESOLVED:</b> The update from Stockport Primary Care Committee was NOTED.</p>	
<b>14.</b>	<b>Questions from the public</b>	
	There were no questions from the public to discuss.	
<b>15.</b>	<b>Any Other Business</b>	
	There were no other items of business. The Chair closed the meeting at 13:34 pm.	