

Draft Minutes

ONE Stockport Health and Care Board – Public Meeting

Date: 29 February 2024
Time: 14:30 – 16:04 pm
Venue: Upper Ground Floor Conference Room, Stopford House

Present	Apologies
<p>Present:</p> <p>Cllr Mark Hunter, Leader of Stockport Metropolitan Borough Council (Chair) Jilla Burgess-Allen, Director of Public Health, Stockport MBC Steve Bradshaw, Neighbourhood Clinical Commissioner, NHS Greater Manchester (Stockport) for S Woodworth Michael Cullen, Deputy Chief Executive and Locality Finance Lead, Stockport MBC Philippa Johnson, Deputy Place Based Lead, NHS Greater Manchester (Stockport) Maria Kildunne, Chief Officer, Healthwatch Stockport Chris McLoughlin, Executive Director, People and Integration, Director of Children’s Services, Adult Social Services, Stockport MBC Helen McHale, Chief Executive, Stockport Homes Dr Viren Mehta, GP Partner, Cheadle Medical Practice, GP Chief Officer Viaduct Care, Chair, Stockport GP & Primary Care Board, Vice-Chair, GM GP Board (VM) Clare Parker, Executive Director of Quality, Nursing and Healthcare Professionals, and Deputy Chief Executive, Pennine Care NHS Foundation Trust Mandy Philbin, Interim Deputy Chief Executive and Chief Nurse, NHS Greater Manchester Kathryn Rees, Directory of Strategy, Stockport MBC Heidi Shaw, Director, Family Help and Integration, Stockport Family – Education, Health and Care, Stockport MBC Caroline Simpson, Place Lead, NHS Greater Manchester (Stockport) and Chief</p>	<p>Apologies:</p> <p>Sarah Dillon, Director of Adult Social Care, Stockport MBC John Graham, Deputy Chief Executive, Director of Finance, Stockport NHS Foundation Trust Anthony Hassall, Chief Executive, Pennine Care NHS Foundation Trust Karen James, Chief Executive, Stockport NHS Foundation Trust Jo McGrath, Chief Officer, Sector 3 Chief Superintendent John Webster, District Commander Stockport, GMP Dr Simon Woodworth, Associate Medical Director, NHS Greater Manchester (Stockport)</p>

Executive, Stockport MBC		
In attendance		
<p>Tim Bowman, Director of Education, Work and Skills, Stockport MBC, for item 10 Julia Hewer, Director, Signpost Stockport for Carers, for item 11 Mark Hilton, Co-Chair, Signpost Stockport for Carers, for item 11 Dr Martin Powell, Principal Educational Psychologist, Stockport MBC, for item 10 Louise Rule Associate Programme Director Children & Young People, NHS Greater Manchester, for item 8 Alison Newton, Senior PA & Business Administrator, NHS Greater Manchester (Stockport) (Minutes)</p> <p>Public in attendance: Three</p>		
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 V Mehta, J Hewer and M Hilton and early departure from T Bowman.</p> <p>Members introduced themselves.</p>	
2.	Notification of items of Any Other Business	
	<p>The Chair had received one item for any other business and invited J Burgess-Allen to present the item.</p> <p><u>Measles update:</u></p> <p>J Burgess-Allen reported that a national incident had been declared due to a Measles outbreak across certain regions in the country, including the North West and Stockport.</p> <p>Members were assured that the outbreak, occurring in an educational setting in Stockport had been managed and contained. It was noted that there had been sporadic outbreaks across Europe.</p> <p>Members were encouraged to share the importance of children receiving an MMR vaccine. Measles was a highly infectious infection caused by a virus but was preventable with a vaccination. The importance of receiving the vaccine was also being disseminated to unprotected staff and parents / carers. It was noted that the North West programme was targeting the unvaccinated group. A number of children had been hospitalised as a result of not being vaccinated.</p> <p>The Chair thanked J Burgess-Allen for the update.</p>	
3.	Declarations of Interest	
	<p>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.</p>	

4.	Minutes from previous meeting	
	<p>The minutes of the meeting of the ONE Stockport Health and Care Board held on 20 December 2023 were received and agreed as an accurate record.</p> <p><u>RESOLVED:</u> The minutes of the ONE Stockport Health and Care Board meeting held on 20 December 2023 be APPROVED as a correct record.</p> <p>Members were asked to note that the minutes had stated that the date of the next meeting was 24 January 2024 but this meeting had subsequently been cancelled.</p> <p>It was further noted that the minutes stated that the NHS Planning Guidance 2024/25 was expected on 22 December 2023 but the Guidance had not yet been published.</p> <p>Post-meeting note: Guidance issued 27 March 2024.</p>	
5.	Actions and Matters Arising	
	<p>There were no open actions to consider.</p> <p><u>RESOLVED:</u> The Board NOTED that there were no open actions from previous meetings.</p>	
6.	Place Based Lead and Deputy Place Based Lead Update	
	<p>The Chair invited C Simpson and P Johnson to provide an update from the Locality.</p> <p><u>Place Based Lead Update:</u></p> <p>C Simpson acknowledged the continued pressures at Stockport NHS FT but assured the meeting that a huge amount of work was taking place, working in partnership with colleagues across the system, to mitigate the impact for the residents of Stockport.</p> <p>Appreciation was expressed to J Burgess-Allen (Director of Public Health) and the public health team for their hard work, promoting the uptake of vaccinations, and their work to contain the Measles outbreak in Stockport.</p> <p>V Mehta joined the meeting.</p> <p><u>Deputy Place Based Lead Update:</u></p> <p>P Johnson drew attention to a number of key highlights, pertinent to the locality.</p> <p>There had been a regional visit to Stockport NHS FT by the Emergency Care Improvement Support Team (ECIST) in January 2024. The draft report had been received and comments returned. The report reflected positively on the</p>	

collaboration across the system to support the discharge work at the Trust and evidenced the Home First ethos.

It was acknowledged that there remained further work to take place on achieving the four-hour target in A&E (76% target, currently achieving 63% of patients being admitted, transferred or discharged within 4-hours of attending A&E). A 'sprint' programme of work was underway to focus on discharge from hospital.

Members were asked to note that there had been a 12% growth in the number of people attending A&E since pre-pandemic and a number of programmes of work were in place involving primary care (general practice) and out of hospital services to support discharge. These programmes included:

1. Support to care homes.
2. Same day care in the community.
3. No failed discharges (internal programme of work in the hospital).

A weekly update was reported to the Integrated Care Board (ICB) team on the progress within urgent care.

In addition to the work around urgent care and discharge there was another programme of work focused on mental health, to reduce the number of out of area placements. Weekly meetings took place to review the number of Stockport mental health patients placed out of area – currently five people were placed in acute out of area settings and six in Psychiatric Intensive Care Units (PICUs).

J Hewer and M Hilton joined the meeting.

Stockport had been the focus for the live leadership briefing for Greater Manchester Integrated Care Board (ICB) earlier that week, highlighting the ambitions to improve outcomes for Stockport residents.

P Johnson invited M Philbin to provide an update on key highlights from Greater Manchester (GM).

Greater Manchester Update:

M Philbin explained that when people talk about GM ICB, GM consisted of 10 localities being brought together, including Stockport. It had been noted at GM that Stockport was making good progress on addressing its population's needs.

GM was facing significant financial challenges and each locality had to submit its future commissioning intentions. M Philbin reiterated the importance of focusing on the priorities for Stockport.

RESOLVED:

The updates from the Place Based, Deputy Place Based Lead and GM Executive member were NOTED.

7.	Finance Report	
	<p><u>Finance Report – Month 10:</u></p> <p>M Cullen provided an update on the financial position of NHS Greater Manchester (Stockport) as at 31 January 2024 (Month 10).</p> <p>NHS Greater Manchester (Stockport) was reporting a year-to-date (YTD) adverse variance of £4.088m (Month 8 £3.396m) and a forecast outturn adverse variance of £4.155m (Month 8 £3.784m).</p> <p>The pressures remained on increasing demand for Continuing Healthcare (CHC) and mental health placements. Prescribing cost and volume pressures were also adversely impacting the financial position. Significant controls were in place such as Individual Care Panel meetings alongside regular meetings. Progress was being made, notably on recruitment to CHC posts to enable reviews to be undertaken in a timely manner; a new Head of CHC was due to start in post at the beginning of March 2024.</p> <p>H McHale questioned whether the locality was accountable for the budget, mindful of the financial challenges faced by GM. M Cullen explained that Stockport was accountable to GM for its financial reporting and had a duty to respond to the challenges as they arose whilst the operating model was implemented (the strategic direction).</p> <p>M Cullen assured the Board that appropriate control mechanisms were in place to review and report back to GM on Stockport's position.</p> <p>H McHale requested that future reports stated 'for assurance'; M Cullen acknowledged the comment.</p> <p><u>Efficiency programme update:</u></p> <p>Efficiencies had been delivered YTD of £4.230m with forecast efficiencies of £4.439m which was £0.857m higher than the target set at the start of the year of £3.582m (this included a £0.167m locality corporate budget efficiency target).</p> <p>M Cullen thanked the Viaduct Care Stockport Integrated Pharmacy Service (SIPS) for their support in carrying out targeted work to improve the recording and reporting of prescribing efficiencies.</p> <p><u>Stockport System Finance Group update:</u></p> <p>Members were referred to the Terms of Reference circulated with the papers and asked to note the change in name of the Group from Finance Recovery to Stockport System Finance Group. The purpose and responsibilities of the Group had been updated to align with the evolving NHS GM operating model and the membership had been streamlined. Members approved the Terms of Reference for the Stockport System Finance Group.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board:</p>	

	<ul style="list-style-type: none"> • NOTED the financial position including identified financial risks. • NOTED the efficiency programme update. • APPROVED the Stockport System Finance Group terms of reference. 	
8.	<p>An Integrated Approach to delivering our Ambition for Children and Young People in Greater Manchester</p>	
	<p>The Chair introduced the next item. The report provided an overview on the development of a Joint Forward Delivery Plan for Children & Young People (C&YP) with the aim of having a single set of strategic priorities across Greater Manchester (GM).</p> <p>The Chair invited L Rule to summarise the integrated approach in the development of a C&YP Delivery Plan.</p> <p>L Rule outlined the ambition of the approach to give every child and young person the best start in life, to ensure they were nurtured and supported to grow up well. The focus of this ambition was to have a single set of priorities for GM, to inform planning and commissioning and address inequalities.</p> <p>The system priorities would build on previous work to identify health-related priorities for C&YP. The emerging work programmes to focus on included:</p> <ul style="list-style-type: none"> • Child Development in the Early Years (including maternity). • School-Age Children Wellbeing (SEND, Learning Disability & Autism, Foetal Alcohol Syndrome, Speech, Language & Communication, Emotional Wellbeing). • Long-Term Physical Conditions (asthma, epilepsy, diabetes, acute mental health oral health). • Mental ill health (Child and Adolescent Mental Health Services). • Vulnerability, Risk and Complex Care (criminal justice system, exploitation, victims of domestic abuse). • Family Help (Family Hubs). <p>C Simpson emphasised the importance of investing in the support available for C&YP as in the Family Hub Model. Colleagues in Stockport worked closely with GM to align the work and had undertaken detailed work with L Rule prior to the meeting. The need to focus on children’s health at an earlier stage to prevent longer term conditions was highlighted, including childhood obesity.</p> <p>M Philbin highlighted the importance of listening to the C&YP’s voice and that of their families on the outcomes that matter to them.</p> <p>V Mehta referred to the list of priorities and questioned whether there were any that Stockport needed to focus on. L Rule commented that children’s mental health, Learning Disability, Autism and communication needs were the same priorities across GM but it was important that in having these discussions and including C&YP on the agendas of meetings, that members understood what the priorities were, specifically for Stockport.</p> <p>C McLoughlin commented that whilst the six priority areas outlined were important, just as important was the commitment to valuing the quality of</p>	

	<p>relationships that professionals across Stockport build with families.</p> <p>The Chair thanked L Rule for her contributions and sought members' support for the whole system approach in the development of a GM Integrated Care Partnership Joint Forward Plan; Members supported the approach.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board SUPPORTED the approach for the Integrated Care Partnership (ICP) Joint Forward Plan for Children and Young People and the development of a single set of priorities across Greater Manchester.</p>	
9.	<p>Community Child and Adolescent Mental Health Service (CAMHS): Capacity, Demand and Waiting List Update</p>	
	<p>C Parker referred to the paper circulated and advised that this was a follow-up to a paper written in 2023 and a Board Development session.</p> <p>It was pointed out that the paper was based on Pennine Care NHS FT's footprint across five different localities and did not reflect the wider offer available in Stockport.</p> <p>It was noted that there had been a significant increase in referrals since pre-pandemic and alongside staffing vacancies, it presented a challenging picture across Greater Manchester (GM) as well as nationally.</p> <p>Members were reminded of the letter sent to Mark Fisher, Chief Executive of GM Integrated Care Board (ICB) by the Chair of the Board and C Simpson. A response to the letter had recognised the challenges and aimed to provide some assurance that everything that could be done was taking place to address the issue of long waiting lists for Children & Young People (C&YP) and their families.</p> <p>C Parker advised members that letters were sent out to families on the waiting list to outline the offer and support available whilst they wait and to notify the team should there be any changes. Colleagues continued to work with local networks to highlight the support available to families in Stockport.</p> <p>Further discussions would take place to explore the options available to use the voluntary sector to expand the offer to families.</p> <p>C Parker assured the meeting that this issue remained high on the agenda for Pennine Care NHS FT. An update on the Child and Adolescent Mental Health Service (CAMHS) would be provided later in the year.</p> <p>T Bowman stepped out of the meeting.</p> <p>H Shaw asked what progress had been made on the review of the CAMHS service specification. C Parker advised that ongoing work was taking place with contracts therefore the service specification had not been finalised. Work continued in managing existing waiting lists.</p> <p>M Philbin highlighted the complexities involved with this piece of work, focused on workforce and commissioning and assured the meeting that it</p>	

	<p>remained a priority for Pennine Care NHS FT.</p> <p>T Bowman returned to the meeting.</p> <p>V Mehta referred to the document and commented that whilst GM was average in comparison to other areas across the country for the number of referrals, numbers remained high and highlighted the importance of families receiving early help. C Parker acknowledged the comments and added that a different offer was available in Stockport than across the Pennine footprint such as with mental health teams in schools and signposting to other agencies for early help.</p> <p>H McHale pointed out that data could be interpreted differently by people and requested that additional narrative was included in future reports to explain the data, particularly if there were different offers in each area – this would support Stockport in knowing what areas to focus on.</p> <p>M Philbin reiterated that the Board needed to be clear on which services it wanted to prioritise, including primary care and population health to support the work.</p> <p>P Johnson commented that whilst the position in Stockport was not as bad as other areas, the fact remained that families faced up to a four-year wait and this was not acceptable. Stockport worked well as a partnership across the different organisations but discussions needed to continue on what could be done differently to reduce the wait times.</p> <p>L Rule commented that in the same manner, an integrated approach was required for C&YP to address the inequalities and the Board should ensure the right priorities were being addressed for Stockport.</p> <p>M Philbin explained that the Board needed to be assured within its financial planning that resources were assigned to its priorities.</p> <p>A further discussion took place on the paper and on the need to work differently using the current resources and to identify children’s needs early to give them the best chance of receiving the right support. T Bowman commented that parents had fed back that the letters provided more clarity than in previous years but there remained further work to take place on reducing the waiting times.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the report on Community Child and Adolescent Mental Health Service (CAMHS): Capacity, Demand and Waiting List Update.</p>	
10.	Neurodevelopmental Pathway Improvement Update	
	<p>T Bowman introduced the paper, providing an update on the Neurodevelopmental Pathway Improvement work taking place to support families in Stockport.</p> <p>M Powell referred to the challenges and pressures across the system with</p>	

significant waits for an autism assessment creating a risk of escalating need and more costly provision in the long term.

Stockport was developing a neurodiversity early help offer for children, schools and families and would be piloting *The Portsmouth Neuro-diversity Profiling Tool*, developed as part of the transformation work undertaken by Portsmouth and adopted in GM to be rolled out via a phased approach.

M Powell emphasised that this Profiling Tool was not intended to be a replacement for a diagnosis but to provide early support to C&YP and their families. The Profiling Tool was expected to be available for use in Stockport from April 2024 and would profile a child's needs (language, communication or sensory for example) completed by someone that the child knows well – a parent, teacher or support staff for example.

Alongside the Profiling Tool a digital platform would be developed to provide additional resources and signpost parents to the most appropriate support.

A review of Stockport's Autism Team had been completed; the team would move to a pre-diagnostic service rather than a post-diagnostic service.

A test of the Profiling Tool would take place in Bramhall as part of a pathfinder programme involving C&YP currently on the waiting list for CAMHS. Once feedback had been received from the pilot, and subject to positive feedback, the tool would be rolled out to other areas in Stockport. The advantage of this Profiling Tool was that a number of different professionals could utilise it rather than it being held by one service.

L Rule advised that transformation was underway across GM for C&YP, this included the re-design of the neurodevelopmental pathway.

P Johnson pointed out that these services were often constrained by block contracts with little room for flexibility, highlighting the importance of including C&YP as well as mental health colleagues when financial discussions were taking place.

V Mehta questioned the value of profiling a child using this tool and raising a families' expectations that resource would follow when this would not be the case. A discussion took place on the Profiling Tool. It was noted that the tool should identify the most appropriate support for a child at an earlier stage and as more staff received autism training in schools, staff should be better placed to meet a child's needs earlier. In addition, the development of a digital platform would signpost parents / carers to the support available in their area.

C Parker asked that consideration be given to the adult autism diagnosis pathway – an increasing number of adults were being referred for autism or ADHD assessments.

It was commented that to 'do nothing' was not an option and that the Board would need to make some difficult decisions in the future.

The Chair thanked M Powell for his paper acknowledging that current

	<p>resources would need to be used differently with very challenging budgets.</p> <p>S Bradshaw highlighted the importance of protecting the current resource to be utilised for the Profiling Tool as there would be a shortage of mental health professionals within the next five years due to the difficulties recruiting and retaining staff. The Tool should offset some of this as C&YP should receive early help and support before they require a clinician.</p> <p>An update on the implementation of the Profiling Tool would be provided at a later meeting.</p> <p>K Rees and T Bowman left the meeting.</p> <p>RESOLVED: ONE Stockport Health and Care Board NOTED the Neurodevelopmental Pathway Improvement Update and supported the implementation of the Portsmouth Profiling Tool.</p>	
11.	Think Carer Strategy	
	<p>P Johnson introduced the Strategy and praised the collaboration of partners to co-produce it with carers from across Stockport, of differing ages and caring roles.</p> <p>The Council had commissioned Stockport Signpost for Carers to deliver an All Age Carers Strategy for Stockport. The Strategy was aligned to the ambitions described within the One Heart section of the Borough Plan, the One Health and Care Plan and the Neighbourhoods and Prevention programme. The Strategy was supported by an action plan that would support the delivery of the ambitions.</p> <p>P Johnson invited J Heward to brief the meeting on the Strategy.</p> <p>J Heward outlined the work that had taken place to develop the Strategy and a Carers Network in Stockport and highlighted the importance of listening to the voice of carers in developing it.</p> <p>J Heward introduced M Hilton, Co-Chair of Stockport Signpost for Carers to brief the meeting on his experiences as a carer in Stockport.</p> <p>M Hilton thanked S Dillon for initiating the discussions to develop an All Age Carers Strategy in Stockport and outlined his experiences as a carer and also the issues that had been brought to their attention from other carers across Stockport.</p> <p>A list of issues had been produced to improve communication and processes for carers. Issues raised included:</p> <ul style="list-style-type: none"> • Different organisations not talking to each other. • Carers attending medical reviews but not allowed to speak. • Lack of coordination between GPs and medical consultants. • The need for a Carers Charter from the government. 	

	<p>The Chair thanked M Hilton for sharing his story and to all involved in the development of the All Age Carers Strategy.</p> <p>M Kildunne thanked colleagues for the Strategy and commented that similar issues had been raised at the Healthwatch Stockport quarterly meeting held the previous day. Key themes raised included communication and access to services.</p> <p>C Simpson thanked S Dillon for starting discussions on the development of the Strategy and the need for organisations to be responsive to the needs of carers.</p> <p>M Philbin praised the Strategy and recognised that a quality impact assessment would follow.</p> <p>J Hewer explained that Stockport Signpost for Carers could support different groups across Stockport including LGBTQ+, ethnic minorities, eating disorders and substance abuse for example.</p> <p>Members were encouraged to share the Think Carer Strategy across Stockport.</p> <p>C Parker reflected on M Hilton’s comments about not being able to speak at medical reviews, highlighting the perception about what can and cannot be shared between providers and carers. In addition, C Parker encouraged discussions about the hidden carers, particularly in the workforce and for organisations to be flexible to meet their needs.</p> <p>M Hilton commented that a lot of the issues raised would not require additional funding but a change in behaviours and an improvement in communication and these discussions were about building relationships with carers.</p> <p>V Mehta highlighted the need to encourage carers to look after their own health needs, as quite often they put off going to the doctor and often received a late diagnosis.</p> <p>The Chair thanked J Hewer and M Hilton for their attendance at the meeting and encouraged the sharing of the Strategy amongst different organisations and the development of a Carer’s Charter in Stockport.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED and SUPPORTED the Think Carer Strategy.</p>	
12.	<p>Flash Report – Stockport Primary Care Commissioning Committee (PCCC)</p>	
	<p>The paper had been circulated for information.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the Flash Report from</p>	

	Stockport Primary Care Commissioning Committee	
13.	Questions from the public	
	There were no questions from the public to discuss.	
14.	Any Other Business	
	There were no other items of business. The Chair thanked members for their contributions and closed the meeting.	
Date & Time of Next Meeting: Wednesday 20 March 2024, 15:30 – 17:15 pm Upper Ground Floor Conference Room, Stopford House		