

Draft Minutes

ONE Stockport Health and Care Board – Public Meeting

Date: 22 January 2025
Time: 14:00 – 15:30 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 David Dolman, Associate Director of Finance, NHS Greater Manchester (Stockport) Phil Duffy, Detective Superintendent, GMP, for Lewis Hughes Karen James, Chief Executive, Stockport NHS Foundation Trust Philippa Johnson, Deputy Place Based Lead, NHS Greater Manchester (Stockport) Maria Kildunne, Chief Officer, Healthwatch Stockport Tim McDougall, Executive Director of Quality, Nursing and Healthcare Professionals, Pennine Care NHS Foundation Trust Helen McHale, Chief Executive, Stockport Homes Chris McLoughlin, Executive Director, People and Neighbourhoods, Director of Children’s Services, Adult Social Care, Stockport MBC Dr Louise Monk, GP, for Dr Viren Mehta Mandy Philbin, Chief Nursing Officer, NHS Greater Manchester Kathryn Rees, Executive Director, Corporate and Support Services, Stockport MBC</p>	<p>Apologies: Jemma Billing, Associate Director of Quality, CHC and Safeguarding, NHS Greater Manchester (Stockport) Anthony Hassall, Chief Executive, Pennine Care NHS Foundation Trust John Graham, Deputy Chief Executive, Director of Finance, Stockport NHS Foundation Trust Lewis Hughes, Chief Superintendent, Stockport District Commander, GMP Jo McGrath, Chief Officer, Sector 3 Dr Viren Mehta, GP Partner, Cheadle Medical Practice, GP Chief Officer Viaduct Care, Chair, Stockport GP & Primary Care Board, Vice-Chair, GM GP Board Heidi Shaw, Director, Family Help and Integration, Stockport Family – Education, Health and Care, Stockport MBC Dr Simon Woodworth, Associate Medical Director, NHS Greater Manchester (Stockport)</p>
<p>In attendance</p>	

<p>Gareth Lord, Senior Strategy, Planning and Performance Manager, NHS Greater Manchester (Stockport), for item 10 Annie Lowe, Public Health Registrar, Stockport MBC and Stockport NHS Foundation Trust, for item 8 Alison Newton, Senior PA & Business Administrator, NHS Greater Manchester (Stockport) (Minutes)</p> <p>Public: 1 in attendance.</p>		
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 welcomed Annie Lowe, Dr Louise Monk, Phil Duffy 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 4 December 2024 were received and agreed as an accurate record.</p> <p>RESOLVED: (i) The minutes of the ONE Stockport Health and Care Board meeting held on 4 December 2024 be APPROVED as a correct record.</p>	
5.	Actions and Matters Arising	
	Action LB11: A copy of the Recovery Plan had been included within the Finance Report under item 9. Action completed. Remove from the log.	
6.	Place Based Lead and Deputy Place Based Lead Update	
	<p><u>Placed Based Lead:</u></p> <p>M Cullen conveyed the appreciation of the Leader of the Council, Cllr Mark Hunter and Mark Fisher (Chief Executive, NHS Greater Manchester Integrated Care Partnership) for the continued hard work of health and care staff across Stockport during a period of immense pressure and the support offered to residents during the recent adverse weather conditions.</p>	

A Locality Sustainability Plan was being developed with a focus on proactive and preventative care working alongside the Provider Partnership / Neighbourhood and Prevention programme of work whose main focus for the year was on Frailty, Diabetes, CVD (Cardiovascular Disease) and Alcohol Related Harm.

There remained financial pressures for NHS Greater Manchester (GM) and Stockport.

Deputy Place Based Lead:

P Johnson reported that urgent care services (A&E) experienced intense demand in December, continuing in to January 2025. Stockport NHS Foundation Trusts (SFT's) performance for the period was 63% against a national target of 78% for meeting the 4-hour standard (patients been seen, treated or admitted within 4-hours).

P Johnson confirmed the primary care surge hub had gone live on 3 January 2025 and provided an additional 48 GP appointments a day, provided by Mastercall. The data showed that this service was being over-utilised and was operating at 115%; the majority of the appointments were for respiratory cases. Discussions were due to take place later that week with NHS GM to extend the hub through to February and March subject to data being provided to show the impact.

Lots of collaborative work had taken place involving colleagues from the Council, Pennine Care, Safeguarding team and ICB over the Christmas period to support a number of young people with mental health needs that involved long waits in A&E. Some learning would take place to consider how best to meet the needs of vulnerable children and young people that were experiencing a crisis to ensure they were not in A&E for lengthy periods.

A 'Focus Week' was taking place currently at Pennine Care NHS FT, to support flow through the system of Clinically Ready for Discharge (CRfD) patients. T McDougall confirmed there were currently six CRfD patients in Stockport, four adults and two older adults.

P Johnson reported that an engagement meeting had taken place with Ofsted earlier in the week to discuss the initiatives in Stockport to meet the needs of the Special Educational Needs and Disability (SEND) children and young people. Work was taking place to change the neurodiversity pathway to a need led approach, rather than a diagnostic led approach and to support children and families whilst on the waiting list for an assessment. It was noted that Stockport was due a SEND Inspection earlier in the year.

NHS GM had recently undertaken a survey *Improving ADHD services for children and young people in Greater Manchester* to understand the needs of people living with ADHD, their family members or carers or anyone working with people who have ADHD in GM. The survey closed at the end of November 2024 with over 561 responses received.

It was acknowledged that whilst lots of work was taking place, the focus should be on the impact on Children & Young People (C&YP) in Stockport.

	<p>P Johnson reported that a number of programmes of work were taking place to make improvements, including:</p> <ul style="list-style-type: none"> • The timeliness of Education, Health and Care Plans (EHCPs). • Neurodiversity waiting times. • Children’s communication – speech and language. <p>A paper would be brought back to Board later in the year.</p> <p>RESOLVED: (i) That ONE Stockport Health and Care Board NOTED the update from the Placed Based Lead and the Deputy Place Based Lead.</p>	
7.	CEO’s Report to the Board – NHS Greater Manchester	
	<p>M Philbin drew attention to NHS Greater Manchester Chief Executive’s Report, included within the pack and highlighted a number of items:</p> <ul style="list-style-type: none"> • 10-Year Plan for the NHS, to include three big shifts: <ul style="list-style-type: none"> ○ Hospital to community ○ Sickness to prevention (population health) ○ Analogue to digital. • Frontline health and care staff working together as a system to support people. • Prevention Demonstrator work. • The value of bringing the ‘Lived Experience’ voice to discussions, supported by Healthwatch. • Support to the ICB from the Good Governance Institute. • Nominations opened on 14 January 2025 for the Greater Manchester Health and Care Champion Awards 2025. <p>Members were reminded of a recent Board Development session with a focus on prevention and addressing inequalities and the importance of this work in relieving pressure on the system in the acute and social care over time.</p> <p>RESOLVED: (i) That ONE Stockport Health and Care Board NOTED the NHS Greater Manchester CEO’s Report to the NHS Greater Manchester ICB Board</p>	
8.	Stockport Provider Partnership Report – Alcohol Related Harm	
	<p>A Lowe provided an overview on the Stockport Provider Partnership Report on Alcohol Related Harm and drew attention to a number of points within the report, including:</p> <ul style="list-style-type: none"> • Stockport had higher levels of alcohol related harm or death than national figures. • The Alcohol Related Harm programme focused on primary, secondary and tertiary prevention. • The primary level involved working with the Council’s licensing team on 	

its Licensing Policy to improve the focus on harm reduction, within the scope of current legislation.

The Public Health team at the Council were notified of any new licence applications and were able to influence a number of these from a public health perspective.

- The secondary and tertiary prevention work involved how to best identify people drinking harmful amounts of alcohol.
- Community Care: there was a test of change workstream taking place in Brinnington, linking professionals with three local peer support groups. It also included staff training with GPs and Stockport Homes to develop proactive pathways.
- Stockport NHS FT: an audit had been undertaken to strengthen pathways to better identify alcohol harm when a patient was on a ward. Pilots had taken place on some of the wards and a working group had been established.
- Each workstream had the opportunity to link in with other professionals such as the domestic violence team

H McHale pointed out the wider impact of alcohol harm including anti-social behaviour and commented that if problems were getting worse, consideration needed to be given to putting more resources in for the longer term impact.

A Lowe acknowledged the comment and stated that there was one Alcohol Care Nurse at the Trust. Other Trusts had Alcohol Care Teams but they had been able to access national funding which ended in March 2025. Consideration has been given to what other areas were doing differently.

K James thanked A Lowe for her support on the programme of work at the Trust, progress was being made.

T McDougal thanked A Lowe for the update on the work taking place in Brinnington but questioned what work was taking place to identify people at risk, notably those that were less visible.

J Burgess-Allen commented that it required a whole system approach, bringing primary and secondary care together. The project in Brinnington was a test case to obtain learning.

P Duffy referred back to the comment on anti-social behaviour and highlighted the work of the police working with the licensing board to take action against premises. Following the implementation of the Right Care Right Person Model, the policy had seen a significant reduction in calls enabling them to focus on police work.

C McLoughlin highlighted the valuable work of the Mosaic service (drug and alcohol) in Stockport, working with C&YP up to the age of 25 years and their families. The service had maintained its 'Outstanding' rating by CQC.

The Chair pointed out that Stockport was one of three Councils across the country that received no funding from a recovery grant to target deprivation. It had been recognised that Stockport was a polarised borough with high levels

	<p>of affluence but also some of the highest levels of deprivation but the formula for awarding this additional funding did not account for this. Stockport would continue to request access to some of this funding to enable resources to be targeted at the most deprived parts of the borough.</p> <p>A Lowe added that work was also taking place with GPs to identify alcohol harm but it was acknowledged that some people would hide any issues from their GP therefore work was also taking place with community workers who know their members best. The principle of 'Making Every Contact Count' was important.</p> <p>A further discussion took place on the paper. It was pointed out that the development of the Neighbourhood Model, involving Area Leadership Teams (ALTs) and Primary Care Networks (PCNs) who identify priorities for the population they serve, was the starting point for the work in Brinnington. Health Care professionals linking in with the Team Around the Place to mobilise support through the community in the most effective way. Members were assured that progress was being made with this Neighbourhood Model.</p> <p>RESOLVED: (ii) That ONE Stockport Health and Care Board NOTED the Stockport Provider Partnership Report on Alcohol Related Harm.</p>	
<p>9.</p>	<p>Finance Report – 31 December 2024 (Month 9)</p>	
	<p>D Dolman advised that NHS GM (Stockport) was reporting a forecast outturn overspend of £8.019m at Month 9. This position assumed full delivery of the cost improvement programme (CIP) which had a significant risk of £1.1m</p> <p>Due to the financial position, Stockport had been tasked with developing a recovery plan (slide attached within paper) and £800k had been delivered so far within this plan, with an improvement of £232k in the forecast outturn due to:</p> <ul style="list-style-type: none"> • Improvement in mental health placement forecast. • Increase in Continuing Healthcare (CHC) placement costs. • Digital weight management services (patients exercising right to choose). • Increase in estate costs. • Winter surge hub slippage. <p>The forecast included a reduction in spot purchased beds and Living Well benefit as part of the recovery plan. To note: the recovery plan was separate to the cost improvement programme.</p> <p>The recovery plan included the proposal for pausing of two schemes: Additional incentive to GPs for Serious Mental Health (SMI) health checks and additional winter surge hub.</p> <p>An external review of the financial challenges had been undertaken and a draft report received – members would be updated on the outcomes of the final report but the recommendations included:</p>	

- Reviewing open CHC and mental health packages of care. It was pointed out that Stockport benchmarked well with peers for costs of CHC placements.
- Review of the section 117 cases (joint funding with the Council for packages of health and social care), noting that 40% of these were for a dementia diagnosis and increasing demand for neurodiversity ADHD assessments.
- Strategic commissioning and market management development – working closely with the Council to develop a joint brokerage function.
- Investment in preventative and early intervention services.

These recommendations align to work already taking place.

A Lowe left the meeting.

M Philbin commented that lots of work had taken place on the recovery plan and some hard decisions may need to be taken in the new financial year but consideration should also be given to be reviewing these financial challenges as a system as the impact of Local Authority (LA) funding cuts needed to be factored in.

H McHale pointed out the link with the Council Supported Housing Strategy and questioned whether Stockport would still be an outlier in terms of the figures outlined for s117 packages of care if the dementia element was removed (40%). It was explained that the figure would reduce and Stockport would not be such an outlier if the dementia element was removed. It was further commented that the higher number of s117 packages of care could be a result of lack of access to other services such as community mental health.

T McDougall welcomed the focus on neurodiversity but pointed out that high drug costs were also associated with this figure and this could also be linked to the cost of EHCPs in schools.

T McDougall expressed concern on the pausing of health checks for people with a SMI as this could lead to future health problems.

M Cullen explained that these financial challenges were interlinked with other services across Stockport and further work was taking place to present a whole system financial view. The LA was faced with significant reductions, notably in children's services and adult social care, presenting a challenge for the whole system.

The Council budget would take place on 27 February 2025 and this could include an increase in the cost of CHC packages – the ambition was to shift resources to prevention and proactive care to ensure there was a sustainable health and care system fit the future.

M Cullen reiterated that Stockport Homes was critical to the development of a supported Housing Strategy and drew attention to the development of a Health and Care facility in Stockport - the St Thomas' Model as outlined at a previous meeting.

S Dillon emphasised the importance of thinking how best to utilise the Stockport

	<p>pound particularly as the locality had been identified as the area in GM with the highest number of people aged over 85-years.</p> <p>P Johnson outlined the work taking place with Dementia United in refreshing the Dementia Strategy, to ensure people were getting the right care, closer to home. It was noted that historically, Stockport had been an outlier for s117 packages of care and that investment in mental health had been lower than in other areas but work was taking place to reduce this gap.</p> <p>P Johnson advised that within the Neurodiversity Strategy there was an offer of early help support to meet the needs of children and young people irrespective of a diagnosis and reduce the demand for EHCPs.</p> <p>L Monk pointed out that patients with a SMI often experienced the highest level of inequalities.</p> <p>In response to the comments regarding pausing SMI health checks, P Johnson clarified that the health checks were not being paused but the proposal was to review the additional incentive offered to Stockport GPs as different services were supporting people with SMIs. The system challenge was how could we best support people with SMI using our collective resource. Healthwatch Stockport would be presenting a report at the next meeting outlining their findings following a survey with people with SMI, families and carers.</p> <p><u>RESOLVED:</u> That ONE Stockport Health and Care Board</p> <ul style="list-style-type: none"> (i) NOTED the financial position including identified financial risks. (ii) NOTED the cost improvement programme update. (iii) NOTED the progress against the recovery plan and recommendations of the external review of the financial challenges impacting the locality and the actions taken to address the challenges. 	
10.	Stockport Locality Performance Report	
	<p>G Lord provided an overview of Stockport’s position against each of its delegated metrics benchmarked against other Greater Manchester (GM) localities and national targets.</p> <p>Key highlights included:</p> <ul style="list-style-type: none"> • The data in the report related to Stockport residents. • Adjustments had been made at a GM level to the ordering of the metrics such as for Urgent Care and A&E and additional elements had been added such as early tumour diagnosis – proportion of cancers diagnosed early. • A number of initiatives had been put in place to address the decline in performance for colorectal and pancreatic cancer such as public engagement to raise awareness of they symptoms and the bowel screening kits. • Stockport had the highest percentage rate of patients describing their experience of making a GP appointment positively in GM at 84.3%. 	

	<p>M Philbin referred to the data for mental health and cancer and suggested undertaking a deep dive in the future to better understand the data from a quality perspective. This suggestion was noted.</p> <p>In response to a question regarding whether all Talking Therapies available in Stockport were included, it was noted that this figure did not include information as to who had completed the survey but did relate to NHS services only. It was noted that there is a whole system of Talking Therapies on offer to residents in Stockport and if this could be considered in future reports it would show a more comprehensive offer.</p> <p>M Kildunne suggested treating the data for people booking GP appointments with caution as people had been asked to complete the survey online or by mobile phone and not all people could access this.</p> <p>Resolved: (i) That ONE Stockport Health and Care Board NOTED the Stockport Locality Performance Report.</p>	
<p>11.</p>	<p>Locality Board Update – Engagement in Health and Social Care from the Community Voice Partnership</p>	
	<p>M Kildunne presented the report and advised that the Community Voice Partnership meets bi-monthly Co-Chaired by someone with lived experience, Michelle from Keira’s Kingdom. Membership included partners from across the system and representation from those with lived experience.</p> <p>The Group collates feedback from the various partnerships including carers, mental health, learning disabilities, making it real board, preparing for adulthood, C&YP and equity networks.</p> <p>It was noted that recruitment for members with lived experience was ongoing. An induction programme would be developed.</p> <p>Common themes identified from the partnerships included:</p> <ul style="list-style-type: none"> • Access to services • Digital support • Collaboration. <p>A community partnership webpage would be developed in time.</p> <p><u>Appendix 1 – Executive Summary: NHS Fit for Future Engagement Event</u></p> <p>Members were referred to Appendix 1, outlining the NHS Fit for the Future event that took place on 19 November 2024. The purpose of the event was to outline the plans for the future of health and care services in Stockport and GM and how the system could address the financial challenges. Attendees valued the attendance of senior leaders at the event.</p> <p>Key themes from the workshops included:</p> <ul style="list-style-type: none"> • Improved communication between primary and secondary care on 	

	<p>waiting times and appointments.</p> <ul style="list-style-type: none"> • Improved IT systems. • Better transport schemes to enable patients to get to appointments. • Expanding walk-in-centres. • Simplifying the complaints process. • Trauma-informed practices. • Reusing medical equipment. <p>M Philbin questioned how Healthwatch would address inclusion issues notably for those that were not IT literate to ensure their voice was heard. M Kildunne commented that discussions had taken place on targeting the less visible members of the population via engagement exercises going out and about and for example including care home patients as well as hearing from the general population.</p> <p>M Philbin commented that CHC nurses could be a valuable asset as they see patients on a regular basis; they could be offered training to improve their observations.</p> <p>S Dillon commented that the user voice was included in all of the partnership meetings but the important issue was to listen to what was been said and follow up on actions.</p> <p>A brief discussion took place on the need to make reasonable adjustments for patients across the system, not just in primary care. M Kildunne advised that a future programme of work included accessibility.</p> <p><u>RESOLVED:</u> ONE Stockport Health and Care Board</p> <ul style="list-style-type: none"> (i) NOTED the report. (ii) NOTED the draft Executive summary of the NHS Fit for the Future Stockport event. (iii) AGREED for the CVP to propose suggestions for next steps based on feedback from the NHS Fit For the Future following further engagement with other partnerships. 	
12.	<p>Quality Update – Stockport Locality Quality Group</p>	
	<p>P Johnson presented the update from the Locality Quality Group including:</p> <ul style="list-style-type: none"> • Overview of the Equality Impact Assessments that had been reviewed during the month. • Update from Primary Care. • Update on the vaccination programme – Stockport was the best performing locality in GM for flu and covid vaccine uptake. • The current work taking place within the Continuing Healthcare team including two areas of challenge: <ul style="list-style-type: none"> ○ Court of Protection – Deprivation of Liberty Safeguards (CoPDoLS) ○ Previously Unassessed Periods of Care (PUPoC). <p><u>RESOLVED:</u> ONE Stockport Health and Care Board</p>	

	(i) NOTED the update from Stockport Locality Quality Group	
13.	Flash Report – Stockport Provider Partnership	
	<p>The Flash Report was presented for information.</p> <p>P Buckley advised that he had met with J Burges-Allen and P Johnson to discuss the potential of an additional workstream for the Partnership. A facilitated session would take place later in the year to progress this proposal.</p> <p>RESOLVED: ONE Stockport Health and Care Board (i) NOTED the Flash Report from Stockport Provider Partnership</p>	
14.	Flash Report – Stockport Primary Care Commissioning Committee	
	<p>D Dolman briefed on the main areas of discussion at the meeting including:</p> <ul style="list-style-type: none"> • GP Collective Action – to note minimal impact to date. • Primary Care Quality Assurance Visit Report. • Chadfield Medical Practice Boundary Change Request which had been supported, to provide greater patient choice. <p>RESOLVED: ONE Stockport Health and Care Board (i) NOTED the Flash Report from Stockport Primary Care Commissioning Committee</p>	
15.	Questions from the public	
	There were no questions from the public.	
16.	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 26 March 2025, 14:00 – 15:45 pm Upper Ground Floor Conference Room, Stopford House		