| Association of British Pharmaceutical Industry | H Lewis  
|                                               | Mike Thompson  
| Bridgewater Community Healthcare NHS Trust    | Karen Slade  
| British Generics Manufacturers Association    | Warwick Smith  
| Bolton CCG                                    | Su Long  
| Bolton Council                                | Councillor Cliff Morris  
|                                               | Margaret Asquith  
| Bury Council                                  | Councillor Rishi Shori  
|                                               | Pat Jones-Greenhalgh  
| Bolton NHS Foundation Trust                   | Jackie Bene  
| Bury CCG                                      | Stuart North  
| Central Manchester FT                         | Chris McLoughlin  
|                                               | Caroline Davidson  
| Christie NHS FT                               | Roger Spencer  
| Ethical Medicines Industry Group (EMIG)       | Leslie Galloway  
| Five Borough Partnerships NHS FT              | Simon Barber  
| GMCA                                          | Andrew Lightfoot  
|                                               | Liz Treacy  
| GM Cancer                                     | David Shackley  
| GM CCGs                                       | Rob Bellingham  
| GM H&SC Partnership Team                     | Laura Browse |
GM Interim Mayor
Tony Lloyd

GMIST
Julie Connor
Paul Harris
Emma Stonier

Health Innovation Manchester
Rowena Burns

Healthwatch
Jack Firth

Healthier Wigan Partnership
R Murphy

Manchester CC
Councillor Richard Leese
Howard Bernstein
Geoff Little

Manchester University
Louis Appleby

NWAS
Salman Desai

Oldham Council
Councillor Jean Stretton
Carolyn Wilkins

Oldham CCG
Ian Wilkinson

Primary Care Advisory Group (Dental)
Mohsan Ahmad

Primary Care Advisory Group (GP)
Tracey Vell

Primary Care Advisory Group (Pharmacy)
Adam Irvine

Rochdale BC
Councillor Richard Farnell
SPB 13/17  WELCOME AND APOLOGIES

Apologies were received as follows;

Steve Rumbelow
Andrea Fallon

Mayor Paul Dennett
Jim Taylor

Salford CC

Anthony Hassall

Salford CCG

Chris Brookes
Jim Potter

Salford Royal NHS FT

Councillor Alexander Ganotis
Eamonn Boylan

Stockport MBC

Ann Barnes

Stockport NHS FT

Councillor Kieran Quinn
Councillor Brenda Warrington
Steven Pleasant

Tameside MBC

Theresa Grant
Alex Williams

Trafford Council

Matt Colledge

Trafford CCG

Trevor Rees

University Hospital of South Manchester

Tim Dalton
Trish Anderson
Chris Broadbent

Wigan CCG

Councillor Peter Smith (In the Chair)
Donna Hall
Shaun Barber

Wigan Council

Carole Hudson
Neil Turner

Wigan, Wrightington & Leigh NHS FT
SPB 14/17 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

There were no Chair’s announcements or urgent business.

SPB 15/17 MINUTES OF THE MEETING HELD 27 JANUARY 2017

The minutes from the meeting held on 27 January 2017 were submitted for consideration.

RESOLVED/-

To approve the minutes of the meeting held on 27 January 2017 as a correct record.

SPB 16/17 CHIEF OFFICER’S REPORT

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 partner organisations. Overall GM was performing well against financial plan and the position had improved; it was noted that the work undertaken to achieve this reflected well on devolution. The Partnership has continued to make the case to government for a long term solution for social care funding.

Two areas in particular were highlighted;

1. Winter Pressures - There had been progress in terms of A&E performance but further improvement was still required and work was underway with local A&E boards to achieve this. A summit had been held regarding Delayed Transfer of Discharges (DtOCs) and it was intended to work towards a performance target of 3.9%.

2. North East Sector - A group has been convened to look at plans for the NE Sector and their transformation fund allocation. A report was intended to be submitted to the April or May meeting of the Board outlining proposals.

A member asked about the impact of DtOCS on end of life care for patients and whether there were any plans in place to look at this across Greater Manchester. The Board were informed that end of life care would be looked at and the Partnership planned to develop a single plan which would be submitted to the Board.

RESOLVED /-

To note the content of the brief.

SPB 17/17 GREATER MANCHESTER AND PHARMACEUTICAL INDUSTRY
PARTNERSHIP – GOVERNANCE AND MEMORANDUM OF UNDERSTANDING SIGNING

Richard Preece, Medical Director, GMHSCP, introduced the report which proposed a Memorandum of Understanding between Greater Manchester and the Pharmaceutical Industry.

The MOU outlined the shared vision, goals, operating procedures, and governance principles for the relationship between Greater Manchester and the Pharmaceutical Industry. The MOU has been drafted jointly between GMHSCP and ABPI and consultation has been undertaken with key partners. The MOU has four shared aims;

- Transformation of the Health and Wellbeing of the people of Greater Manchester;
- Optimisation of care;
- Development and adoption of innovation at pace and scale; and
- To create an environment for flexibility of and opportunity to develop outcomes based pricing methods.

To support this a medicines enabling workstream is being established, which is planned to be operational by April 2017 and will be overseen by the Medicines Strategy Board. Further details will be presented to the Board over the coming months. Health Innovation Manchester are leading on; demonstrating Greater Manchester’s real world data capabilities; acquiring global research and development partners for Greater Manchester and attracting investment into Greater Manchester.

The Board welcomed the signing of the MOU and asked whether they would be provided with further detail about the work Health Innovation Manchester were undertaking. The Board were informed that at the next meeting it was GMHSCP intention to submit the Health Innovation Business Plan which would include; financial plan, staffing approach and proposed workstreams.

RESOLVED/-

1. To approve the signing of the MoU;
2. To note the context of the MoU within the wider medicines enabling workstream; and
3. To support the objectives of the global industry seminar.

SPB 18/17 GM CANCER PLAN

David Shackley introduced the final draft of the proposed Greater Manchester cancer
plan – **Achieving world-class cancer outcomes: Taking charge in GM.**

The plan set out the ambitions for Greater Manchester Cancer, the cancer programme of the GMHSC Partnership. The development of the plan has been led by the GM Cancer Board and has been subject to a period of broad engagement and formal consultation. The plan has been developed substantially in response to feedback received during the consultation period.

The Board noted that this was an opportunity to improve cancer outcomes in Greater Manchester and to focus on areas where Greater Manchester could have the biggest impact, for example in early detection and diagnosis of cancer. A cancer plan will be required across the rest of England and Wales and the development of a GM Cancer Plan was a good opportunity to lead the way nationally.

RESOLVED/-

To approve the final draft of **Achieving world-class cancer outcomes: Taking Charge in Greater Manchester** for publication.

SPB 19/17  QUARTERLY PERFORMANCE UPDATE

Nicky O’Connor, Chief Operating Officer, GM Health and Social Care Partnership (GMHSCP), introduced a paper that provided a quarterly update on performance and highlighted by exception areas of concern and improvement. The main areas highlighted were;

- The 62 day Cancer standard was achieved in Quarter 3;
- Diagnostics had improved in Quarter 3 against performance in Quarter 2 but it was recognised that this was an area requiring further improvement;
- The Referral to Treatment Time (RTT) standard was 91.9% against the 92% standard. This was a slight deterioration on Q2 caused by pressures due to demand in diagnostics, in particular Endoscopy. The Partnership has secured additional capacity to further understand the pressure points and capacity gaps for both RTT and Diagnostics;
- The Improving Access to Psychological Therapies (IAPT) was achieved in Greater Manchester in Q2, whilst it was noted performance was improving it was recognised that GM needed to maintain focus in this area to ensure that performance was in line with high achieving peers;
- The Urgent Care 95% standard was not achieved in Q3. It was noted that performance in urgent care impacted on RTT performance. The Partnership was intending to bring Urgent Care reform proposals to the next meeting of the Board; and
- The GM Delayed Transfer of Care (DtOC) position was recognised as an area of improvement and the Partnership were looking at putting improvement plans in place particularly in the most challenged areas.

**RESOLVED/**

To note the content of the report.

**SPB 20/17 TRANSFORMATION FUNDING FUTURE BUDGETING**

Steve Wilson, Executive Lead Finance and Investment, GMHSCP, presented a paper which described the process the Partnership has adopted in finically modelling the GM Transformation Fund.

To date £207m of funding out of a totality of £450m funding has been allocated against approved locality bids. The fund has approved bids from 4 of the 10 GM localities and recommendations have been made for a further 2 bids. The Development Fund had been £10m in 2016/17 and it was proposed to cap this at £7.5m in 2017/18; with an approval limit on the delegated authority of investment up to £1m.

**RESOLVED/-**

1. To note the notional allocation of the Fund between the different transformational areas and financial years;
2. To delegate to the Chief Officer flexibilities for managing the Fund over year-end;
3. To approve the creation of a development fund of £7.5m from the Transformation Fund in 2017/18;
4. To approve the deployment of this fund, as in 2016/17, to the delegation to the Chief Officer for up to £1m per cross-cutting programme or theme.

**SPB 21/17 TRANSFORMATION FUND UPDATE**

Steve Wilson provided an update on recent developments with the Transformation Fund. The report had an expanded section on the findings and recommendations from the assessment team in their evaluation of the proposals from Bolton and Manchester localities.

The Manchester bid covered the Local Care organisation (LCO) and Single Commissioning Function (SGF) only. Once the second submission focussing on the Single Hospital Service is submitted this will be reassessed to ensure there is no overlap.
RESOLVED/-

1. To approve a substantive investment of £28.8m over three years for Bolton, phased as follows:
   - 2016/17: £3.08m
   - 2017/18: £13.9m
   - 2018/19: £12.49m
   - To note that there are material conditions to the investment for year 2 onwards costs that should be included as part of the Investment Agreement, and were set out at 2.3.2.

2. To approve a substantive investment of up to £12m for two years for Manchester, phased as follows:
   - 2016/17: £2m
   - 2017/18: up to £10m
   - To note the funding is subject to the satisfactory resolution of the financial points in 3.2.3.
   - To note that there are material conditions to the investment that should be included as part of the Investment Agreement, set out at 3.3.2.

3. To note the progress update reported on the Transformation Fund.

SPB 22/17 TRANSFORMATION THEME 2 – PRIMARY CARE REFORM DELIVERY

Tracey Vell, GM Local Medical Committee (LMC), introduced a report that provided an outline and an update on progress to deliver a transformation plan for Primary Care in GM. The plan is the GM approach to the delivery of the national GP Forward View (GPFV) and is aligned to the wider ambitions set out in Taking Charge Together and the GM Primary Care Strategy.

The GPFV commits to making significant investment into General Practice and for GM this funding is contained within the GM Transformation Fund. The fund initiatives outlined in the paper require up to £41m, phased over the next four years. The investment will be aligned to locality plans and emerging new models of care.

Members of the Board were supportive of the approach and endorsed the strategy. The importance of linking this work into the place based pilots taking place across Greater Manchester was emphasised. Members asked about workforce support and the extension of resource to meet the new offer. The Board were informed that retention of senior GPs within the NHS was crucial to the proposed plans and identification of the current workforce and how to diversify the GP practice workforce.
to release GP time is also being looked into.

RESOLVED/-

1. To support the GM Programme for Primary Care reform;
2. To approve the request for funding to fulfil the commitments of our GM Primary Care Strategy and the requirements of our GM Primary Care Strategy and the requirements of our devolution agreement with NHS England in respect of General Practice as outlined in the GPFV; and
3. To support the requirement for localities to demonstrate how they will embed these initiatives into the emerging models of care to maximise the impact.

SPB 23/17 TRANSFORMATION THEME 2 – ADULT SOCIAL CARE TRANSFORMATION

Steven Pleasant, GMCA Lead Chief Executive for Health and Wellbeing, provided an update on the work in progress to develop a GM wide transformation programme for adult social care seeking endorsement of proposed priorities and delivery approach.

The report highlighted current performance identified through a recent review of baseline data. As a result of the review, four priority areas have been identified:

- Support for carers;
- Care at home;
- Residential and Nursing Care;
- Learning disabilities.

The four priority workstreams have common challenges including performance that sits below the national average and significant risks to sustainable service supply.

The Board noted it was critical to create care capacity and Greater Manchester level support to sustain markets and engage local care organisations to ensure that the capacity was in place to support the transformation programme.

The Board endorsed the support for carers outlined in the report and noted that they would like to see how this work would be developed. The Board were informed that a Memorandum of Understanding would be brought forward which would make clear what support a carer in Greater Manchester should expect.

Variations in DtOCs were discussed and the Board were informed that it was envisioned that a consistent approach to the discharge of patients from hospital would be looked at as part of this work.

RESOLVED/-

1. To note the content of the report;
2. To confirm the transformation priorities and delivery approach proposed;
3. To support the establishment of a steering group (drawn from across the GM system) to oversee the mobilisation of phase 2 of the programme; and
4. To note and agree the role of each locality in support the development and delivery of the programme outlined.

SPB 24/17 NEW COMMISSIONING RESPONSIBILITIES FOR NORTH WEST AMBULANCE SERVICE, NHS 111 AND SPECIALISED MENTAL HEALTH

Warren Heppolette, Executive Lead, Strategy and System Development, GM Health and Social Care Partnership, presented a report that set out the plans to take additional commissioning responsibilities for North West Ambulance Service (NWAS), NHS 111 and specialised mental health services from 1 April 2017.

The commissioning of ambulance services within GM was linked to the proposals for Urgent Care Reform and new models of hospital and community providers. In relation to Specialised Mental Health services commissioning it was noted that under devolution co-ordination of delivery could be more efficient under a single commissioning arrangement.

RESOLVED/-

1. To support the proposals for a revised commissioning model for NWAS and 111; and
2. To support the proposals for a reformed model of commissioning for specialised mental health services.

SPB 25/17 GM SUICIDE PREVENTION STRATEGY

Andrea Fallon, Chair of GM Suicide Prevention Executive, introduced the Greater Manchester Suicide Prevention Strategy 2017-22 as per commitment within the delivery plan of the GM Mental Health Strategy.

The delivery of the strategy will be co-ordinated by the GM Suicide Prevention Executive, and will report on progress to the GM Health and Social Care Partnership Board via the GM Mental Health Implementation Executive.

The six key objectives which the proposed actions were being organised around were;

1. Each 10 Local Authorities in Greater Manchester to achieve Suicide Safer Communities Accreditation by 2018;
2. Mental Health Service Providers collaborating to work towards the elimination of suicides for in-patient and community mental health care settings;
3. Strengthening the impact and contribution of wider services;
4. Offering effective support to those who are affected;
5. Developing and supporting the workforce to enable better assessment and support of those who may be at risk of suicide; and
6. Using learning from evidence, data and intelligence to improve planning and services.

Members of the Board welcomed and endorsed the strategy. A member noted that prioritisation of patients who had attempted suicide would be helpful to ensure robust and rapid access to treatment. It was also noted that training in recognising vulnerabilities was important for staff working in relevant organisations.

RESOLVED/-

1. To endorse the GM Suicide Prevention Strategy and support the move toward implementation;
2. To support the Suicide Prevention Executive in seeking high level sponsorship for Suicide Prevention in Greater Manchester; and
3. To support the implementation of the Strategy from 1 March 2017.

SPB 26/17 WIGAN SOCIAL CARE AND DELAYED TRANSFER OF CARE PRESENTATION

Stuart Cowley, Director for Adult Social Care and Health, Wigan Council and Sharon Barber, Assistant Director, Wigan Council gave a presentation on The Deal for Adult Social Care & Wellbeing and integrated hospital discharge in Wigan.

The presentation highlighted;

- Having different conversations in support assessments, moving away from formal assessment and pre-conceived ideas;
- Connecting people to community driven solutions and new roles created to assist with this; Community Knowledge Workers, Volunteer community connectors and community link workers within primary care;
- Co-location of the workforce and the re-designing of work in teams to make it easier to see improved outcomes for residents/patients;
- Giving staff permission and freedom to redesign and work differently;
- Achievements from the applying this approach included; Wigan being in top quartile nationally for satisfaction of residents receiving car support; high workforce morale and engagement and savings of over £25m from the Adult Social Care Budget over four year period, circa £13m absorbed pressures;
• Applied the approach to adult social care in the Integrated Discharge Team; created a Team Wigan approach (CCG, Council, WWL, 5BP, housing and voluntary sector; one co-located team on the acute site; one list of patients medically optimised with real-time report; introduced a complex case panel which works to help eliminate DtOCs and ‘Different Conversations’ which has meant 81 less people have been placed into residential care in 16/17.

RESOLVED/-

To note the presentation.

SPB 27/17    NEXT MEETING DATES

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

Friday 31 March 2017

Friday 28 April 2017

Friday 26 May 2017

Friday 30 June 2017

SPB 28/17    REPORT OF GM TRANSFORMATION PORTFOLIO BOARD

This report was an additional paper for information only.