

Draft Minutes

ONE Stockport Health and Care Board – Public Meeting

Date: 26 July 2023

Time: 13:30 – 14:50 pm

Venue: Fred Perry House, 1st Floor, Conference Rooms 1 and 2

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

Dr Simon Woodworth, Associate Medical Director, NHS Greater Manchester Integrated Care		
In attendance		
Steve Gear, Mental Health Carers Group Stockport (Lived Experience Representative), for item 9 (ii) Geraldine Gerrard, Head of Business Support (Commissioning & Contracts), Stockport MBC Alison Newton, Senior PA & Business Administrator, NHS Greater Manchester Integrated Care (Minutes) Public x 1		
1.	Welcome & Apologies	Action
	<p>The Chair welcomed members to the ONE Stockport Health and Care Board. Apologies were noted as listed above and for late arrival from K James.</p> <p>The Chair expressed commiserations to the family of Sir Bob Kerslake whose funeral C Simpson was attending that day.</p> <p>Members introduced themselves.</p>	
2.	Notification of items of Any Other Business	
	There were no items of other business declared.	
3.	Declarations of Interest	
	<p>The Chair asked members of the Board to declare any interests held that would impact on the business conducted.</p> <p>V Mehta declared that he was now Vice-Chair of Manchester GP Board. J O'Brien declared that he was an independent member of Stockport College. These declarations were unlikely to impact on the agenda items.</p>	
4.	Minutes from previous meeting	
	<p>The minutes of the meeting of the ONE Stockport Health and Care Board held on 30 May 2023 were received and agreed as an accurate record.</p> <p>RESOLVED: The minutes of the ONE Stockport Health and Care Board meeting held on 30 May 2023 be APPROVED as a correct record by the ONE Stockport Health and Care Board.</p>	
5.	Actions and Matters Arising	

	<p>LB05: A formal letter had been signed off by the Chair and C Simpson, regarding the closure of two pharmacies in Sainsbury's stores in Stockport and the impact of these closures on patients and sent to NHS England. It was agreed to keep the action open until a formal response had been received.</p> <p>There were no other actions to discuss.</p> <p><u>RESOLVED:</u> The Board NOTED the update on the action from the previous meeting.</p>	
6.	Place Based Lead / Deputy Place Based Lead Update	
	<p>An update was provided by the Deputy Place Based Lead:</p> <p>Work at Greater Manchester (GM) continued to focus on developing an Operating Model outlined in the recently published GM Joint Forward Plan. The Model would outline what should happen at GM, Locality (Stockport) and neighbourhood level.</p> <p>The financial situation across GM remained challenged; regular meetings took place to address these challenges and identify any efficiencies to be made.</p> <p>It was noted that the consultation on locality and function structures for GM Integrated Care (GM IC) continued with formal structures due to be announced for each locality. The consultation impacted on close to 1800 staff across GM and was due to be completed by the end of September 2023.</p> <p>GM had been placed in Tier 1 by NHS England, in recognition of the significant challenges faced by the system, notably in urgent care and discharge out of hospital. There would be an increased scrutiny on partnership working to support urgent and emergency care and discharge from hospital (Stepping Hill). Additional support would be provided by a regional team from NHS England.</p> <p>A self-assessment on urgent care was due to be submitted to NHS England; this would enable NHS England to target the support for flow out of hospital.</p> <p>P Johnson assured the meeting that partners were working together to address the number of <i>no criteria to reside (NCtR)</i> patients in hospital – those patients that were medically fit to leave but there were no appropriate care packages in place to enable them to leave. These partners included Stockport NHS Foundation Trust, adult social care, care homes, GPs and the voluntary sector (Age UK). Additional work was taking place to support those patients that resided in North Derbyshire with no care package.</p> <p>It was noted that an Urgent Care Summit had taken place earlier in the year involving multiple organisations and a Reablement Summit was due to take place in the next month.</p>	

	<p>P Johnson thanked colleagues across the system for their support in alleviating the impact on hospital patients during the Industrial Action.</p> <p>The work on community-based health and care, bringing support closer to people’s homes through the Neighbourhood and Prevention work, was being scoped to understand the local needs from population health data and the health inequalities that needed addressing.</p> <p><u>RESOLVED:</u> The update from the Deputy Place Based Lead was NOTED.</p>	
7.	ICB Executive Update	
	<p>M Philbin advised that future meetings would include an update from the Chief Executive Officer, Mark Fisher.</p> <p>A key concern for the system (Greater Manchester) involved retaining and developing staff and transformation, against significant financial challenges.</p> <p>The NHS Long Term Workforce Plan was published at the end of June 2023 – this linked to the Greater Manchester Integrated Care Partnership Workforce Plan with emphasis placed on equality, inclusion and diversity. Health Champions was one area of consideration; it was noted that Health Champions were already in place in Stockport.</p> <p>A new Care Quality Commission (CQC) assessment framework had been introduced; Birmingham and Devon would be the pilot areas for the assessment.</p> <p>New senior leadership appointments in Greater Manchester included Jan Ditheridge (Greater Manchester Mental Health) and Edward Astle, the new Chair of The Christie NHS Foundation Trust.</p> <p>The public enquiry in to Covid-19 had reached stage 5 of the proceedings; this could mean further actions for the GM system in the future.</p> <p>The Chair thanked M Philbin for the update.</p> <p><u>RESOLVED:</u> The Board NOTED the ICB Executive update.</p>	
8.	Finance Report	
	<p>M Cullen presented the Finance Report, as of 30 June 2023 (Month 3) and the efficiency update, this included reporting:</p> <ul style="list-style-type: none"> • An adverse variance of £0.403m and a forecast outturn adverse variance of £0.783m for NHS GM (Stockport Locality). • The adverse variance was mainly due to a placement cost for a 	

	<p>patient that required significant support, involving multiple partners.</p> <ul style="list-style-type: none"> • There remained significant risk in delivering the financial plan for 2023/24 due to other risks not included in the forecast growth such as retrospective Continuing Healthcare Care claims, prescribing price concessions and mental health placement costs. <p>It was pointed out that a Finance Recovery Group continued to meet every two weeks and a GM Group would meet the following day (27 July 2023) to discuss efficiencies.</p> <p>RESOLVED: ONE Stockport Health and Care Board:</p> <ol style="list-style-type: none"> NOTED the financial position including identified financial risks. NOTED the efficiency programme update. 	
9.	<p>Board Accelerated Priority Updates – Focus on Mental Health, Learning Disability and Autism</p>	
	<p>(i) <u>ONE Stockport Mental Health and Wellbeing Strategy 2023 – 2030:</u></p> <p>C Parker introduced the Strategy and advised that following a discussion on the draft document earlier in the year, comments had been taken on board and the Strategy had been updated. There had been further refinement since the draft document had been presented, including articulating the ambitions more clearly and raising the profile of lived experience.</p> <p>There had been extensive engagement involving partners from voluntary, community, faith and social enterprises (VCFSE) and a survey of over 1200 people. The Strategy was aligned with Pennine Care NHS Foundation Trust’s Strategy – the mental health provider for Stockport.</p> <p>It was noted that this was a working document that would be updated on receipt of new guidance or to meet the needs of service users.</p> <p>The purpose of the Delivery Board would be to develop the mental health partnership.</p> <p>J Burgess-Allen thanked all involved in producing the Strategy, the breadth of the document included prevention as well as acute services.</p> <p>H McHale reflected on the document and highlighted the need to stop mental health crisis from occurring. She pointed out that those people with mental health issues often struggled to speak for themselves therefore it was important as a Board that the term ‘advocate’ was used, alongside carers.</p> <p>H McHale emphasised the importance of having a clear pathway for those people in crisis to prevent them having to go to A&E or for the police to be involved. A GP may require specialist knowledge to support a mental health assessment, reflecting a possible training need for some GPs. H McHale encouraged each organisation to work together to prevent a crisis and</p>	

prevent a poor experience for a patient. The importance of community mental health teams was noted.

K James joined the meeting.

The Chair commented that discussions were taking place regarding how to change the culture of the police having to respond to mental health calls rather than calls regarding crime to ensure a person was receiving the right support at the right time.

C Parker pointed out that a pathway to deflect mental health cases from A&E was in place with the police – the street cars initiative. This involved trained staff working jointly with Stockport NHS FT (SFT), focusing on those users that were frequent attenders at A&E. In response to the observation about users being discharged from hospital at 4am, it was acknowledged that this was unacceptable. All people accessing mental health services should be dealt with in a holistic manner (recognising the other determinants that could impact on their mental health).

In response to the comment regarding parity of esteem, it was recognised that mental health services were not at the same level of funding for physical health and this had been an issue for many years; there remained a gap in the mortality rate for these patients.

V Mehta thanked colleagues for the significant amount of work involved in developing the Strategy but highlighted that the delivery plan should focus on three to five actions and to prioritise these. He commented that there was no 'wrong door' but new doors (barriers) should not be created for people to access services. In response to the comment regarding GPs, GPs would work with the information available to them at the time but it was acknowledged that there could be variation amongst practices.

H Shaw referred to ambition four within the Strategy, *Increased VCFSE capacity and action working with communities* and highlighted the importance of neighbourhood work involving local communities and the opportunity to link up strategies.

J Burgess-Allen reflected on the Strategy and the need to prioritise – the proposed new mental health partnership group would be able to lead on this work.

The Chair thanked members for their comments and all those involved in developing the Mental Health and Wellbeing Strategy.

RESOLVED:

ONE Stockport Health and Care Board APPROVED the Mental Health and Wellbeing Strategy 2023 – 2023 and summary document.

	<p>(ii) <u>People and Community Voice – Interim Mental Health Lived Experience Report:</u></p> <p>M Kildunne welcomed S Gear to the meeting; Irene Harris (Chair of Stockport Mental Health Carers Group) had conveyed her apologies for the meeting. M Kildunne explained that the report circulated had been a joint piece of work between Healthwatch Stockport and Stockport Mental Health Carers Group.</p> <p>People with lived experience of mental health services had engaged with Healthwatch directly or through their carers to articulate their experiences. There had also been engagement with other groups such as Stuff (Stockport User Friendly Fellowship), Pure Innovations, Stockport Advocacy and SPARC (Stockport Progress and Recovery Centre).</p> <p>It was highlighted that there were three – four thousand known patients registered with a serious mental illness (SMI) in Stockport and the complexities of the illness could fluctuate according to how it presents. Those people with SMIs often found it lonely and difficult to navigate services.</p> <p>S Gear pointed out that they had received a lot of positive comments on staff and services but when they did not work or there was an issue, this could create a crisis for the service user. The purpose of the discussion was to work together to solve problems. It was added that people were cautious about expressing their own experiences and some requested support to document their experiences. This had taken time, over the last 12 months and users had given their consent for their experiences to be shared.</p> <p>The mental health carers group had met with senior leaders and would continue to meet to share their comments.</p> <p>A number of themes had emerged from the feedback and it had been agreed to focus on three main areas:</p> <ol style="list-style-type: none"> 1. Communications with patients and carers. 2. Recognising and raising awareness that serious mental illness (SMI) was a long-term fluctuating condition and the debilitating side effects of medication. 3. Specific training and specialist knowledge when undertaking Care Act Assessments and Mental Health Act Section 117 aftercare services. <p>Another theme raised was primary care; discussions had taken place with V Metha and Viaduct Care and further work would take place to support GPs.</p> <p>S Gear requested that future discussions on services were co-produced, to help shape services and make a difference in people's lives.</p> <p>The Chair thanked S Gear for the openness and stories shared.</p>	
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S Dillon reiterated these comments and welcomed the suggestions for a new Mental Health Partnership Board co-led by a person with lived experience to shape services in Stockport.

C Parker thanked S Gear for bringing this to the attention of the Board and the importance of collaborating with people with lived experience and explained that this was already taking place at Pennine Care in some of their groups.

M Kildunne explained that this was an interim report but a full report would be brought back to Board following work with the proposed Mental Health Partnership Board. C Parker would share the report with Pennine Care Board.

RESOLVED:

ONE Stockport Health and Care Board: -

- i. NOTED the Interim Mental Health Lived Experience Report.**
- ii. SUPPORTED the three key areas highlighted in the Report through the new Mental Health Partnership and NOTED that there would be a follow-up piece of work on primary care in 2024.**
- iii. NOTED that a further report would follow later in 2023.**

(iii) Assurance and Delivery Framework for Mental Health, Learning Disability and Autism:

J Burgess-Allen provided an overview of the proposed approach to a local assurance and delivery system for Mental Health, Learning Disability and Autism. Whilst it was acknowledged that there was some overlap between the three areas, the need to have separate forums for each area was acknowledged.

It was proposed that a separate Mental Health Partnership Board be established, to be co-chaired by someone with lived experience. A Learning Disability Board and Autism Board including lived experience members was already well established in Stockport.

A discussion took place on the need to have a separate governance structure within the delivery framework for each area. M Philbin commented that discussions were taking place at ICB (Integrated Care Board) level regarding governance structures and terminology. A further discussion took place on the proposed governance structures as outlined within the circulated document.

In response to a question on the need to have three separate boards, C Parker acknowledged that whilst there were inter-relationships between Mental Health, Learning Disability and Autism, people with lived experience in these groups wanted to remain distinct, to provide a stronger voice for their experiences.

	<p>Members supported the establishment of a new Mental Health Partnership Board to be co-chaired by someone with lived experience.</p> <p>RESOLVED: ONE Stockport Health and Care Board: -</p> <ul style="list-style-type: none"> i. NOTED the progress made in evolving the governance and assurance structures to better meet the needs of people with Mental Health, Learning Disability and Autism difficulties in a coordinated and robust way. ii. SUPPORTED the proposed new governance arrangements for the three interlinked agendas of Mental Health, Learning Disability and Autism. iii. SUPPORTED the establishment of a New Mental Health Partnership Board to be co-chaired by someone with lived experience. 	
10.	Stockport Joint Strategic Needs Assessment – update and plans for 2023/24	
	<p>J Burgess-Allen provided an overview of the Joint Strategic Needs Assessment (JSNA) activity for 2022/23. The paper had been presented at Stockport Health and Wellbeing Board the previous week.</p> <p>It was noted that some activity had been paused during Covid-19 but the Stockport Pharmaceutical Needs assessment had been completed. Identified areas for in-depth JSNA focus included: Autism, Mental Health and Wellbeing and Covid-19.</p> <p>It was proposed that the 2023/24 JSNA focused on a refresh of Special Educational Needs and Disabilities (SEND), ONE Stockport Health and Care Plan, State of the Borough, Adult Social Care and Neighbourhoods.</p> <p>Next steps included focused work to understand the indicators that were impacting on mortality, updating the JSNA website, undertaking a health and lifestyle survey and approving a workplan and priorities. It was proposed that representatives from the provider partnership join the JSNA Programme Group.</p> <p>A discussion took place on the proposals. V Mehta commented that he would welcome an analysis of children’s health in future reports, to include determinants such as free school meals, dental and cost of living. J Burgess-Allen thanked V Mehta for the request; the Programme Group would consider the request.</p> <p>RESOLVED: ONE Stockport Health and Care Board NOTED the Report and supported the suggested priorities for the work programme for the year and the inclusion of representation from the provider partnership to the JSNA Programme Group.</p>	

11.	Flash Report – Stockport Provider Partnership	
	<p>J O'Brien briefed the meeting on the discussions that had taken place at the previous Provider Partnership. Four new workstreams were agreed:</p> <ul style="list-style-type: none"> • Frailty. • Falls. • Alcohol Related Harm. • Diabetes. <p>The Senior Responsible Officers (SROs) for each workstream were being agreed along with 3-monthly actions, 6-monthly actions and 12-monthly actions.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the Flash Report on Stockport Provider Partnership.</p>	
12.	Flash Report – Stockport Quality Improvement Collaborative	
	<p>S Woodworth advised that a workshop was planned for September 2023, to discuss the objectives and priorities of the Group for the next 12 months.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the Flash Report on Stockport Quality Improvement Collaborative.</p>	
13.	Flash Report – Stockport Primary Care Commissioning Committee	
	<p>P Johnson highlighted the main topics of discussion held at the meeting with a focus on a proposed merger involving Heaton Moor Medical Group and Davenport Village Surgery. The proposal had been submitted to NHS England. It was noted that an informal merger had been in place since December 2022 and had been received positively by patients.</p> <p>A discussion had also taken place on the need for primary care to develop winter planning models early.</p> <p>Assurance was noted on the high-quality provision from primary care providers. Stockport was consistently one of the highest performers in GM for most of the metrics whilst acknowledging there was some variation in performance. A further timetable of quality assurance visits to practices would take place.</p> <p>The Primary Care capacity and access plans had been submitted to GM outlining three main areas of improvement: patient experience and contact, ease of access and accuracy of recording.</p> <p>Further updates on the changes to the Locally Commissioned Services (LCS)</p>	

	<p>would be presented to the ONE Stockport Executive Group in August 2023. These changes included an access domain with a domain for prescribing and addictive medicines, supporting patient led ordering.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the update from Stockport Primary Care Commissioning Committee.</p>	
14.	Flash Report – Spring Booster Update	
	<p>P Johnson referred to the papers and highlighted the success of the Spring booster campaign with Stockport achieving an overall vaccine uptake level of 67.7% against a target of 60%.</p> <p>The Chair conveyed the appreciation of the Board for all involved in the spring Covid-19 vaccination programme.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the Report on the Spring Booster Update.</p>	
15.	Questions from the public	
	There were no questions from the public to discuss.	
16.	Any Other Business	
	<p>There were no additional items of business to discuss.</p> <p>The Chair thanked members for their contributions and closed the meeting.</p>	
<p>Date & Time of Next Meeting: Wednesday 30 August 2023, 15:30 – 17:15 pm Fred Perry, 1st Floor Conference Rooms 1 and 2</p>		