

Draft Minutes

ONE Stockport Health and Care Board – Public Meeting

Date: 25 September 2024
Time: 14:15 – 15:58 pm
Venue: Upper Ground Floor Conference Room, Stopford House

Present	Apologies
<p>Present: 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) Heather McClenaghan, Interim Associate Director for Stockport, Pennine Care NHS Foundation Trust, for T McDougall Jo McGrath, Chief Officer, Sector 3 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 Chris McLoughlin, Executive Director, People and Integration, Director of Children’s Services, Adult Social Services, Stockport MBC Dr Simon Woodworth, Associate Medical Director, NHS Greater Manchester (Stockport)</p>	<p>Apologies: Anthony Hassall, Chief Executive, Pennine Care NHS Foundation Trust Jemma Billing, Associate Director of Quality, CHC and Safeguarding, NHS Greater Manchester (Stockport) John Graham, Deputy Chief Executive, Director of Finance, Stockport NHS Foundation Trust Maria Kildunne, Chief Officer, Healthwatch Stockport Tim McDougall, Executive Director of Quality, Nursing and Healthcare Professionals, Pennine Care NHS Foundation Trust Mandy Philbin, Chief Nursing Officer, NHS Greater Manchester Kathryn Rees, Executive Director, Corporate and Support Services, Stockport MBC Heidi Shaw, Director, Family Help and Integration, Stockport Family – Education, Health and Care, Stockport MBC Chief Superintendent John Webster, District Commander Stockport, GMP</p>
<p>In attendance</p>	
<p>Ben Aspinall, Associate Director, Delivery and Transformation, NHS Greater Manchester (Stockport), for item 13 David Dolman, Associate Director of Finance, NHS Greater Manchester (Stockport), for item 8 Ben Squires, Director of Primary Care, NHS Greater Manchester, for item 10 Alison Newton, Senior PA & Business Administrator, NHS Greater Manchester (Stockport) (Minutes)</p>	

Emma Stubbs, Assistant Director, Neighbourhoods, Stockport MBC, for item 9		
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 early departure from K James.</p> <p>The Chair welcomed B Aspinall, B Squires, D Dolman, H McClenaghan and E Stubbs to the meeting.</p> <p>Members introduced themselves.</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 28 August 2024 were received and agreed as an accurate record.</p> <p>RESOLVED: The minutes of the ONE Stockport Health and Care Board meeting held on 28 August 2024 be APPROVED as a correct record.</p>	
5.	Actions and Matters Arising	
	There were no open actions.	
6.	Place Based Lead and Deputy Place Based Lead Update	
	<p><u>Place Based Lead Update:</u> M Cullen briefed on the Darzi Independent Investigation and the implications for the Greater Manchester (GM) Health and Care System, highlighting a number of themes to repair the NHS including:</p> <ul style="list-style-type: none"> • Re-engage staff and re-empower patients. • Lock in the shift of care closer to home by hardwiring financial flows. • Simplify and innovate care delivery for a neighbourhood NHS. • Drive productivity in hospitals. • Tilt towards technology. <p>It was noted that discussions had commenced within the locality, to address these themes.</p> <p>NHS GM (Greater Manchester) had developed a 3 – 5 year Sustainability Plan, focusing on five main pillars of sustainability:</p>	

	<ul style="list-style-type: none"> • Cost Improvement • System Productivity and Performance • Reducing Prevalence • Proactive Care • Optimising Care. <p>In time, a local sustainability plan would be developed aligned to the NHS GM Plan.</p> <p><u>Deputy Place Based Lead Update:</u> P Johnson highlighted the continued financial pressures the Stockport system faced and welcomed the support offered from the ICB (Integrated Care Board), notably with regards to key areas of pressure including Continued Healthcare (CHC), mental health out of area placements and prescribing costs and volume.</p> <p>P Johnson also highlighted the Urgent and Emergency Care (UEC) performance, (achieving the 4-hour national target, 78% of patients been seen, treated or admitted within 4-hours by March 2025, at Stockport NHS Foundation Trust) remained a challenge. A winter planning session was held the previous week involving partners from across the system to identify the programmes of work that would support residents to access care closer to home and alternatives to ED (Emergency Department) therefore minimising pressure on A&E as far as possible.</p> <p>Members were asked to note that previously, UEC assurance had been included within Locality Assurance Meetings (LAMs) but a joint UEC oversight meeting was now held with the Provider (Stockport NHS FT). It was acknowledged that further work needed to take place to achieve the national target.</p> <p>Right Care, Right Person (RCRP) would go live on 30 September 2024 – this was a national programme aimed at ensuring people who have health and or social care needs receive the right support, by the right organisation, at the earliest opportunity. Daily tactical calls involving system partners were taking place for the first two weeks following the launch.</p> <p>GPs remained in a period of GM Collective action. The ICB had been notified that two practices in Stockport had switched off its OptimiseRX software for prescribing. Ongoing discussions were taking place with practices.</p> <p><u>RESOLVED:</u> The update from the Placed Based Lead and Deputy Place Based Lead was NOTED.</p>	
7.	Greater Manchester Executive Update	
	<p>The Chair referred to the paper, circulated for information from NHS GM Executive.</p> <p>P Johnson drew members’ attention to page 20 in the papers and the item related to the Kings Fund Report. The Kings Fund research identified six distinctive ways in which ICSs (Integrated Care Systems) were adding value,</p>	

	<p>i.e. organising around a shared purpose, building system leadership, encouraging system-focused behaviours, scaling and spreading success, using resources more effectively and managing complexity.</p> <p>P Johnson noted this as a useful reference for Board members as we evolve our ways of working.</p> <p><u>RESOLVED:</u> The update from Greater Manchester Executive was NOTED.</p>	
8.	Finance Report	
	<p><u>Finance Report – 31 August 2024 (Month 5):</u></p> <p>D Dolman provided an update on the current financial position of NHS Greater Manchester (GM) (Stockport) as of 31 August 2024:</p> <ul style="list-style-type: none"> • NHS Greater Manchester (Stockport) was reporting a year-to-date (YTD) adverse variance of £3.603m and a forecast outturn adverse variance of £7.135m. • The adverse forecast variance was due to increasing demand for CHC (as alluded to in item 7), mental health placements (s117 After Care), neurodiversity assessments and ADHD treatment costs as patients exercise their right to choose. • The forecast assumed full delivery of the £8m Cost Improvement Programme (CIP). There remained a risk of around £1.4m with delivery of the target and £300k of schemes still to identify. • A Recovery Plan would be developed and presented to Board at a later meeting. <p>It had been agreed with NHS Greater Manchester that external support be commissioned to review the financial challenges for Stockport locality. This involved a 6-week intensive programme of work and included reviewing expenditure for CHC, mental health out of area placements, primary and community care, prescribing and discharge and capacity funding.</p> <p>D Dolman assured members that every effort was being made to reduce the overspend but this remained at risk due to increasing numbers of placements.</p> <p>H McHale thanked D Dolman for the update and acknowledged the challenges faced by the system but requested clarification on the timescales for the recovery plan for assurance. D Dolman would circulate the report following completion of the external review.</p> <p>Action: DD to circulate Recovery Plan to Board members following the 6-week review</p> <p>M Cullen pointed out that the review would include a system wide view regarding the financial pressures.</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 cost improvement programme update. 	<p style="text-align: center;">·</p> <p style="text-align: center;">DD</p>

	<ul style="list-style-type: none"> • Noted the Recovery Plan update. 	
09.	<p>Stockport’s Neighbourhoods and Prevention Programme: Update on the Thriving Places Pillar</p> <p>E Stubbs was invited by the Chair to present an update on the One Stockport Neighbourhoods and Prevention Programme, in relation to the Thriving Places pillar of work.</p> <p>E Stubbs explained that ‘Thriving Places’ related to the offer within Stockport aimed at reducing health and wellbeing inequalities through better places to live at a neighbourhood level (community level). The work involved where residents live, visit and work.</p> <p>Lots of work was taking place with colleagues to focus on a number of outcomes including:</p> <ul style="list-style-type: none"> • Animated spaces (markets, events and thriving retail districts). • Environmentally Sustainable Places (parks and green spaces, supporting climate ambitions). • Buildings supporting communities (effective use of available estate). • Inclusive and Accessible Places (accessible to all). • Connect Places (good travel infrastructure). • Safe and Cohesive Places (residents can feel safe at all times). <p>Families should be able to get support from within their local community through the Family Hub, including leisure, libraries and community centres. Residents are able to access a number of services from their local library including access to wi-fi and computers for example. Place management involved making the best use of current resources and providing a safe space whereby residents can keep warm, talk to other people and have a coffee/tea.</p> <p>It was noted that managers had been assigned to each of the neighbourhood areas as listed in the document.</p> <p>A diagnostic tool was available to produce a set of indicators for each goal/aim for each neighbourhood to measure against.</p> <p>J Burgess-Allen highlighted the link between thriving places and addressing health inequalities, providing residents with good air quality and green space for example.</p> <p>V Mehta suggested thinking about our workforce as many of our employees are residents of Stockport and to consider linking this work in with NHS estate as the NHS was the largest employer. P Johnson added that a significant piece of work was underway within GM regarding utilising NHS estates in the best way and the important link with the work for communities in thriving places.</p> <p>C McLoughlin pointed out that as well as the infrastructure around place, this work linked in to connected communities and reducing loneliness and isolation for residents.</p> <p>E Stubbs thanked members for their comments and the suggestion to link this programme of work with NHS estates.</p>	

	<p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the progress within the Neighbourhood and Prevention – Thriving Places programme of work.</p>	
<p>10.</p>	<p>Provision & Access to NHS Dentistry and Community Pharmacy services in Stockport</p>	
	<p>B Squires was invited to provide an update on the provision of and access to primary care services in Stockport with a focus on dentistry and community pharmacy.</p> <p>It was noted that local investment to NHS Dental Practices via the Dental Access Quality Scheme had significantly increased the number of patients able to see a NHS dentist in Stockport (11,000).</p> <p>The National Dental Recovery Plan, launched by the Department of Health and Social Care in February 2024, focused on three main areas: Prevention, Access and Workforce.</p> <p>There were currently 148 Practices signed up to the GM Dental Quality Access Scheme across GM (18 were Stockport Practices). Practices had been asked to prioritise access for Veterans, Care Leavers and Cancer patients.</p> <p>B Squires referred to page 55 of the combined papers, and pointed out that the figures for 'Failed to Attend' for Stockport should read '1,644' not 7,548 for 2023/24. Current 'Failed to Attend' figures reported under the scheme for Greater Manchester for 2024/25 were 7,548 with 332 of these being within Stockport.</p> <p>There remained the issue of patients not attending appointments, reducing the number of available appointments for other patients.</p> <p>The numbers accessing dental services in Stockport had returned to a similar figure as pre-pandemic.</p> <p>With regard to performance, Stockport was comparable with its peers across GM, 20.1% contracted activity delivery against the national target of 17.5% - over 80% of practices were on track to deliver against the target against 55% nationally.</p> <p>There remained access issues for Stockport NHS FT accepting referrals for Oral Surgery due to the outpatients department being unfit for purpose. All Stockport referrals were currently being diverted to Manchester Foundation Trust (MFT) or other Trusts within GM.</p> <p>The Children and Young People Core20PLUS5 framework highlighted the need to increase the number of general anaesthetic sessions for children requiring dental extractions.</p> <p>It was noted that there was specialist oral surgery provision at one practice in Stockport.</p>	

B Squires advised on the fluoride varnish rates for Stockport – 72%, used as a preventative measure to reduce the number of general anaesthetics for tooth decay.

The Chair questioned whether Stockport figures had improved since the last time the report was presented to Board in October 2023. B Squires reported that increasing numbers of people had access to dental services since the last update and pointed out this was despite a number of practices in Stockport reducing capacity or withdrawing from the NHS contract due to staffing capacity.

KJ left the meeting.

The Chair commented that there remained a number of residents in Stockport waiting to access dental services. B Squires acknowledged the comment but explained that access to dental services had improved over the last year and the data related to waiting times was specifically for Children & Young People requiring general anaesthetic.

In response to a question regarding the requirement to increase the number of children needing general anaesthetic, B Squires explained that the data showed that children in the most disadvantaged areas often had the poorest oral health. GM had the highest dental extraction nationally therefore applying fluoride varnish for those children 'of concern' was one of the most effective interventions to prevent extraction and less pain from tooth decay.

M Cullen referred to a table in the report that indicated that Stockport practices were not seeing as many new patients this year compared to GM. B Squires explained that there had been an increase in people being seen by a dentist but acknowledged some of these were non-NHS practices. A number of practices had been contracted with the NHS the previous year but had opted out of the GM scheme for 2024/25 but had signed up to the national recovery scheme (practices could not sign up to two recovery schemes).

A further discussion took place on the mitigations in place for Stockport patients having to access oral surgery outside of Stockport. In response to a question, there were 65 Stockport patients waiting over 65-weeks for oral surgery as no new referrals were being accepted by Stockport NHS FT.

P Johnson asked for an update on access to dental for care home residents in a future report. V Mehta advised that there was a core primary care offer for community.

V Mehta commented that NICE guidelines stated that people should access a dentist every two years but the reality was that people expected an appointment every six months.

V Mehta referred to page 60 of the report showing that Greater Manchester ICB benchmarked well in comparison to other areas across the country.

A further discussion took place on the units of dental activity delivered by each area across GM – the data showed that Stockport delivered less units

	<p>than all but one area across GM. B Squires stated that this figure should change with the next iteration of the paper due to reporting issues.</p> <p>B Squires explained that part of the contract included Bridgewater Health, for the vulnerable cohort that may struggle to access or attend dental services such as those with Learning Difficulties. A non-clinical pathway had been established to enable care coordinators to make a referral on behalf of their client.</p> <p>Members were advised that GM Healthwatch had produced a report, regarding the experience of people with mental health issues accessing primary care services. The report would be presented to Board when it had been signed off.</p> <p>B Squires highlighted the additional services provided by community pharmacies and pointed out that there were currently 63 Community Pharmacies in Stockport (3 of these were distance selling pharmacies).</p> <p>Local provision had been discussed at Stockport Health & Wellbeing Board via a Pharmacy Needs Assessment – October 2022 was the latest version with the next version due in October 2025.</p> <p>Stockport had a local scheme in place that differed from other areas in GM including a minor ailment scheme. Members were reminded of the clinical services provided by local community pharmacies including: Pharmacy First (including 7 common conditions that pharmacists could supply a medicine without requiring a GP appointment) / Minor Ailments Scheme / Pharmacy Contraception Services / Hypertension case finding services and Discharge Medicines Service (referrals from GM Trusts to Community Pharmacy).</p> <p>A brief discussion took place on the Discharge Medicine Service noting the low uptake in Stockport – for inpatients discharged from hospital. It was noted that Pennine Care NHS FT were not mentioned in this as they were already using the Electronic Patient Record (EPR) system.</p> <p>The Chair thanked B Squires for his update.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the update provided on Provision and Access to NHS Dentistry and Community Pharmacy services in Stockport.</p>	
11.	<p>Local Government Association Peer Review Feedback & Action Plan</p>	
	<p>S Dillon outlined the outcome of the independent review of Stockport Adult Social Care (ASC) during an intensive three-day process in June 2024.</p> <p>The report validated the improvement journey in ASC; Stockport was measured across a number of care duties – 50 Councils across the country would be undergoing this assessment due to be completed by 2025.</p> <p>S Dillon thanked partners that had supported the review.</p>	

	<p>The full report outlined the findings, linked to the CQC Assessment Framework for Local Authorities. The five key messages for Stockport related to:</p> <ol style="list-style-type: none"> 1. Transformation and leadership: a clear vision, linked to the One Stockport Health and Care Plan and a strong partnership. 2. Co-production: members were reminded of the session held prior to Board on the Shanley Report. 3. Workforce and Practice: Neighbourhood & Prevention approach. 4. Waiting Lists: reducing the wait times, support for residents whilst they waited for treatment, getting the right support at the right time. 5. Self-Assessment: there would be an impact for the Board. Members were reminded of a focused session on prevention, for members prior to the October Board meeting. <p>Members supported the recommendations contained within the Report. C McLoughlin reiterated the assurance obtained from the peer review on the improvement journey of ASC.</p> <p>Members commended S Dillon for her leadership and work in ASC.</p> <p>V Mehta reiterated the positive findings and highlighted the importance of other services getting involved earlier in the pathway for residents which could mean targeting specific areas of the borough. This could be discussed at the October Development session, focused on prevention.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the Local Government Association Peer Review Feedback and Action Plan and supported the focus on Prevention.</p>	
12.	Public Health Annual Report 2023: Health Inequalities in Stockport	
	<p>J Burgess-Allen presented the Public Health Report 2023 with a focus on health inequalities in Stockport and pointed out that Stockport remained a polarised Borough, with a significant gap between the affluent and the deprived areas.</p> <p>J Burgess-Allen pointed out that that a whole system approach was required to make the changes required to reverse the current trends, including an increase in child poverty and a gap in life expectancy between the most deprived and least deprived areas in Stockport. The Report included a number of encouraging case studies from the ongoing work taking place in Stockport and some of the key challenges, for example levels of heart disease were higher in the deprived areas and there were higher behavioural risk factors such as smoking and obesity.</p> <p>Members noted the recommendations and actions contained within the report.</p> <p>H McHale thanked J Burgess-Allen for the clarity on the requirements of partners and pointed out the role that Stockport Homes could place in supporting some of the most vulnerable residents in Stockport to address these inequalities.</p>	

	<p>A discussion took place on the factors that impacted on health including being in a good job and education. Partners were invited to consider what other preventative projects could be implemented to reduce inequalities.</p> <p>P Buckley thanked J Burgess-Allen for the report and stated that he would share it with Stockport NHS Foundation Trust Board later that month.</p> <p>P Johnson reported that a paper would be presented at the next Board meeting on the WorkWell Vanguard programme focusing on additional support to help people get back in to work or stay in work when experiencing health challenges.</p> <p>J McGrath highlighted the work of the VCFSE (Voluntary, Community, Faith and Social Enterprise) sector in supporting the vulnerable residents of Stockport. It was noted that a VCFSE Alliance would be launched on Monday 30 September 2024. J McGrath asked that the VCFSE Alliance be included in these programmes of work.</p> <p>V Mehta pointed out that the disparity in the least and most deprived areas in Stockport had not changed much over the years and reminded the meeting that it was everyone’s business, to address inequalities across the Borough.</p> <p>The Chair thanked J Burgess-Allen for the report.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the Public Health Annual Report 2023: Health Inequalities in Stockport.</p>	
13.	<p>Locality Performance Report</p>	
	<p>B Aspinall briefed the meeting on the work that had taken place to collate data to evidence the performance of Stockport Locality when compared to other localities within GM.</p> <p>The work formed part of the GM Quality Model and involved quarterly meetings to scrutinise performance.</p> <p>Members were asked to note that an Urgent and Emergency Care (UEC) plan was in place – the trajectory showed a 2.9% improvement in performance but there remained further work to do. There would also be extended capacity in mental health support teams from September.</p> <p>B Aspinall referred to page 222 and the slide for dementia diagnosis rate; this showed that Stockport exceeded the national target for dementia diagnosis.</p> <p>It was also noted that antibiotic prescribing in Stockport was above the national target but a lot of work was taking place to reduce the reliance on antibiotics.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board NOTED the Locality Performance Report.</p>	

14.	Stockport Locality Quality Group	
	<p>S Woodworth reported provided an update on the work of the monthly Locality Quality Group providing oversight on the quality, safety and performance of health and care services supporting residents in Stockport.</p> <p>Current areas of quality focus in Stockport included:</p> <ul style="list-style-type: none"> • Paediatric Audiology Service. • Stockport Maternity Services: NHS England had closed the rapid review on 23 September 2024 following a meeting where assurance had been obtained. • Stroke Mortality: an action plan was in place. Members were asked to note that there was a reporting issue with the data provided that also included patients from out of area. • Safeguarding Update: assurance. • Learning from LeDeR (learning from deaths, people with a learning disability and autistic people) Reviews. 	
15.	Stakeholder briefing: extending medical examiner scrutiny to non-coronial deaths in the community	
	<p>S Woodworth referred to the paper circulated for information and advised that this was a national change to the process. The new process could impact on the rapid release of bodies for burial.</p> <p>Members NOTED the Stakeholder briefing on extending medical examiner scrutiny to non-coronial deaths in the community.</p>	
16.	Questions from the public	
	There were no questions from the public.	
17.	Any Other Business	
	<p>There were no other items of business.</p> <p>The Chair closed the meeting.</p>	
<p>Date & Time of Next Meeting: Wednesday 30 October 2024, 10:00 – 11:45 am Upper Ground Floor Conference Room, Stopford House</p>		