

Draft Minutes

ONE Stockport Health and Care Board – Public Meeting

Date: 26 June 2024
Time: 14:15 – 15:46 pm
Venue: Upper Ground Floor Conference Room, Stopford House

Present	Apologies
<p>Present:</p> <p>Cllr Mark Hunter, Leader of Stockport Metropolitan Borough Council (MBC) (Chair) Paul Buckley, Director of Strategy and Partnership, Stockport NHS Foundation Trust Jilla Burgess-Allen, Director of Public Health, Stockport MBC Michael Cullen, Chief Executive and Place Based Lead, 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 (Stockport) Maria Kildunne, Chief Officer, Healthwatch Stockport Dr Viren Mehta, GP Partner, Cheadle Medical Practice, GP Chief Officer Viaduct Care, Chair, Stockport GP & Primary Care Board, Vice-Chair, GM GP Board Kathryn Rees, Directory of Strategy, Stockport MBC Heidi Shaw, Director, Family Help and Integration, Stockport Family – Education, Health and Care, Stockport MBC Matt Walsh, South Network Director of Quality, Nursing & AHPs, Pennine Care NHS Foundation Trust, for T McDougall Dr Simon Woodworth, Associate Medical Director, NHS Greater Manchester (Stockport)</p>	<p>Apologies:</p> <p>John Graham, Deputy Chief Executive, Director of Finance, Stockport NHS Foundation Trust Anthony Hassall, Chief Executive, Pennine Care NHS Foundation Trust Jo McGrath, Chief Officer, Sector 3 Chris McLoughlin, Executive Director, People and Integration, Director of Children’s Services, Adult Social Services, Stockport MBC Helen McHale, Chief Executive, Stockport Homes Mandy Philbin, Interim Deputy Chief Executive and Chief Nursing Officer, NHS Greater Manchester Tim McDougall, Executive Director of Quality, Nursing and Healthcare Professionals, Pennine Care NHS Foundation Trust Chief Superintendent John Webster, District Commander Stockport, GMP</p>
<p>In attendance</p>	
<p>Jill Adams, Head of Governance, NHS Greater Manchester (Stockport) Ben Aspinall, Associate Director, Delivery and Transformation, NHS Greater Manchester (Stockport), for item 11</p>	

Jemma Billing, Associate Director of Quality, CHC and Safeguarding, NHS Greater Manchester (Stockport) for item 17
 Cath Comley, Senior Project Manager for Cancer and End of Life Care, NHS Greater Manchester (Stockport)
 David Dolman, Associate Director of Finance, NHS Greater Manchester (Stockport), for item 10
 Alison Newton, Senior PA & Business Administrator, NHS Greater Manchester (Stockport)
 (Minutes)

Public in attendance: Private meeting due to pre-election rules. Papers and recording of meeting to be published after the General Election.

1.	Welcome & Apologies	Action
	<p>The Chair welcomed members to the ONE Stockport Health and Care Board. Apologies were noted as listed above.</p> <p>The Chair reminded members that the meeting was taking place during a pre-election period and in line with NHS pre-election regulations, it was to be a private meeting.</p> <p>The Chair congratulated Michael Cullen on his recent appointment to the position of Chief Executive of Stockport MBC and Place Based Lead.</p> <p>The Chair thanked Caroline Simpson for her tremendous support to the Stockport Locality as Place Based Lead and Chief Executive of Stockport MBC and conveyed best wishes from the Board for her new role as Chief Executive of Greater Manchester Combined Authority (GMCA).</p> <p>The Chair welcomed B Aspinall, C Comley, D Dolman, G Edwards and J Billing to the meeting.</p>	
2.	Notification of items of Any Other Business	
	There were no other items of business to discuss.	
3.	Declarations of Interest	
	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.	Minutes from previous meeting	
	<p>The minutes of the meeting of the ONE Stockport Health and Care Board held on 24 April 2024 were received and agreed as an accurate record.</p> <p>To note: the meeting scheduled for 29 May 2024 was cancelled.</p> <p><u>RESOLVED:</u> The minutes of the ONE Stockport Health and Care Board meeting held on 24 April 2024 be APPROVED as a correct record.</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 the previous meeting.</p>	
6.	Deputy Place Based Lead Update	
	<p><u>Deputy Place Based Lead Update:</u></p> <p>P Johnson reminded members of the Greater Manchester (GM) enforcement undertakings and referred to the papers circulated for item 9. A longer-term sustainability plan was being developed at GM – to introduce a model of care for the system, working with the same resources alongside the increased demand and financial challenges.</p> <p>Stockport NHS Foundation Trust (the Trust) had been placed in Tier 1 level of national oversight due to the challenges in urgent care (A&E); this involved increased scrutiny on the system.</p> <p>Weekly meetings continued to take place to monitor the number of mental health out of area placements and Clinically Ready for Discharge (CRD) patients – the improvements had been noted in a recent Place Based Assurance meeting. The number of out of area mental health placements had reduced to three at this current time.</p> <p>A sustainable programme of work had been re-named Health and Care Review with a focus for 2024/25 on ophthalmology, dermatology, gynaecology, neurorehabilitation and community services.</p> <p>The consultation on ADHD services would be extended due to the pause on engagement during the pre-election period. Ongoing work was taking place on Children and Young People (C&YP) and neurodevelopment pathways and a pre-engagement continued on the number of cycles of IVF to be offered across GM.</p> <p>V Mehta and G Edwards joined the meeting.</p> <p>A Diabetes workshop had taken place the previous month – this was an ongoing piece of work.</p> <p>An update on a recent Local Government Association (LGA) peer review on Adult Social Care (ASC) would be presented at a later meeting.</p> <p>P Johnson advised the meeting that the formal launch of the Right Care Right Person (RCRP) programme had been deferred from 1 June 2024 to 30 September 2024.</p> <p>Members noted the planned Junior Doctors strike, to commence from 27 June 2024 to 2 July 2024. GPs had been balloted on further action; an update would be provided if this progressed.</p>	

	<p><u>RESOLVED:</u> The update from the Deputy Place Based Lead was NOTED.</p>	
7.	<p>Appointment of additional Board member</p>	
	<p>Members noted the flexibility to appoint additional Board members. P Johnson highlighted the recommendation from GM that the constitution included the advancement of quality issues. A proposal was submitted and approved for ratification at the ONE Stockport Health and Care Executive meeting held on 11 June 2023 that: Jemma Billing, Associate Director of Quality, Continuing Healthcare and Safeguarding, NHS Greater Manchester (Stockport) be appointed as a member of the ONE Stockport Health and Care Board and Executive Group.</p> <p><u>RESOLVED:</u> That ONE Stockport Health and Care Board RATIFIED the appointment of Jemma Billing, Associate Director of Quality, Continuing Healthcare and Safeguarding, NHS Greater Manchester (Stockport) as a member of the ONE Stockport Health and Care Board and Executive Group.</p>	
8.	<p>Greater Manchester Executive Update</p>	
	<p>P Johnson referred to the paper circulated for information, providing an update from NHS Greater Manchester Executive in the absence of M Philbin and drew attention to:</p> <ul style="list-style-type: none"> • NHS GM enforcement undertakings with NHS England. • Executive Appointment: Colin Scales, Chief Executive of Bridgewater Health Trust had been appointed to Deputy Chief Executive of NHS Greater Manchester, replacing Martyn Pritchard as interim Chief Operating Officer. <p><u>RESOLVED:</u> The updates from the Greater Manchester Executive were NOTED.</p>	
9.	<p>Greater Manchester Single System Improvement Plan</p>	
	<p>P Johnson referred to the paper circulated and highlighted a public and stakeholder engagement exercise that was due to run between June 2024 and October 2024, entitled 'An NHS Fit for the Future'. In response to a question from the Chair, P Johnson clarified that the engagement would commence after the General Election, July – October 2024. Feedback would be sought from the public on the improvement journey to achieve health, performance and financial goals.</p> <p><u>RESOLVED:</u> That ONE Stockport Health and Care Board NOTED the update provided on the Greater Manchester Single System Improvement Plan.</p>	
10.	<p>Finance Report</p>	

	<p><u>Finance Report – 31 May 2024 (Month 2):</u></p> <p>D Dolman provided an update on the current financial position of NHS Greater Manchester (Stockport) as of 31 May 2024:</p> <ul style="list-style-type: none"> • NHS GM (Stockport) was reporting a year-to-date adverse variance of £1.014m due to increasing demand for continuing healthcare (CHC), out of area mental health placements, ADHD assessment and treatment costs and prescribing cost activity. • The targeted programmes were aligned to the Neighbourhood and Prevention work. • Against a saving target of £7.973m schemes forecast to deliver £7.059m have been identified - £1.281m of savings delivered to date. Work was ongoing to identify additional Cost Improvement Plans (CIP) schemes to deliver the £7.973m savings target. <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 cost improvement programme update. 	
<p>11.</p>	<p>Urgent Care Update</p>	
	<p>P Johnson presented the report, providing a performance update in respect of Stockport’s urgent and emergency targets for ED (Emergency Department), general and acute bed occupancy and no criteria to reside.</p> <p>As mentioned earlier in the meeting, Stockport was facing increased national scrutiny and was receiving support from the Emergency Care Improvement Support Team (ECIST).</p> <p>A focused diagnostic day was due to take place on Wednesday 10 July 2024 at the Trust (Stockport NHS FT) with the national team.</p> <p>Members were briefed on the support in place and the work taking place to increase the flow out of hospital and reduce the demand on beds with a focus on Home First. There had been intensive focus on discharge from hospital – this had reduced the number of no criteria to reside patients (patients medically fit to be discharged from hospital but remained in hospital until an appropriate bed / arrangements to support discharge could be put in place).</p> <p>B Aspinall joined the meeting.</p> <p>Work was also taking place to reduce the reliance on spot purchase beds and make sure the commissioned beds could meet needs. Work was also progressing on the Out of Hospital Urgent Care Hospital Model.</p> <p>Ongoing discussions continued regarding the utilisation of urgent care funds.</p> <p>K James highlighted the need to demonstrate improvement to gain assurance for the system. M Cullen questioned what systems were in place to monitor trajectory, acknowledging that daily bed meetings take place. P Johnson responded that a number of senior leaders (members of the Board) were taking</p>	

	<p>part in locality meetings including a Safe & Timely Discharge Board, Friday flow meetings, Urgent and Emergency Care Delivery Board, and the Neighbourhood and Prevention Board. They monitor progress against action plans in the respective boards and there is a performance improvement plan with monthly reporting on progress against the target.</p> <p>V Mehta reiterated that the focus of decision making should be on the `person` rather than a target and the long-term ambition on prevention support was vitally important such as flagging lifestyle risks including the risk of diabetes and heart attacks for example within any strategies.</p> <p>RESOLVED: ONE Stockport Health and Care Board NOTED the processes in place for Tier 1 assurance and GM improvement / Stockport Performance Improvement Plan.</p>	
<p>12.</p>	<p>Cancer Update</p>	
	<p>C Comley was invited to provide an update on cancer performance for Stockport and highlighted the long-standing ambition to increase the percentage of cancers diagnosed at stages 1 and 2 to 75% by 2028, in line with the Cancer Waiting Time standards:</p> <ul style="list-style-type: none"> • 28-day faster diagnosis standard – 75% • 31-day decision to treatment – 96% • 62-day referral to treatment – 85% <p>It was noted that Stockport NHS FT had consistently achieved the 28-day faster diagnosis standard since February 2024. There remained challenges in achieving the 31-day and 62-day standards in gynaecology, urology and upper GI (gastrointestinal); lots of work was taking place in these areas.</p> <p>C Comley highlighted that breast cancer services were provided by Manchester Foundation Trust (MFT) at Wythenshawe and this service was challenged due to a sustained increase in the number of referrals but there had been some improvement. Some patients chose to wait longer for care closer to home.</p> <p>Dermatology services were provided by Northern Care Alliance (NCA), demand outstripped capacity; Teledermatology was being used by GPs.</p> <p>Quality surveillance panel meetings took place at the Trust on an annual basis for each tumour group – these meetings link into the GM Cancer Alliance.</p> <p>C Comley praised the work of the Public Health team at Stockport Council. The team had recently won an award at the GM Cancer Conference for its commitment to equality. The team had used different approaches to meet the needs of particular areas and worked hard to reduce barriers to attend screening supported by two dedicated members proactively working with communities.</p> <p>Other active campaigns included late prostate diagnosis in the Brinnington</p>	

	<p>area – ‘This Van Can’ and Targeted lung health checks focused on the Tame Valley Primary Care Network (PCN) aimed at smokers / previous smokers aged 54 – 70 years. It was noted that 96% of participants in Stockport involved in the Galleri trial (a national anonymised blood sample trial to detect cancer) remained in the programme, the highest rate in GM.</p> <p>C Comley flagged a significant concern for the Trust in Haematology. Patients receiving chemotherapy under the care of the Haematology team at the Trust, whilst a patient at The Christie, did not have access to a 24/7 helpline for support / advice. If these patients fell ill out of hours, they were told to contact 111 and often advised to attend ED, leaving them prone to infection due to low immunity. The risk had been escalated to the Trust Executive.</p> <p>The Chair commented that this issue had been raised at an earlier meeting and the importance of resolving this issue as soon as possible was noted.</p> <p>Action: Update to be provided on the progress of Stockport NHS FT Haematology patients being able to access a 24/7 helpline for support/advice</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the Cancer Update.</p>	<p>KJ</p>
<p>13.</p>	<p>St Thomas’ Joint Venture</p>	
	<p>S Dillon referred to the paper providing an update on the St Thomas’ Joint venture with Stockport NHS FT and explained that this work linked in to earlier discussions on Tier 1 scrutiny and urgent care performance, to develop an integrated Health and Care Centre - a single integrated care bed base.</p> <p>Members were reminded that construction of St Thomas’ Gardens was scheduled to start in September / October 2024. An outline business case had been presented to Trust Board and a full business case was due to be presented in September 2024. The support offered from the ECIST team and the Getting It Right First Time Team (GIRFT) would inform the business case.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the update on the St Thomas’ Joint Venture.</p>	
<p>14.</p>	<p>Update on Stockport General Practice Access</p>	
	<p>The Chair invited V Mehta and G Edwards to present an update on Stockport General Practice Access.</p> <p>V Mehta assured the meeting that an update would be provided on dentistry, pharmacy and optometry later in the year but this report focused on general practice.</p> <p>It was noted that Stockport GP practices had collectively delivered over 1.9 million appointments during 1 January – 31 December 2023; this equated to almost 90% of the registered population receiving at least one appointment and 40% more appointments being delivered compared to 2019. Whilst</p>	

Stockport benchmarked well in comparison to other areas, it was recognised that access was variable.

G Edwards commented that work was taking place with practices to remove the 8am rush to get an appointment. A delivery plan had been put in place for recovering access to primary care (PCARP). The majority of practices utilised the Modern GP access model, triaging access, including a cloud-based telephony platform.

G Edwards briefed on the data contained within the report circulated. Further work was taking place on an urgent out of hospital model to support increased demand and increased complexity in the community.

V Mehta acknowledged that digital does not work for everyone but this would be continued to be pushed so that more time could be given to those that could not use digital. V Mehta highlighted the importance on prioritising the continuity of care model in future strategic plans and added that this comment had been fed back to the national team to give consideration in a future GP contract.

S Woodworth referred to the capacity and demand work taking place across Stockport to support Stockport NHS FT – the Trust was facing a significant increase in people attending ED including the frail and elderly. The aim was to support people as close to home as far as possible, and prevent unnecessary hospital attends or admissions wherever possible.

H Shaw referred to data on the number of NHS prescriptions dispensed, showing that Stockport was 5% above the GM average and questioned whether there was any further information on this and whether there were any themes.

V Mehta explained that it was acknowledged that the number of prescriptions was higher in Stockport but further work was taking place to understand the data as it did not detail how many attended a sight test or dental appointment for example.

J Burgess-Allen thanked V Mehta for acknowledging the digital excluded but highlighted the need for focus on other vulnerable cohorts that could not access primary care and the need to promote self-care. S Dillon reiterated the need to promote communications to residents about self-care.

V Mehta responded that work on equality, diversity and inclusion (EDI) was taking place with practices on vulnerable groups such as those with English as an additional language (EAL), Learning Disabilities (LD) and Serious Mental Illness (SMI). Care Coordinators were supporting this work at practice level. Members were asked to note that Stockport had been placed 5th in the country for annual health checks for registered learning disability patients and in the top 25 for SMI health checks.

Digital facilitators were in place, working with practices and Healthwatch Stockport to produce easy-read documents and signpost patients to the right support. G Edwards commented that the feedback from Friends and Family Tests (FFT) was also used to make changes at practice level.

	<p>M Kildunne highlighted that Healthwatch Stockport had recently hosted a focus group with the homeless and she could share this feedback with V Mehta.</p> <p>A further discussion took place on the data; further interrogation of the data could show how many people were using primary care multiple times.</p> <p>The Chair thanked V Mehta and G Edwards for the update and noted that whilst there was a reported improvement to GP access and the number of appointments offered, he continued to receive anecdotal feedback from residents regarding struggling to access their own GP. Referring back to the continuity of care model, it was evidence that health outcomes improved if some patients remained with the same GP to build up a relationship.</p> <p>V Mehta accepted the comments and stated that the range of appointments available to patients had increased along with a wider offer of support over the last few years but a patient may have to wait longer to see their own GP. Patients on end-of-life care would continue to receive more appointments. The additional roles on offer at a practice now included physio, pharmacy and mental health support for example. Discussions would continue on how best to support patients with less GPs in post. It was pointed out that recent funding from the government had been focused on Additional Roles Reimbursement Scheme (ARRS) rather than new GPs.</p> <p>A brief discussion took place on Project Hazel, the proposal to build a health facility, to include primary care in the town centre.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the update on General Practice Access.</p>	
15.	Draft GM Making Smoking History Delivery Framework	
	<p>J Burgess-Allen provided an overview of the draft GM Making Smoking History Delivery Framework and advised that the Making History Programme had been in place since 2017.</p> <p>The ambition was to make GM a smokefree city by 2030; GM was on track to achieve this. The prevalence of smoking in Stockport was 11.8%, lower than national figures, however, it was highlighted that smoking prevalence was 34% in Brinnington compared to 5% in Bramhall for example therefore there remained work to do.</p> <p>Localities had received funding to deliver smoking cessation services with more targeted support for disadvantaged communities. Feedback from localities would be considered for the updated delivery framework.</p> <p>J Billing acknowledged the work that had taken place to reduce smoking prevalence but noted that there had been an increase in vaping, particularly with young people. H Shaw reiterated this comment and questioned what more could be done to prevent young people from vaping.</p>	

	<p>J Burgess-Allen commented that whilst vaping had been promoted as an effective smoking cessation tool, the message was 'If you don't smoke, don't vape'. The updated delivery framework would include a focus on young people, working closely with schools and Head teachers, disseminating materials via the smoking cessation provider.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the draft GM Making Smoking History Delivery Framework.</p>	
16.	<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 Stockport Primary Care Commissioning Committee</p>	
17.	<p>Flash Report – Stockport Quality Improvement Collaborative (SQIC) update</p>	
	<p>The paper had been circulated for information.</p> <p>J Billing pointed out that the report was a month behind in reporting, hence the reference to Right Care Right Person had changed since it was written, with a launch date changed to 30 September 2024.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the Flash Report from Stockport Quality Improvement Collaborative</p>	
18.	<p>Questions from the public</p>	
	<p>There were no questions from the public to discuss.</p>	
19.	<p>Any Other Business</p>	
	<p>M Kildunne invited members to attend a joint engagement event between Healthwatch Stockport and Stockport Adult Social Care (ASC), 'Making It Real' taking place on 31 July 2024 at Stockport Guildhall.</p> <p>The Chair thanked members for their contributions and advised that the July meeting was likely to be cancelled; the next meeting was likely to be 28 August 2024.</p> <p>The Chair closed the meeting.</p>	
<p>Date & Time of Next Meeting: Wednesday 24 July 2024, 14:15 – 16:00 pm Upper Ground Floor Conference Room, Stopford House – to be confirmed</p>		