

Draft Minutes

ONE Stockport Health and Care Board – Public Meeting

Date: 30 October 2024
Time: 10:00 – 11:34 am
Venue: Upper Ground Floor Conference Room, Stopford House

Present	Apologies
<p>Present: Michael Cullen, Chief Executive and Place Based Lead, Stockport MBC (Chair) Rick Arthern, Superintendent, GMP, for Lewis Hughes Paul Buckley, Director of Strategy and Partnership, Stockport NHS Foundation Trust Jilla Burgess-Allen, Director of Public Health, Stockport MBC Sarah Dillon, Director of Adult Social Care, Stockport MBC David Dolman, Associate Director of Finance, NHS Greater Manchester (Stockport) Karen James, Chief Executive, Stockport NHS Foundation Trust Philippa Johnson, Deputy Place Based Lead, NHS Greater Manchester (Stockport) Tim McDougall, Executive Director of Quality, Nursing and Healthcare Professionals, Pennine Care NHS Foundation Trust Jo McGrath, Chief Officer, Sector 3 Helen McHale, Chief Executive, Stockport Homes Chris McLoughlin, Executive Director, People and Neighbourhoods, Director of Children’s Services, Adult Social Care, Stockport MBC 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</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 Cllr Mark Hunter, Leader of Stockport Metropolitan Borough Council (MBC) (Chair) 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 Mandy Philbin, Chief Nursing Officer, NHS Greater Manchester Dr Simon Woodworth, Associate Medical Director, NHS Greater Manchester (Stockport)</p>
In attendance	
<p>Heather Bell, Deputy Director of Strategy, Pennine Care NHS Foundation Trust, for item 13 Nick Hill, Economy, Work & Skills Manager, Stockport MBC, for item 12 Gareth Lord, Senior Strategy, Planning and Performance Manager, NHS Greater Manchester (Stockport) for items 8 and 14 Alison Newton, Senior PA & Business Administrator, NHS Greater Manchester (Stockport)</p>	

(Minutes)		
1.	Welcome & Apologies	Action
	<p>Members were asked to note that due to the absence of Cllr M Hunter, Michael Cullen had been nominated as Chair for the meeting.</p> <p>The Chair welcomed members to the ONE Stockport Health and Care Board. Apologies were noted as listed above.</p> <p>The Chair welcomed Heather Bell, Nick Hill and Gareth Lord 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 25 September 2024 were received and agreed as an accurate record.</p> <p>RESOLVED:</p> <p>(i) The minutes of the ONE Stockport Health and Care Board meeting held on 25 September 2024 be APPROVED as a correct record.</p>	
5.	Actions and Matters Arising	
	<p>Action LB11: A copy of the Recovery Plan would be circulated to Board members following the 60-week analysis. Action not due until January 2025.</p> <p>Remain on the log.</p>	
6.	Place Based Lead and Deputy Place Based Lead Update	
	Updates would be covered within the remainder of the agenda.	
7.	Appointment of additional member to the Board – David Dolman	
	<p>The Chair advised of the need to appoint a new member to the Board, as his replacement for the presentation of Finance Reports.</p> <p>It was proposed that David Dolman be appointed as a member of One Stockport Health and Care Board.</p> <p>RESOLVED:</p> <p>(i) ONE Stockport Health and Care Board APPROVED the appointment of David Dolman as a member of the Board.</p>	

	<p>The Chair brought forward item 9 on the agenda and invited Gareth Lord to provide an overview of the Locality Performance Report.</p>	
<p>8.</p>	<p>Locality Performance Report</p>	
	<p>G Lord provided an overview of Stockport’s position against each of its delegated metrics against national targets and benchmarking against other Greater Manchester (GM) localities in areas such as: Urgent Care, Elective Care, Cancer, Mental Health, Learning Disability and Autism, Primary Care and Community Care, Quality, Maternity and Screening and Immunisations.</p> <p>Key highlights included:</p> <ul style="list-style-type: none"> • The number of people on the Learning Disabilities register receiving a health check was high, second in GM and sixth best in the country. • Dementia diagnosis rate – Stockport was third best in GM and ninth in the country. • GP appointments above target. • MMR vaccine uptake - highest in GM and eleventh in the country but still slightly below the national target. • A&E performance had dipped in September 2024. It was noted that the Trust (Stockport NHS Foundation Trust) was below plan therefore not on track to achieve the national target of 78%. It was pointed out that all programme leads within the Urgent and Emergency Care Delivery Board monitor the metrics on a regular basis and report to GM Urgent and Emergency Care (UEC) oversight committee. • Access to Children’s mental health services was below the national median. It was expected that activity would increase in September when schools returned due to the additional capacity in Mental Health support teams in schools. • Access to community diagnostics; Stockport patients had the highest wait above 6 weeks in GM. It was noted that the Stockport/Tameside Community Diagnostic Centre (CDC) was now live (from 1 August 2024) and this should improve waiting times for Stockport patients. <p>T McDougall sought an update on the progress of receiving funding from GM for the Living Well Model (providing access to community mental health services for adults and older adults) and pointed out that delays to the funding and subsequently recruitment would significantly impact performance for Pennine Care NHS FT and locality.</p> <p>P Johnson acknowledged the comments regarding the funding for the Living Well Model being critical to delivery, including the implementation of the voluntary sector element of the service and advised that a discussion was due to take place with NHS GM later that week to discuss this issue further.</p> <p>It was noted that the Pennine Care NHS FT part of the model had commenced and very positive feedback had been received from Primary Care Networks (PCNs) in Stockport. P Johnson advised that colleagues should do all the preparatory work for recruitment to allow the service to start in April 2025.</p> <p>D Dolman joined the meeting.</p>	

	<p>H McHale referred to the report and commented that the longer stays in mental health were due to the complexities for each individual and questioned whether more housing support being made available for these individuals could help them be released from a mental health bed sooner. Stockport Homes was developing a supported housing strategy but colleagues may not be aware of some of these individuals as they were Pennine Care patients.</p> <p>T McDougall acknowledged that a number of mental health patients would have housing and accommodation needs that were preventing them from being discharged early from hospital and welcomed the opportunity to link up with partners to address these challenges.</p> <p>Resolved: (i) That ONE Stockport Health and Care Board NOTED the Locality Performance Report.</p>	
9.	Finance Report – 30 September 2024 (Month 6)	
	<p><u>Finance Report – 30 September 2024 (Month 6):</u></p> <p>D Dolman provided an update on the current financial position of NHS Greater Manchester (GM) (Stockport) as of 30 September 2024:</p> <ul style="list-style-type: none"> • NHS Greater Manchester (Stockport) was reporting a year-to-date (YTD) adverse variance of £4.500m (M5 £3.603m) and a forecast outturn adverse variance of £7.749m (M5 £7.135m) which assumes full achievement of the cost improvement programme (CIP). • The adverse variance was due to increasing cost and demand for continuing health care (CHC) and mental health placements and neurodiversity assessments and ADHD treatment costs as patients exercise their right to choose. • The £0.614m deterioration in the forecast position was largely due to: <ul style="list-style-type: none"> ○ Mental health placements £0.477m ○ CHC child placement £0.123m • There remained a risk for the system due to the continued activity within CHC and mental health placements despite delivering £3.5m from a savings target of £7.9m. <p>D Dolman reported that an additional Locality Assurance Meeting (LAM) had been scheduled for 1 November 2024 to discuss some of the schemes aimed at reducing the forecast overspend. It was stated that some difficult decisions may need to be taken regarding the commissioning of services.</p> <p>It was further highlighted that in addition to the increase in mental health and CHC placements, the number of section 117 mental health cases continued to increase (patients that also required packages of social care in addition to their health needs) alongside applications for neurodiversity assessments and treatment.</p> <p>A Recovery Plan was in development and would be shared at a later Board meeting following feedback from a six-week external review.</p>	

	<p>The Chair reiterated the requirement for the locality to meet the planned target and that some difficult decisions may need to be taken but assured the meeting that a robust process was in place for monitoring by GM and that where any service changes were proposed, an Equality Impact Assessment (EqIA) would be undertaken prior to any decisions being taken.</p> <p>RESOLVED:</p> <p>(i) 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. • NOTED the external review of the financial challenges impacting the locality that commenced on 7 October 2024. • NOTED that work was ongoing to develop a Recovery Plan to reduce the forecast overspend. 	
<p>10.</p>	<p>Stockport’s Neighbourhoods and Prevention Programme: Collaborative Health and Care</p>	
	<p>P Johnson provided an overview of the progress made in the pillar of Collaborative Health and Care as part of Stockport’s Neighbourhoods and Prevention programme including:</p> <ul style="list-style-type: none"> • Six Area Leadership Teams (ALTs) had been established, led by a Primary Care Network (PCN) Clinical Director to address local population health needs such as reducing alcohol related harm in Tame Valley. • There was a team around the practice approach involving professionals from other disciplines (multi-disciplinary teams). • The ALTs connected with colleagues working on other pillars such as Thriving Places and Connected Communities. • Four key areas of focus had been identified by the Provider Partnership: Alcohol Related Harm, Cardiovascular Disease, Diabetes and Frailty. • An out of hospital urgent care model was being developed (same day care in the community), colleagues were working together to address inequalities across the Borough. A workshop had been held to discuss the development of a Single Point of Access (SPoA) by March 2025, utilising digital solutions to support this work. <p>S Dillon highlighted Stockport Local appointments in libraries providing early advice to residents and advised that the One Stockport Local Directory website had gone live.</p> <p>One Stockport local appointments delivered by Adult Social Care had been set up - a dedicated Stockport local social work team manager was in place. These appointments provided information and advice on health and care, working with partners such as Disability Stockport to support people to live independently.</p> <p>Members were briefed on the Gloriously Ordinary Lives programme that had been launched, a training and development programme for workforce to understand the key principles and embed it into their roles.</p>	

	<p>The Chair commended the progress made with the establishment of Area Leadership Teams, collaborating with partners to reduce health inequalities for the people of Stockport and the inclusion of residents with lived experience in the discussions.</p> <p>P Buckley sought assurance that this programme of work would not be impacted by the financial challenges as alluded to earlier on the agenda.</p> <p>P Johnson explained that the work taking place within this programme would be classed as business as usual for workforce but highlighted the importance of maintaining the momentum to support longer term sustainability of services. Changes needed to be made using existing resources in order to reduce inequalities.</p> <p>In response to a further question, P Johnson confirmed that Equality Impact Assessments (EqIAs) would be completed for any area where a service change was being proposed. As mentioned earlier on the agenda, all EqIAs were reviewed by Stockport Quality Improvement Collaborative (a meeting including partners from across the system). C McLoughlin added that the monthly Neighbourhood and Prevention meetings also considered risks and mitigations for added assurance.</p> <p>The Chair encouraged aligning this work to the NHS Greater Manchester Sustainability Plan (sustainability of services) and advised that a recent Board Development session had been held, focused on addressing health inequalities across the Borough.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board: - (i) NOTED the progress and achievements of the Neighbourhood and Prevention programme of work.</p>	
11.	<p>Stockport Age-Friendly Action Plan – Draft for engagement</p>	
	<p>S Dillon presented the draft Stockport Age-Friendly action plan (linked to the Greater Manchester Strategy), launched on 1 October 2024 to receive feedback from partners and members of the community.</p> <p>It was pointed that an Age-Friendly Board had been in place for a number of years but this had developed in to a partnership and the draft action plan used the World Health Organisation (WHO) framework for an age-friendly place.</p> <p>Stockport had the oldest population in Greater Manchester (GM); it was predicted that by 2040, 23% of the population would be over 65 years old.</p> <p>Areas to consider included: Digital inclusion, access to shops and leisure, good transport and accommodation to suit all ages to support independence.</p> <p>Members were encouraged to share the questionnaire contained within the paper.</p> <p>Members discussed the draft action plan. Comments received included:</p> <ul style="list-style-type: none"> • Link to the WorkWell programme of work. 	

	<ul style="list-style-type: none"> • Use the Economic Alliance to encourage employers to commit to age friendly practices. • There was a clear focus on reducing inequalities. • Older people were an important source of wisdom, skills, carers, and volunteers. <p>The Chair encouraged members to respond to the questionnaire and welcomed the contributions from all partners.</p> <p>RESOLVED: ONE Stockport Health and Care Board: - (i) NOTED the report and the request to share the draft action plan through their organisations and networks.</p>	
12.	WorkWell – Stockport Delivery	
	<p>The Chair invited N Hill to the meeting to provide an overview of the WorkWell Greater Manchester Vanguard Pilot in Stockport.</p> <p>N Hill advised that NHS GM had been named as 1 of 15 Vanguard sites, a national programme of work, aimed at designing and delivering early intervention and holistic support to help people with health related barriers to employment get back into work or remain in work.</p> <p>The NHS GM WorkWell Partnership Vanguard would be the largest Vanguard in the country supporting over 8000 people and had been co-produced with all 10 localities and was expected to commence in Stockport early in December 2024. The three cohorts that GM would support included:</p> <ul style="list-style-type: none"> • Individuals at risk of leaving the labour market with a mental health or a Musculoskeletal (MSK) condition. • Individuals at risk of leaving the labour market, waiting for community or elective care services. • Individuals recently unemployed in the last 6 months where a health condition was a major contributing to leaving employment. <p>N Hill advised on the proposal to utilise wellbeing coaches/social prescribers currently based within Viaduct Care. In response to a question, N Hill explained the funding split for the programme of work which would involve 800 people in Stockport with 60% funding guaranteed with the remaining 40% drawn down as work commenced with the coaches: 30% of participants would start on the programme in 2024/25 and 70% in 2025/26. A work and skills coordinator would be recruited by the Council to be the first point of call.</p> <p>A discussion took place. The importance of embedding this work for sustainability once the pilot had been completed was highlighted.</p> <p>J McGrath questioned whether the volunteering pool would be considered as there were numerous volunteering opportunities in Stockport that also supported people into getting back into work. N Hill acknowledged that volunteering was key to this programme of work.</p> <p>The Chair thanked Nick Hill for the update and highlighted the opportunity to deliver this Vanguard to support people in Stockport getting back to work and</p>	

	<p>requested progress reports at future meetings.</p> <p>RESOLVED: ONE Stockport Health and Care Board: -</p> <p>(i) SUPPORTED the approach in Stockport to employ the required Work & Health Coaches within Viaduct Care as part of a new contract, under delegated contract waiver powers.</p>	
13.	<p>Pennine Care NHS Foundation Trust Strategy</p>	
	<p>H Bell was invited to present the refresh of Pennine Care NHS Foundation Trust’s Strategy, 2020–25. Key points highlighted included:</p> <ul style="list-style-type: none"> • There had not been any significant changes regarding vision and values. • The Strategy was due to be presented to Pennine Care Board in December 2024. • There had been an increase in demand for mental health services since the Strategy was launched and there remained further work to be done. • Localities were priority partners in implementing this Strategy. • Engagement was taking place with staff, public, governors and key partners including the voluntary sector. • Feedback received included: <ul style="list-style-type: none"> ○ Simplifying the four big ambitions to three <i>Outstanding Care, Listen to improve and a Great place to work</i> ○ Workforce – recruitment, retention and leadership – there remained competition for staff against financial challenges. • A key area of focus included a consistent level of access to services. • Further work was required on digital. • Estates – making the best use of estates. • Focusing on research innovation and improvement. • Focus on Learning Disabilities. <p>H Shaw pointed out the differences in access to community services for Children & Young People (C&YP) for those in GM and questioned how access could become more equitable against the significant financial challenges across the system.</p> <p>T McDougall acknowledged these comments and referred to an ICB programme of work that had commenced, reviewing the offer for ADHD and autism but the focus would remain on preventing a crisis and a person ending up in hospital.</p> <p>H McHale advised sharing a copy of the original strategy from 2020 and commented that suicide prevention had been included previously. H McHale advised on the importance of considering those could not get a bed when discharged from hospital and ended up in a homeless hostel. Further discussions were needed on the discharge process for this vulnerable cohort.</p> <p>H Bell explained that there was a clinical strategy that aligned with the Trust Strategy – this goes in to more detail on how to keep people in the community or at home.</p> <p>S Dillon requested that the Neighbourhood and Prevention work was reflected</p>	

	<p>in the Strategy, aligning with the Living Well Model.</p> <p>P Buckley offered to share the Strategy with colleagues at Stockport NHS FT.</p> <p>P Johnson highlighted the importance of Pennine Care as a strategic partner and highlighted the importance of Pennine being able to share good practice across the Pennine Care footprint (five sites).</p> <p>A system pressure remained, people with mental health issues often had to wait a long time in ED due to the lack of available beds – this was aligned to the financial challenges and sustainable models.</p> <p>H Bell thanked colleagues for their comments and pointed out that Living Well programme was a huge transformation scheme that could have a significant impact on people’s lives.</p> <p>RESOLVED: ONE Stockport Health and Care Board: - (i) NOTED the refreshed Pennine Care NHS Foundation Trust Strategy.</p>	
14.	NHS Greater Manchester Sustainability Plan	
	<p>G Lord outlined the NHS Greater Manchester Sustainability Plan, aimed at tackling the financial deficits over the next three years to secure a future through addressing future demand growth and implementing new models of care.</p> <p>The delivery programmes focused on five pillars of sustainability:</p> <ul style="list-style-type: none"> • Cost Improvement • System Productivity and Performance • Reducing Prevalence • Proactive Care • Optimising Care. <p>There was a need to produce a local sustainable plan, co-produced by partners across the system. A draft copy of the locality plan would be circulated to Board in the New Year. H Shaw asked that the links with the Neighbourhood and Prevention work be made explicit in the locality sustainability plan.</p> <p>RESOLVED: ONE Stockport Health and Care Board: - (i) NOTED the update on the NHS Greater Manchester Sustainability Plan and the requirement to develop a locality Sustainability Plan.</p>	
15.	NHS Fit for Future – Engagement with public	
	<p>P Johnson reported on the work taking place to prepare for the NHS Fit for the Future face to face event, planned for 19 November 2024. The event would be facilitated by Healthwatch Stockport.</p> <p>It was noted that weekly planning group meetings were taking place. J Burgess-Allen highlighted the need to have ongoing discussions with the public</p>	

	<p>to help them understand the pressures.</p> <p>RESOLVED: ONE Stockport Health and Care Board: - (i) NOTED the update on the Fit for the Future event taking place on 19 November 2024.</p>	
16.	Stockport Local Quality Group	
	<p>P Johnson referred to the report circulated, highlighting some of the work taking place.</p> <p>RESOLVED: ONE Stockport Health and Care Board: - (i) NOTED the update from Stockport Local Quality Group.</p>	
17.	Flash Report – Stockport Provider Partnership	
	<p>K James highlighted that the focus of the meeting was the deep dive report on Frailty. The report had been circulated for information.</p> <p>RESOLVED: ONE Stockport Health and Care Board: - (i) NOTED the Flash Report from Stockport Provider Partnership.</p>	
18.	Flash Report – Stockport Primary Care Commissioning Committee	
	<p>The report had been circulated for information.</p> <p>RESOLVED: ONE Stockport Health and Care Board: - (i) NOTED the Flash Report from Stockport Primary Care Commissioning Committee.</p>	
19.	Questions from the public	
	<p>There were no questions from the public.</p>	
20.	Any Other Business	
	<p>There were no other items of business.</p> <p>The Chair closed the meeting.</p>	
Date & Time of Next Meeting: Wednesday 4 December 2024, 15:30 – 17:15 pm Upper Ground Floor Conference Room, Stopford House		