GM HEALTH & SOCIAL CARE STRATEGIC PARTNERSHIP BOARD
MINUTES OF THE MEETING HELD ON 31 MARCH 2017

Bridgewater Community Healthcare NHS Trust

Dorothy Whitaker

Bolton Council

Councillor Cliff Morris
Margaret Asquith

Bury Council

Councillor Rishi Shori
Pat Jones-Greenhalgh

Bury CCG
Claire Holding
Stuart North

Central Manchester FT
Darren Banks
Kathy Cowell
Mike Deegan

Christie NHS FT
Christine Outram

Department Of Health
Liz Woodeson

GMCA
Mat Ainsworth
Andrew Lightfoot
Liz Treacy

GM CCGs
Rob Bellingham

GM H&SC Partnership Team
Gareth Adams
Julie Cheetham
Warren Heppolette
Claire Norman
Nicky O’Connor
Richard Preece
Sarah Price
Jon Rouse
Steve Wilson

GM Interim Mayor
Tony Lloyd

GMIST
Julie Connor
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<th>Organization</th>
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<td>GMCVO</td>
<td>Alex Whinnom</td>
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<td>Healthwatch</td>
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<td>Health Innovation Manchester</td>
<td>Rowena Burns Ian Green</td>
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<td>Manchester CC</td>
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<td>Manchester Health and Care Commissioning</td>
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<td>Deborah Moore Zoe Porter James Sanderson</td>
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<td>Primary Care Advisory Group (Dental)</td>
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<td>Wigan, Wrightington &amp; Leigh NHS FT</td>
<td>Neil Turner</td>
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<td>5 Borough Partnership</td>
<td>Simon Barber</td>
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**SPB 29/17 WELCOME AND APOLOGIES**

Apologies were received as follows; Trish Anderson, Chris Brookes, Barry Clare, Alan Dow, Chris Duffy, Andrew Foster, Michael Greenwood, Anthony Hassall, Carole Hudson, Councillor Richard Lees, Richard Mundon, Silas Nicholls, Steve Rumbelow, Roger Spencer, Councillor Linda Thomas, Councillor Brenda Warrington and Carolyn Wilkins.

**SPB 30/17 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS**

There were no Chair’s announcements or urgent business.

**SPB 31/17 MINUTES OF THE MEETING HELD 31 MARCH 2017**

The minutes from the meeting held on 31 March 2017 were submitted for
RESOLVED/-

To approve the minutes of the meeting held on 31 March 2017 as a correct record.

SPB 32/17  CHIEF OFFICER’S UPDATE

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership, provided an update on key items of interest within the GM Health and Social Care Partnership and its partner organisations.

The following areas were highlighted;

1. NHS England has published its Five Year Forward View Next Steps report, which outlines the progress of the NHS over the next few years. There will be nine new accountable care systems in England and it was noted that Greater Manchester is already an operational accountable care system under devolution. Greater Manchester will join the network but this will not affect Greater Manchester’s discretion under a devolved healthcare system.

2. A complete end of year performance summary will be submitted to the Board over the next couple of months. In the meantime the following areas of performance were highlighted; the improvement in performance of Delayed Transfer of Care (DTOS) to a level below 4% in March with the focus now on improving this further and sustaining this and the launch of the ‘Back to the Nineties’ campaign to get 4 hour wait performance to above 90% consistently across the urgent and emergency care system. University Hospitals South Manchester and Central Manchester Foundation Trust were commended as having consistently achieving performance levels of above 90% consistently.

3. Greater Manchester had achieved the 62 day Cancer standard and was the only place in England which achieved this standard in January. This target has not been missed in Greater Manchester since 2011 and the team effort which had enabled this was recognised.

A member noted that from spring 2018 a 28 day Cancer target would be introduced and asked what this change would mean in practice. The Five Year Forward View Next Steps Report suggested a shift in priorities relating to standards. The Partnership will consider what will be required to meet the 28 day Cancer target once more detail has been received.

A member asked about the amendments to the Mental Health Act which will place responsibility for people suffering mental health crises away from the police to CCGs. The Partnership welcomed the changes as offering the best outcomes for people in crisis. Simon Barber, Chief Executive 5 Boroughs Partnership NHS Trust, provided reassurance that the system was aware of the changes which were coming into effect, including that police officers need to consult a health professional
before applying a S136. It was noted that Greater Manchester was already in a good position relating to use of S136 and that there was a high level of preparedness in place for the amendments to the act.

RESOLVED /-
To note the content of the brief.

SPB 33/17 TRANSFORMATION FUND UPDATE

Steve Wilson, Executive Lead, Finance & Investment, GMHSC Partnership provided an update on recent developments with the Transformation Fund.

It was noted that there were no specific bids for approval, but that bids had now been received and approved for all but four of the localities within Greater Manchester. Intensive work was underway with the North-East Sector and Trafford and it was expected that bids would be submitted to the Transformation Oversight Group in May and the Executive in June.

Thematic bids will start to be received following this. A Mental Health bid will be going through the approval process in April/May and it was intended to bring this to the Board in June.

RESOLVED/-
To note the progress update on recent developments with the Transformation Fund.

SPB 34/17 HEALTH INNOVATION MANCHESTER REPORT

Rowena Burns, Chief Executive Manchester Science Partnerships, introduced a report and presentation which outlined to the Board work that had taken place since mid-2016 to re-focus Health Innovation Manchester (HInM) and create a sound platform for delivery. The report also outlined the further work scheduled for the months to September 2017 which will complete the organisational restructure and drive implementation of the quick wins and priorities which have been approved by the HInM Board. The HInM Business Plan was also submitted for the Board to consider.

The presentation highlighted the following:

- The opportunity which devolution presents for Greater Manchester and how HInM can contribute to improving the whole health system within Greater Manchester;
- The creation of an integrated healthcare delivery system covering every stage
of the translational pathway from discovery science through to health services commissioning and real-world evaluation;

- HInM’s strategic priorities are aligned with and support the GM wide Digital Strategy and are feeding into the national Accelerated Access Review and the Life Sciences Industrial Strategy;

- The three strategic priorities put in place to enable delivery and build momentum; Informatics, Clinical Research Excellence and Precision Medicine;

- The ‘quick wins’; including selecting and using existing initiatives to establish and test the innovation pathway and processes;

- Developing an Innovation Pathway to provide structure, organisation and a systematic approach to translation and adoption of innovation through the health and social care system; and

- The key milestones ahead of September 2017; establishing the HInM ‘one team’, secure resourcing, progress quick wins and launch the HInM innovation pathway.

RESOLVED/-

1. To note the progress made to 2016 to establish HInM and provide a firm basis for implementation of the priorities in the Business Plan;

2. To note and approve the next steps to be undertaken in 2017/18 to integrate the Academic Health Science Centre (AHSC) and Academic Health Science Network (AHSN) and determine the form of HInM entity and its future funding structure; and

3. To note the HInM Business Plan.

SPB 35/17 URGENT AND EMERGENCY CARE REFORM

Jon Rouse introduced a report which set out proposals for reforms to the urgent and emergency care system in Greater Manchester to improve performance and secure better outcomes for patients.

The main proposals and areas outlined were;

1. The creation of one Governance board; an Urgent and Emergency Care Board for Greater Manchester which would incorporate the work of the Task Force, the network and the national programme and be a single portal for development of strategy, design and delivery of programmes;

2. A joint team was being put into place to lead this work. NHS Improvement has nominated Steve Christian, a leading expert within this field, to lead the work of this team;

3. The introduction of a small 24/7 365 day operational hub, co-located with NWAS, to work with local systems and across local systems to proactively
manage supply and demand using informatics to improve the ability to reflect capacity;

4. The development of a Workforce Strategy across the health and social care system within Greater Manchester which will incorporate the requirements of the urgent and emergency care system as a priority;

5. The interface and relationship between hospital and out of hours provision will be assessed and considered in the relation to the wider urgent care offer; and

6. The opportunities that Greater Manchester taking over the commissioning of the North West Ambulance Service from 1st April will present to work in a more innovative way across Greater Manchester.

The Board welcomed the report and the proposals outlined to reform the urgent and emergency care system in Greater Manchester. The benefits of devolution in enabling this work were also noted.

RESOLVED/

1. To note the content of the paper to deliver a more consistent and coherent operating model for urgent and emergency care across Greater Manchester;
2. To approve the establishment of a single GM Urgent and Emergency Care Delivery Board and supporting structures which will replace the existing Urgent and Emergency Care Task Force and UEC Network;
3. To approve the Urgent and Emergency Care focus on the areas of work outlined in the paper (3.3 – 3.13); and
4. To approve the development of detailed delivery plan by April 2017.

SPB 36/17 TRANSFORMATION THEME 1 – PUBLIC HEALTH SYSTEM REFORM

Angela Hardman, Director of Public Health, Tameside Council introduced a report which provided an update on Public Health System Reform and the Greater Manchester Population Health Plan.

A review of the current public health system has been underway since November 2016 with the aim of developing an evidence-based set of propositions for creating a unified population health system for Greater Manchester. Emerging propositions had been tested with colleagues across the system and had been further developed by the AGMA Wider Leadership Team in early February 2017 and endorsed by the Strategic Partnership Board Executive in March 2017. The report set out the findings from the review, and outlined proposals for the creation of a unified population health system for Greater Manchester to ensure the necessary effective delivery of the Population Health Plan.
RESOLVED/-

1. To approve the proposals outlined in the paper; and
2. To acknowledge that a detailed mobilisation plan and transition plan will be developed to support the delivery of the proposals.

SPB 37/17 TRANSFORMATION THEME 4 – HOSPITAL PHARMACY TRANSFORMATION PROGRAMME

Steve Wilson, Theme 4 SRO & Executive Lead – Finance and Investment, GM Health and Social Care Partnership, presented a report which informed the Board how the Greater Manchester Hospital Pharmacy Collaborative (GMHPTC), in response to locality plans and national recommendations set out in the Lord Carter of Coles report into operational productivity and performance in English NHS Acute Hospitals, is reviewing the delivery of Hospital Pharmacy services across Greater Manchester, and making informed recommendations for how a number of services will be delivered in the future.

Gareth Adams, Programme Manager, Hospital Pharmacy Transformation Collaborative, provided an overview of the background to the project and the key challenges which Greater Manchester faced; responding to the key recommendation in the Carter Report to increase the amount of hospital pharmacy resource devoted to clinical activities to 80% by 2020 and collaboratively working across Greater Manchester to provide options for how infrastructure services can be delivered differently in future.

The ‘Your Medicines Matter’ Campaign will be launched in April 2017 and it is aimed to encourage and remind patients and carers to take their medicines into hospital with them. The campaign is intended to provide an opportunity for all healthcare providers in Greater Manchester to have a shared focus on delivering a patient safety initiative which should improve safety and reduce cost.

RESOLVED/-

1. To note the context of the GM Hospital Pharmacy Transformation Programme;
2. To support the Hospital Pharmacy Programme; and
3. To support the ‘Your Medicines Matter’ campaign.

SPB 38/17 PROPOSAL FOR ESTABLISHMENT OF CHILDREN’S HEALTH AND WELLBEING BOARD

Julie Cheetham, GM Health and Social Care Partnership, introduced a report which outlined proposals to establish a Greater Manchester Children’s Health and Wellbeing Board which will provide oversight for the delivery of improvements to
children’s health and health care in Greater Manchester. Alongside this it will strengthen links with the Local Authority service improvements and the work of other partner organisations. It will bring together providers and commissioners, of the full range of services and support, to benefit the health of children and young people. The Children’s health and Wellbeing Board will ensure health and social care are brought together, as a single point for collecting information and sharing this across; however it will be made that this does not result in a duplication of work already taking place.

The Terms of Reference for the Children’s Health and Wellbeing Board were noted as being in the early stages and likely to change over time as the Board developed and matured. A member of the Board asked whether there would be clinical leadership represented at the Children’s Health and Wellbeing Board. Assurance was provided that the Partnership intends to have strong leadership which includes making sure that there is the relevant clinical leadership in place.

RESOLVED/-

1. To endorse the proposal to establish a GM Children’s Health and Wellbeing Board;
2. To approve the terms of reference and membership of board as described in the report given the changes which will be required as the Board matures; and
3. To approve and agree to the first board meeting taking place in April/May 2017.

SPB 39/17 HEALTH AND HOMELESSNESS

Warren Heppolette, Executive Lead, Strategy and System Development, GM Health and Social Care Partnership, presented a report which informed the Board of the progress of the development and implementation of a Greater Manchester homelessness prevention pilot.

The following areas were highlighted;

1. The pilot was in its initial stages and signalled Greater Manchester’s intention to develop a Homelessness Strategy;
2. The strategy will become part of broader work including; health, housing and employment; and
3. That the Partnership will be working with colleagues across the sector and a complete strategy will be submitted to the Board for consideration over the next few months.

Members of the Board welcomed the report and highlighted that underlying causes and issues which caused homelessness also needed to be considered. The Board highlighted that the strategy should include references to mental health; the Board
were informed that the complete strategy will include mental health and will outline and define the scope and role of contributing sectors to the strategy.

**RESOLVED/-**

1. To provide leadership and support for development and implementation of a GM homelessness prevention pilot;
2. To support and commit to the positive engagement of health and social care agencies to tackle homelessness; and
3. To agree to respond positively to the ‘asks’ of the partnership by agencies engaged in managing homelessness across GM.

**SPB 40/17 PERSONALISATION AND CHOICE IN GREATER MANCHESTER**

Steve Wilson, introduced a report which provided an update on the work done to develop an approach to personalisation and choice across Greater Manchester. The report outlined the proposed approach to developing a programme to deliver integrated personal commissioning across Greater Manchester and within localities.

James Sanderson, Director of Personalisation and Choice, NHS England provided an overview of the work.

The main areas highlighted were;

1. The Next Steps Report delivery plan published by NHS England highlighted the need to improve personalisation of care and accelerate the progress of integrating support;
2. The growing demand both regionally and nationally for personalised health budgets;
3. A growing recognition in the power of communities to plan their own solutions for personalised care and the assets which communities can bring to personalised care;
4. A detailed infrastructure has been developed to support; community assets, peer support; self-care; local area co-ordination and systems which operate for the benefits of the patients and people it will be supporting;
5. Recognition of the work already underway in Greater Manchester and building on work which is already in place; and
6. Prioritising personalised budgets for people with long term conditions, end of life care and learning disabilities.

**RESOLVED/-**

1. To note the content of the report;
2. To discuss the proposals contained in the report; and
3. To approve the proposed next steps in developing the work.

SPB 41/17 WORKING WELL

Mat Ainsworth, Strategic Lead for Employment Initiatives, Greater Manchester Combined Authority, presented a report which provided an update on the progress of the Working Well Programme and requested support for future plans on the work and health agenda.

The following areas were highlighted;

- The Working Well Pilot which has been running since 2014 has worked with almost 500 people and supported nearly 500 into work;
- Those who start the programme and assess either their physical or mental health as a barrier to work are faring less well in the programme indicating these are critical barriers to work;
- The health and work systems need to be more integrated and work collaboratively, to enable health barriers to work to be addressed;
- Referrals in the working well pilot came from the Job Centre; this has been expanded to now include referrals from GPs. Early indicators show that the take up rate from these referrals is higher than that of referrals from the job centre;
- The initial findings have been positive; however further work needed relating to the Work and Health Programme was highlighted; and
- It is intended to submit a Transformational Five Point Work and Health Plan for Greater Manchester to the Board at a later date.

RESOLVED/-

1. To note the Working Well Pilot’s success in supporting participants into sustained employment;
2. To note how benefit reassessment has resulted in 23% of Pilot participants being exited early from the programme and its impact on performance;
3. To note the analysis of factors that influence a participant’s likelihood of securing work;
4. To note the broader well-being outcomes achieved by the Pilot;
5. To note the positive job start performance for Working Well Expansion;
6. To note the added value of the GP referral route and talking therapies;
7. To note how local integration and co-ordination is supporting delivery and continuous improvement;
8. To note that ESF has been secured to extend Working Well until Work and Health programme goes live; and
9. To support the broader ambitions to address poor health, worklessness and low productivity through a Greater Manchester health and employment system.
SPB 42/17 SUPPORTING RESIDENTIAL AND NURSING HOMES IN BURY

Pat Jones-Greenhalgh, Interim Chief Executive, Bury Council; Stuart North, Chief Operating Officer, Bury CCG and Claire Holding, Adult Safeguarding, Bury CCG gave a presentation regarding supporting Residential and Nursing Homes in Bury.

The presentation highlighted the following:

1. The collaboration in place across health and social care in Bury; the work with the residential care home providers through supportive, non-regulatory processes; the celebration of successes, working with homes where they need more assistance. This has resulted in 80% of beds in Bury rated good by the CQC;

2. The CQC have rated 90% nursing homes either good or outstanding and only a small proportion of residential homes require improvement; one of the important outcomes of this is that Bury has the lowest rate of admissions for people over 65 in Greater Manchester and the lowest rate of re-admissions;

3. The joint working with Nursing Homes which includes; a bimonthly Safeguarding and Quality Forum, joint safeguarding assurance visits with Quality Assurance teams at the Local Authority providing preparation for CQC visits and regular keep in touch visits to provide support and help with resilience.

4. The additional health input provided from the CGG which included; a clinical supervision pilot and facilitating a network to improve support, practice and positive patient outcomes and experience;

5. The React to Red Initiative which aims to provide support for all care homes and providers in Bury to reduce the incidence of pressure ulcers, their effect on patients and their cost to the NHS.

RESOLVED/-

To note the presentation.

SPB 43/17 NEXT MEETING DATES

Future meetings of the Strategic Partnership Board are arranged as follows:

Friday 28 April 2017

Friday 26 May 2017

Friday 30 June 2017

SPB 44/17 REPORT OF GMHSC TRANSFORMATION PORTFOLIO BOARD

This report was an additional paper for information only.