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MANCHESTER CITY COUNCIL

Manchester Integrated Care Partnership

Manchester Partnership Board

Date: Tuesday, 22 October 2024
Time: 2.00 pm
Venue: Council Antechamber, Level 2, Town Hall Extension

This is a **supplementary agenda** containing additional information about the business of the meeting that was not available when the agenda was published

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

Meetings of the Manchester Partnership Board are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

Membership of the Manchester Partnership Board

Councillor Craig, Leader of Manchester City Council (Chair)
Councillor T Robinson, Executive Member for Member for Healthy Manchester and Adult Social Care (MCC)
Julia Bridgewater, Deputy Chief Executive NHS Manchester Foundation Trust
Katy Calvin-Thomas, Chief Executive Manchester Local Care Organisation
Mark Cubbon, Chief Executive NHS Manchester Foundation Trust
Tom Hinchcliffe, Deputy Place Based Lead (MCC)
Manisha Kumar, NHS GM Integrated Care Board Exec Representative
Vish Mehra, Chair Manchester GP Board
Sohail Munshi, Chair of Clinical Professional Group
Cordelle Ofori, Strategic Director - Population Health (MCC)
Simone Spray, VCSE Representative

Supplementary Agenda

Information about the Board

The Manchester Partnership Board is a Committee or Sub-Committee of the NHS GM Integrated Care Board (ICB), and brings together the senior leaders of the City Council, NHS (primary, secondary and community and mental health services) and the VCSE from across the city to exercise those functions delegated to it by NHS GM. Its role is to focus on shared priorities; those areas where, by working together, we can improve the health and well-being of the people of Manchester.

The purpose of Manchester Partnership Board (MPB) is to:

- Agree the shared priorities and strategic direction for health and care and public health in Manchester.
- Ensure integrated and aligned delivery across health and care and public health.
- Agree any resource allocation within the scope of responsibility delegated to it by another party.
- Ensure that all elements of Council and NHS services are aligned with the agreed strategic direction.
- Act as an interface with the GM Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

The responsibilities for MPB will cover the same geographical area as Manchester City Council., These are:-

- To develop a plan that captures and quantifies the activities that require partners to come together to improve the health and well-being of the local people. This will include:
- Any necessary response to the Joint Strategic Needs Assessment
- Plans to address unwarranted variation and meet agreed standards
- To monitor delivery of the agreed plan and ensure that it delivers the expected improvements to health and well-being of residents.
- To be cognisant of, and work with, other localities when necessary and appropriate.
- To act as the forum to consider and agree the use of any discretionary/delegated funds that are related to the stated purpose of the Board.
- To review City Council and NHS strategic plans to ensure that they are aligned with the agreed strategic direction.
- To agree appropriate representation at ICS fora and to agree the Manchester position (or where there is not an agreed position to reflect the varying views of the Board).

Meetings will ordinarily be scheduled on a monthly basis and may alternate between public meetings for transacting formal business, and private meetings for non-formal business.

The Chair may call extraordinary meetings at their discretion. A minimum of five clear working days' notice will be required in such an event.

Agenda, reports and minutes of all public meetings of this Board can be found on the Council's website www.manchester.gov.uk

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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Manchester
Integrated Care Partnership

Manchester Partnership Board	
Report of:	Tom Hinchcliffe, Place-Based Lead
Paper prepared by:	Tom Hinchcliffe, Place-Based Lead
Date of paper:	21 October 2024
Item number:	2
Subject:	**Update from Place-Based Lead**
Recommendations:	MPB is asked to: • Note the update.

Manchester
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1. Context

1.1 This paper provides an update from the Place-Based Lead on key developments within the national and GM systems, and their impact on the Manchester system. MPB is asked to note this update.

2. National context

2.1 Since the Partnership Board last met, there have been a number of developments in national policy that are relevant to this agenda. Professor Lord Darzi has published a review into the NHS in England. This outlines the issues the health service faces across the country, stemming from a deterioration in the overall health of the population and exacerbated by a worsening in the social determinants of health and an ongoing lack of capital investment, stifling productivity. The report suggests some key areas of focus for the upcoming NHS Long-Term Plan, including:

- Re-engaging staff and **re-empowering patients**
- Locking in the shift of **care closer to home** by **hardwiring financial flows**
- Simplifying and innovating care for a **neighbourhood NHS**
- Driving **productivity in hospitals**
- Tilting towards **technology**
- Contributing to the nation's **prosperity**
- Reforming to **make the structure deliver**

2.2 The Chancellor will deliver her first Budget on 30 October. Indications from the Government are that one theme of the Budget will be NHS reform underpinned by 'three big shifts' in healthcare: a shift from hospital to community, from analogue to digital and from sickness to prevention. Ministers have repeatedly emphasised the tight fiscal landscape, and so it is anticipated that any additional funding made available will be highly targeted and contingent on delivering reform that contributes to the three big shifts.

2.3 The Budget will be followed by the 10 Year Plan for the NHS, with publication expected in spring 2025. This will draw out a more detailed proposal for achieving the three big shifts. The Plan will be informed by a 'national conversation', in which the public, clinicians and experts are invited to submit ideas and shape the future of the NHS. An online platform was launched on 21 October and will be live until the start of 2025.

2.4 As part of the launch of the national conversation, the Government has set out some of the areas it plans to explore under each of the three shifts. This includes:

- plans for Neighbourhood Health Centres – physical assets in the community, which bring together GPs, district nurses, care workers, physiotherapists, health visitors and mental health specialists under one roof.
- Plans for a single patient record, summarising patient health information, test results and letters in one place through the NHS app. This will be accompanied by new laws to widen access to records across the NHS and improve information sharing between different parts of the system.

- Exploring the opportunities smart watches and other wearable tech may offer patients with diabetes or high blood pressure.

2.5 Manchester is well-placed to assume a leading position as these reforms are brought forward, given our existing focus on community and prevention. As set out below, work is being undertaken at pace to maximise this opportunity and play into the developing national picture.

2.6 We are also awaiting further information from Government on the development of North Manchester General Hospital. A review of the New Hospitals Programme, of which this forms part, was announced over the summer. We are expecting the Budget to include further details of the Government's capital spending plans over the coming years, and continue to engage closely with Government alongside colleagues in MFT.

3. GM context

3.1 Within Greater Manchester, the focus has been on developing the Sustainability Plan for the Integrated Care System. This is included as a substantive item on today's MPB agenda, and is being discussed through all ten GM locality boards over the course of this month.

3.2 In addition, each locality has been asked to develop a 'local sustainability plan' by December. This will consider how the five pillars of the GM Sustainability Plan can be applied in each place, with a particular focus on reducing prevalence and prevention. To be effective, this needs to be a full-system piece of work developed across the partnership. A Task and Finish Group of key system representatives is being drawn together to take this work forward at pace. MPB will be updated in due course.

3.3 A five-year 'real-world study' into the effectiveness of Tirzepatide, run by Health Innovation Manchester in partnership with Eli Lilly, the University of Manchester and NorthWest EHealth was announced on 15 October. These links closely into our approaches around population health and prevention. We are working closely with colleagues in the GM Population Health team on this, as well as across the partnership. We will provide further detail to MPB in due course.

9. Manchester update

9.1 Mental health continues to be an area of focus. The numbers of Manchester residents in Out of Area Placements (OAPs) remains high, with 51 people in OAPs as of 9am Monday 21 October. This has reduced slightly from a high of 58 in late August, and we are expecting it to reduce further over the coming weeks. The locality team has been working closely with colleagues in GMMH, central commissioning colleagues in NHS GM and colleagues in the City Council (particularly in adult social care) to identify the principal factors behind this increase and to address them as quickly as possible. At an executive level, I am leading this work alongside Manisha Kumar, Karen Howell and Bernie Enright. Further updates will be provided to MPB on a regular basis as the recovery work continues. The Provider Collaborative is also receiving regular updates.

9.3 We held an 'Urgent and Emergency Care summit' for Manchester and Trafford on Tuesday 24 September. This brought together a wide range of system partners to consider the challenges and opportunities for urgent care over the next few years. We brought in external challenge and facilitation in the form of Chris Morrow-Frost, a

national clinical adviser on Urgent and Emergency Care. The focus was on the way that system partners can work together, and work differently, to best deliver for our residents and patients. The summit identified a number of areas where further work was needed. We will be picking this up as part of our Urgent Care Transformation Programme, reporting into the Manchester and Trafford Urgent Care Board and into MPB and its counterpart in Trafford.

9.2 Financial pressures remain significant, with further detail included in the finance update on today's agenda. This is not unique to Manchester and is felt across the system. We are working closely with system partners to manage these pressures and look across a multi-year period. The local sustainability plan will be a key part of this work.

Tom Hinchcliffe
Place-Based Lead
21 October 2024

Paper D

NHS
Greater Manchester

Winter Funding

Manchester Partnership Board

Part of Greater Manchester Integrated Care Partnership

22 October 2024

Purpose

NHS Greater Manchester

- To present, and secure MPB's agreement for:
  1. the final winter capacity funding proposals for 2024/25 and secure MPB's agreement to the approach
  2. investing a proportion of Manchester's 2025/26 UEC Capacity Funding in the UEC Transformation Programme

Background

NHS Greater Manchester

- In preparation for winter, locality systems are required to develop capacity expansion plans to avoid becoming overwhelmed at times of peak demand
- The quantum of funding (£5.6m) for this winter is broadly the same as last year
- There should be collective responsibility to ensure there are local plans in place for services to remain as resilient as possible and respond to operational pressures
- System-wide planning discussions have taken place throughout the summer (see slide 7)
- To inform the plan, the system has:
  - Gathered and used insight and learning from the experiences of last winter
  - Agreed principles, key metrics for improvement, and urgent care priorities it wishes to target
- The earlier plans can be agreed and stood up as soon as they are needed, the better this will be for patients over winter

2024/25 Principles

NHS Greater Manchester

- At the winter debrief session (17th May 2024), the system considered the two key urgent care principles as outlined within the latest planning guidance (PRN00715):
  - **Increase** the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes
  - **Continue** to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge
- The system agreed that all 2024/25 schemes should align to at least one of these principles to be considered for capacity funding

Metrics

NHS Greater Manchester

- Additionally, within the national planning guidance, the following metrics will be utilised to measure urgent care system performance. Therefore, the system has also agreed that all schemes must also demonstrate impact and improvement on one or more of the following metrics:
  - **Improve** A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
  - **Improve** category 2 ambulance response times to an average of 30 minutes across 2024/25
  - **Improve** mental health patient flow and work towards eliminating inappropriate out of area placements
  - **Improve** access to virtual wards (Hospital at Home) by ensuring utilisation is consistently above 80% (focus on frailty, acute respiratory infection, heart failure and Children and Young People (CYP)
  - **Reduce** the proportion of waits over 12hr in A&E compared to 2023/24
  - **Reduce** admitted and non-admitted time in emergency departments, and in particular arranging appropriate services for mental health patients requiring urgent care
  - **Reduce** ambulance handover delays

Left Shift in Healthcare

NHS Greater Manchester

- There is also system agreement to strengthen our shift from acute care to care closer to home over a period

Engagement

NHS Greater Manchester

Meeting	Date
Winter Debrief Workshop	17th May 2024
2024/25 Winter Funding Discussion Meeting	12th June 2024
2024/25 Winter Funding Discussion Meeting	19th June 2024
Manchester & Trafford Urgent Care Board	21st June 2024
Manchester Partnership Board	10th July 2024
Manchester & Trafford Winter Planning Group	6th August 2024
Manchester & Trafford Winter Planning Group	13th August 2024
Manchester & Trafford Urgent Care Board	16th August 2024
Manchester & Trafford Winter Planning Group	20th August 2024
Manchester & Trafford Winter Planning Group	27th August 2024
Manchester & Trafford Winter Planning Group – Final Proposals Presented / Discussed	3rd September 2024
Manchester Clinical & Professional Advisory Group (CPAG)	18th September 2024
Manchester Provider Collaborative Board (PCB)	19th September 2024

Provider Collaborative Board Discussion – Key Points

NHS Greater Manchester

- Collaborative approach taken
- Improved process compared to 2023/24
- Overall support, but noting the need to maintain increased acute bed capacity during winter if diversions/deflections are not achieved
- Further development of the ED Streaming Model required alongside discussions on how best to allocate acute funding
- All schemes require clear intended outcomes to be able to measure their success
- Provide further clarity on the links between capacity and discharge funded proposals

2023/24 Schemes Recap

NHS Greater Manchester

Description	Value	%
GM Primary Care Support - Winter Surge (Top Sliced)	£417,580	
Discharge Coordinator contributions plus support for specific cultural/BAME groups (Top Sliced)	£30,000	
GM Primary Care Support – Optometry (Top Sliced)	£17,260	
GM Primary Care Support – Pharmacy (Top Sliced)	£16,253	
Non-Discretionary Spend Sub Total	**£481,093**	
Acute Winter Bed capacity across NMGH, MRI and Wythenshawe	£3,478,000	**67.3%**
Primary Care (Acute Respiratory Hubs and Additional Sessions)	£1,192,000	**23.1%**
GMMH - Community Review Team, Crisis Beds, Commission New Beds, Floating Support, Control Room	£496,000	**9.6%**
Discretionary Spend Sub Total	**£5,166,000**	
Grand Total	**£5,647,093**	

2024/25 Proposal

NHS Greater Manchester

Description	Value	%
GM Primary Care Support - Winter Surge (Top Sliced)	£417,580	
St Anne's Hospice Bed Capacity (Must do so no discretion)	£92,400	
Discharge Coordinator contributions plus support for specific cultural/BAME groups (Top Sliced)	£60,000	
GM Primary Care Support – Optometry (Top Sliced)	£17,260	
GM Primary Care Support – Pharmacy (Top Sliced)	£16,253	
Non-Discretionary Spend Sub Total	**£603,493**	
Front Door ED Streaming Model – to stream patients presenting at ED seeking urgent care to the most appropriate clinician/service (proposed during winter debrief discussions) – JOINT M&T SCHEME	£120,000	2.4%
Patient Engagement and Communications of UEC Services Campaign – specific engagement and comms activity to ensure public are clear where and how to access services (proposed during winter debrief discussions) – JOINT M&T SCHEME	£20,000	0.4%
Acute Winter Bed capacity across NMGH, MRI and Wythenshawe	£3,117,075	62.3%
Primary Care (Acute Respiratory Hubs and Additional Sessions)	£1,192,000	23.8%
GMMH - Community Review Team, Crisis Beds, Commission New Beds, Floating Support, Control Room	£496,000	9.9%
Held as contingency (to review based on ongoing pressures)	£60,500	1.2%
Discretionary Spend Sub Total	**£5,005,575**	
Grand Total	**£5,609,068**	

2024/25 Proposal

NHS Greater Manchester

- Additional amount (£122k) of the overall allocation top sliced at GM level – includes hospice bed capacity and an increased contribution towards discharge coordinator
- Recognises the valued impact of the 2023/24 schemes in responding to operational pressures and enabling the system to remain as resilient as possible – evaluations presented to MPB in July
- Maintains the same investment in primary care (£1.2m) compared to 23/24. Strong evidence that this had positive impact over last winter.
- Maintains the same investment in GMMH (£0.5m) compared to 23/34. Decisions around use of this funding to form part of Manchester Mental Health Recovery Programme.
- Includes 2 additional uses of winter capacity funding (in bold) aimed at diverting and deflecting acute hospital activity and delivering a left shift in healthcare. These schemes are jointly funded with Trafford
- Additional contributions/schemes funded through a gradual reduction (£0.4m / movement from 67.3% to 62.3% of discretionary spend total) of investment in acute bed capacity – in line with agreed strategic direction of travel
- Funding for the existing 100 Hospital @ Home beds - this is subject to a GM evaluation of the approach via GM UEC Board. Current funding flowing to MFT on a month-by-month basis (circa £4.5m FYE)
- Schemes that have also been put forward but are currently unfunded –
  - Expansion of Hospital @ Home to 170 beds (£2.2m)
  - GMMH North-West Bureau Beds funding gap (circa £3m)
- Does not include proposals covered by the winter discharge funding – approval via Manchester Health & Wellbeing Board

Movement of Funding

NHS Greater Manchester

Description	24/25 Proposal	23/24	Difference
GM Primary Care Support - Winter Surge (Top Sliced)	£417,580	£417,580	£0
St Anne's Hospice Bed Capacity (Must do so no discretion)	£92,400	£0	£92,400
Discharge Coordinator contributions plus support for specific cultural/BAME groups (Top Sliced)	£60,000	£30,000	£30,000
GM Primary Care Support – Optometry (Top Sliced)	£17,260	£17,260	£0
GM Primary Care Support – Pharmacy (Top Sliced)	£16,253	£16,253	£0
Front Door ED Streaming Model	£120,000	£0	£120,000
Patient Engagement and Communications of UEC Services Campaign	£20,000	£0	£20,000
Acute Winter Bed capacity across NMGH, MRI and Wythenshawe	£3,117,075	£3,478,000	-£360,925
Primary Care (Acute Respiratory Hubs and Additional Sessions)	£1,192,000	£1,192,000	£0
GMMH - Community Review Team, Crisis Beds, Commission New Beds, Floating Support, Control Room	£496,000	£496,000	£0
Held as contingency (to review based on ongoing pressures)	£60,500	£0	£60,500
Grand Total	**£5,609,068**	**£5,647,093**	**-£38,025**

Next Steps

NHS Greater Manchester

- Deployment of funding - October
- Further development of some schemes/clarification of outcomes – September/October
- System implementation assurance – October/November
- Evaluation of schemes - April

2025/26 UEC Transformation

NHS Greater Manchester

- Newton Europe undertook a diagnostic on MRI site in autumn 2023 as part of NHSE 'Tier 1' process. This identified opportunities for significant improvement in patient pathways before, during and after a hospital stay.
- £14m of system financial benefits were identified. This would build on existing work around admission avoidance and pathway 3 referrals, and would support the ambition of a 'left shift' in our UEC system.
- Newton Europe will bring in a team of 15-20 people to undertake this transformation work over a period of 15-18 months. Whilst MFT would be the contracting partner, this would be owned as by the system, with system governance docking into MPB.
- The cost of the programme is estimated at £7.2m. This is accompanied by a commercial guarantee from Newton that at least £7.2m of cashable savings are identified, with the target being to achieve £14m recurrent cashable savings.
- For the past two years, c£3.5m of UEC Capacity Funding has been provided to MFT to maintain escalation capacity across their sites. **For 2025/26, it is proposed that this is reduced by up to £2.67m, and instead used as a contribution to the transformation work.**
- In line with the fee guarantee, this would be payable on the realisation of £2.67m cashable savings for the system. This would then be made available to invest in line with MPB's priorities. Overperformance against the fee guarantee would see commensurate additional savings, with this funding made available to the system to be invested in line with MPB priorities. Underperformance would see a commensurate reduction in the system contribution to the transformation work.
- The Place Based Lead/Deputy will be integrally involved with this work throughout. Regular updates will be provided to MPB and other relevant groups. Discussions are also ongoing with Manchester City Council and our counterparts in Trafford as to their involvement.

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MPB members are asked to:

- Confirm they are content with the proposed allocation of 2024/25 UEC funding (as set out in slide 10)
- Confirm they are content with the proposed contribution to the UEC Transformation Programme, including the use of up to £2.67m of 2025/26 UEC Capacity funding to support this work.

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Manchester Partnership Board	
Report of:	PCB Delivery Plan Update
Paper prepared by:	Tom Hinchcliffe, Deputy Place Based Lead
Date of paper:	8th October 2024
Item number:	7
Subject:	PCB Delivery Plan Update
Recommendations:	To note the content within the highlight reports.

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Quarter 2 2024/25 Highlight Report | Manchester Provider Collaborative Board

Programme Name	**Children and Young People**	**Programme RAG**	
Programme SRO	**Sean McKendrick**	**Date/Version/Author**	**CYP Reform Board: Carolyn Whewell** **JCG: Helen Ibbott (MLCO)**
Programme overview and aim	**Children and Young People (CYP)** incorporates the CYP Reform Programme and CYP Joint Commissioning. The reform programme aims to strengthen and improve partnership working to improve resilience and outcomes for children and families and it builds on the strength of existing partnership working for CYP in the city. It prioritises early identification, intervention and prevention for **whole families** to prevent unnecessary escalation to statutory or intensive services. The CYP Joint Commissioning Group (CYP JCG) mainstreams the reforms through collaborative commissioning across the Council, NHS commissioners, providers, partner agencies and communities.		
Benefits / measures that will evidence success (linked to aim)	Thriving Families anticipated benefits – reduced costs of mental health interventions, reduction of children taken into care, reduced incidents of domestic abuse, reduced drug and alcohol dependency for families tracked via dashboard with first case closures and data expected in the new year. Family Hubs - There are a number of anticipated benefits but full impact data will take time to track. The evaluation framework measures will be tracked at person and local authority level over the long term, including (LA level) children of a healthy weight, improvements in oral health, Smoking prevalence in pregnancy, immunisation rates and (Individual level) improved mental and physical health, improved education, safety from domestic abuse and parental improved recovery from substance misuse. (measures from Supporting families outcomes framework). Interim review with some outcomes data planned for November 2024.		

Summary of overall progress

CYP Reform Programme:

- Thriving Families Teams in south and central are operational with north due to launch in October. First wave of outcomes date for children and families anticipated by the end of the year.
- Family hubs work is ongoing with 4 hubs operational across the city. Mapping for future of family hubs model and expansion is underway. Interim review of implementation due November 2024.
- Stock take workshop with individual partners and commissioners to identify and prioritise future activities for CYP 0-19 model planned.

CYP Joint Commissioning:

- Monthly reporting through to the Manchester Joint Commissioning Group
- SALT review and design work continues at a pace; JCG will consider work in detail (Oct) to inform design proposal planned for Dec.
- Developing the alignment between the JCG and the Reform Board, specifically to support the 0-19 Neighbourhoods work
- External OD commission to support the development of the CYP joint commissioning function in the City; workshop planned for 7th Oct.

Issues / Challenges to Delivery – highlighting any that require discussion/escalation to PCB.

CYP Reform Programme:

No escalations to PCB at this stage

CYP Joint Commissioning:

- No escalation to PCB. All escalations are managed through the Joint Commissioning Board.

Quarter 1 2024/25 Progress by workstream

Programme	Workstream	Lead	Key deliverables due in quarter	Q1 24/25 RAG	Progress against key deliverables
Children and Young People's Reform Programme	**Workstream 1** Co-location and integration of services at **Family Hubs**	**Chris Webb, Family Hubs Programme Manager**	• Co-locate services across the family hubs sites (rolling programme, subject to estates) • Development of an integrated referral pathway to family hubs (Q2) • Development of a data sharing agreement and process between services (Q1 /2)		4 Family Hubs sites are now open and operational. MCC owned sites have undergone work to the estates to create suitable space and provide equipment to enable services to be co-located. Wifi issues now resolved to enable partners to work onsite. Memorandum of Understanding agreements detailing ways of working and data sharing processes are now in place with commissioned services. Development of referral pathways is ongoing. Work to review Family Hub based roles has been undertaken to reduce duplication and streamline processes. Family Hubs are anticipated to have a number of benefits for child and family outcomes measured over the long term. Data dashboard in place tracking engagement with family hubs by demographic groups. Interim review of Family Hubs implementation is due in November. Mapping of potential future Family Hubs sites to expand the model across the city is underway but is subject to government decision on funding.
	Workstream 2 Implementation, rollout and evaluation of the **Thriving Families** programme (for children on child protection plans)	**Julie Heslop, Deputy Director of Children's Services**	• Rollout of Thriving Families teams to central and north Manchester (Q2) • Evaluation of Thriving Families to inform future investment (ongoing with case evidence from Q3)		Central team is now fully operational and accepting cases. Central team currently have 18 (153 children) cases open with mental health and domestic violence identified as the greatest need factors. North team recruitment has completed and will be operational from October. The south team currently have 65 family cases open (185 children) with domestic abuse and mental health identified as greatest need, closely followed by substance misuse. The first tranche of outcomes data for children and families is anticipated by the end of the year once the first cases from the initial pilot in South are closed to the Thriving Families Team. Changes to the assessment and recording of information have been made within liquid logic to support moving towards case closure where appropriate. Anticipated project closure once cases have
	Workstream 3 **Development of Sustainable Neighbourhood Operating Model for CYP services**	**To be confirmed**	Design workshop and initial Theory of Change by September 2024 Vision and Proposed Operating Model by September 2025 This will inform joint commissioning intentions for services from 2026.		Initial design meetings with CYP neighbourhood working group have been completed and Theory of Change context considered by the CYP Reform Board. Objectives agreed in principle but subject to further consultation and review with strategic leaders across the partnership to ensure buy in for the programme. The potential scale of the work requires further prioritisation to ensure it complements the work of the Joint Commissioning Group and partner organisations priorities. Next steps to include a stock take for all partners to align with priorities of individual partners and commissioners to build understanding of current priorities / drivers for reform activity, pressures and challenges, what is working, gaps and opportunities to work together. This will inform proposed activities and outline specific benefits for the next 12 months.

RAG Guide: Purple = Completed Green = On track Amber = Off track but recoverable Red = Critically off track Blue = Planned but work yet to start

Quarter 1 2024/25 Highlight Report | Progress by Project

Programme / Workstream	Lead	Key deliverables due in quarter	RAG	Progress against key deliverables and general update (linked to overall project objective) *Have key milestone / output been achieved? What has the barrier been to achieving output / milestone? If not yet achieved, what is the revised target date for this? Is any support needed from partners to support delivery?* *Please ensure that any deliverable originally due in quarter but not achieved is still included here and commented on, including revised delivery date.*
CYP Joint Commissioning	**Helen Ibbott**	• Q1 - Support implementation plan for the School Health Review; Review MH (IThrive and CEDS); Develop proposal for sustainability of health services in education settings • Q2 - Outline approach to review of Health Visiting and alignment with Early Help and family hub offer; Work with the MLCO Commissioning Board to the agree a transitions programme to support children and young people into adulthood. • Q3 - Review proposal for future of SALT services in Manchester (to include approach to the BALANCE review)		Q1: • As per previous update • Proposal to ensure sustainability of health in education settings – UPDATE: Commissioners to meet to agree a plan to manage the risk relating to the non-recurrently funded special school nurse roles (noting funded through PH reserves in 24/25) and a plan to convene a Manchester workshop later in the year to understand current challenges, future plans and agree how to plan for the longer term. Q2: • Health Visiting review completed and considered at the July JCG • Reform Board discussions continue to scope the 0-19 neighbourhood offer (this is now the work that is referenced in Key deliverables as: HV, EH and Family hub work) and JCG will consider role to support the planned stocktake as part of this work. • Transitions update presented to JCG, but no agreement on a joint work plan with the MLCO Commissioning Board; Transitions to be considered at a future JCG • OD work commissioned to support the development of a joint commissioning function for the City (across health, public health, care and education) • IN ADDITION: work underway to look at the GM Neurodevelopmental pathways programme and how tis will be mobilized in Manchester; working group to be convened led by ICB (M) team. Q3: • SALT working Group continues to progress the SALT review and redesign proposal; for consideration at the October JCG. • Connections to the GM team have been made to support alignment to and support from the BALANCE review team.

RAG Guide: Purple = Completed Green = On track Amber = Off track but recoverable Red = Critically off track Blue = Planned but work yet to start

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Quarter 2 2024/25 Highlight Report | Manchester Provider Collaborative Board

Portfolio	Long Term Conditions	**Date/Version/Author**	7th October 2024 Final Version 1 Emma Gilbey, Programme Director for Long Term Conditions
Senior Responsible Officer	Sohail Munshi		
Portfolio overview and aims	The Long Term Conditions portfolio oversees delivery of priority work programmes focused on improving health outcomes for Manchester citizens. There are 3 shared aims i) Improve outcomes overall ii) Increase prevention and early intervention iii) Reduce health inequalities in provision and outcomes.		

Programmes in Scope	Programme Lead	RAG	Programmes in Scope	Programme Lead	RAG
CYP Healthy Lungs	Khalada Abdullah	G	Healthy Heart (Diabetes)	Nana Acheampong	G
Healthy Hearts (CVD Prevention)	Nana Acheampong	G	Population Health Management	Graham Mellors	G

Programme	Key Progress Towards Delivery of Milestones and Metrics This Quarter	Key Issues and Challenges to Delivery, and Mitigation
CYP Healthy Lungs	Asthma friendly schools development on track within existing Healthy Schools programme with the asthma friendly schools policy being finalised. Work has started in the Community Diagnostic Centre programme to create a CYP asthma pathway. Room to breathe project progressing well with some minor delays due to reduced capacity for the required comms support.	CYP HL Programme Lead post is vacant pending recruitment. This will impact progress over the next quarter Q3.
Healthy Hearts (Diabetes)	Early analysis of work in primary care to reduce inequalities in uptake of annual 8 care process checks has shown some improvements in uptake overall, and also some specific tests and patient groups which need more focus The review of Structured Diabetes Education programmes is complete with work now progressing on comms and engagement plans. A review of out of hospital diabetes services has also commenced.	None
Healthy Hearts (CVD Prevention)	Key NHS-E funded projects in North Manchester, and with Black Caribbean communities are now in the evaluation phase. The NHS-GM GP Quality Scheme for high risk patient reviews continues with achievement being overseen by the Locality team. Point of Care testing pilot now due to start in October. Started mapping all CVD prevention activity in Neighbourhoods to inform priority setting longer term.	None
Population Health Management	Three priorities confirmed. 1) C&YP asthma in four neighbourhoods with a focus on improving control. 2) Take-up of Bowel Cancer screening by 60-64 year olds and 3) hypertension case finding (HCF), both citywide. HCF project will initially look at improving take-up and targeting of existing Be Well community health checks. Neighbourhood plans for BC screening and CYP asthma to be reviewed by PHM Board in Oct'24.	PHM Strategic Lead post will be vacant from the end of October, pending recruitment. This will impact progress in Q3 and Q4.

RAG Guide: Purple = Completed Green = On track Amber = Off track but recoverable Red = Critically off track Blue = Planned but work yet to start

Quarter 2 2024/25 Highlight Report | LTC Programme Milestones and Measures

Programme	Key Milestones	Quarter and RAG status	Metrics and Outcomes to be delivered including target	Quarter and RAG status
CYP Healthy Lungs	Development of data packs and delivery of PHM workshop. Metrics of CYP Asthma Programme defined and agreed, Room to Breathe Group established, and Terms of Reference defined by May 24.	Q1	1. Increase in the number of CYP with personalised asthma action plans (target TBA).	Q4
	Project plans, deliverables and metrics for each Project defined including involvement with PPAG & CHEM and Engagement team by September 24.	Q2	2. Reduction in reliever SABA inhaler medications (target TBA).	Q4
	PHM Neighbourhood plans developed, Healthy Schools AFS accreditation work to commence by December 24.	Q3	3. Reduction in asthma related non-elective admissions (target TBA).	Q4
	CYP diagnostics pathway mobilised by March 25.	Q4		
Healthy Hearts (Diabetes)	Agree funding and plans for Primary Care projects to increase update of diabetes 8 care process checks and extended reviews for early onset type 2 diabetes (EOT2DM) by May 24.	Q1	1. Increase in number of people having the 8 diabetes care process annual checks. Target threshold of 65%.	Q4
	Identify and review current T1& T2 Structured Diabetes Education (SDE) programmes being delivered in Manchester by September 24.	Q2	2. Increase in number of people with EOT2D having additional reviews. Target threshold of 50%	Q4
	Create and implement new communication tools and approaches for patients and clinicians on SDE options (to improve access, referrals & uptake) by March 25.	Q4	3. An increase in referrals and uptake of Structured Diabetes Education from previous financial year (target TBA).	Q4
Healthy Hearts (CVD Prevention)	Deliver System Transformation Fund (STF) project focused on uptake of blood pressure checks in the Black Caribbean community by December 24.	Q3	1. STF Hypertension case finding through BP checks. Target of 500 BP checks	Q3
	Deliver Community Lipids Fund (CLF) project focused on heart health for North Manchester residents by December 24.	Q3	2. CLF Hypertension case finding through BP checks. Target of 500 BP checks	Q3
	Deliver NHS-GM funded GP Quality Scheme (Beyond Core Contract Review or BeCCoR) focused on enhanced reviews for high-risk patients by March 25.	Q4	3. Achievement of NHS-GM agreed thresholds indicating an increase in high-risk patients receiving enhanced review.	Q4

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Quarter 1 2024/25 Highlight Report | Risks & Issues

KEY RISKS AND ISSUES FOR PROVIDER COLLABORATIVE BOARD *(Awareness and/or action)*

Type (State whether an issue or risk, and the category, e.g. 'Programme or Strategic)	**Description**	**Current Mitigation**	**Risk Score (Likelihood x Consequence**	**Owner**	**Support required / requested from Board to mitigate against the risk**
Issue	Respiratory diagnostics funding and implementation plan for Adults and CYP is not yet agreed by NHS-GM.	NHS-GM has brought together a small taskforce led by commissioning to explore the options for a pan GM model for Spirometry and FeNO. Manchester are represented in the working group.	NA	Tom Hinchcliffe	Work in progress. No additional support required at this time.
Issue	CYP HL Programme Lead post is vacant pending recruitment. This will impact progress over the next quarter Q3.	Recruitment is in progress. Programme activities temporarily scaled back.	NA	Murugesan Raja	Work in progress. No additional support required at this time
Issue	PHM Strategic Lead post will be vacant from the end of October. This will impact progress over Q3 and Q4.	Recruitment will restart in November'24. Programme activities will temporarily be scaled back.	NA	Sohail Munshi	Work in progress. No additional support required at this time

Risk Grading Matrix

Likelihood x Consequence

	Consequence				
Likelihood	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost certain					
4 Likely					
3 Possible					
2 Unlikely					
1 Rare					

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Quarter 2 2024/25 Highlight Report | Manchester Provider Collaborative Board

Programme Name	**Optimising the Neighbourhood approach**	**Programme RAG**	
Programme SRO	Shefali Kapoor – Director of Communities (MCC) Helen Ibbott – Director of Strategic Planning and Reform (MLCO)	**Date/Version/Author**	Rebecca Cargill (20.09.2024)
Programme overview and aim	The overall aim of the programme is to optimise the neighbourhood model as the delivery vehicle for health, care and wider services including optimising opportunities for further integration**.**		

Overall Programme progress summary

- Neighbourhoods Leadership event (APRIL 24) brought together INT Leads, Neighbourhood managers and HDCs with system leaders to consider how we can build on our collaborative and integrated work to date.
- Established Manchester Neighbourhoods Leadership Group (jointly chaired by MLCO / MCC) and attended by neighbourhood leaders to take forward the outputs of the Leadership event.
- 24/25 Work plan to focus on governance, funding flow, comms and sharing our story and establishing the leadership event as an annual event.
  - Governance review – Team Around the Neighbourhood (TAN) maturity assessment scoped; this will also wrap in options for better use of intelligence and data
  - Funding flows (Health Equity Funding): stocktake complete and T&F group to be established to progress next steps.
  - Neighbourhood conference – outline for annual event developed – proposed March 2025 with all stakeholders in the TANs.
  - Leadership group – to share relevant resources for potential use within the TAN

Issues / Challenges to Delivery – highlighting any that require discussion/escalation to PCB.

- PCB asked to note the progress and support the work plan including the work to establish a group to review funding flows, proposed to report through to Joint Commissioning Board (JCB).
- No issues / risks to escalate to PCB.

Outcomes

More efficient working across TANs citywide. Measured through established annual conference and feedback from TANs / TAN Maturity Assessment.
A more streamlined and equitable approach to funding for health equity/inequalities or community-engagement related work that improves health and wellbeing outcomes for Manchester residents. Measured through:

- The development of a formalised group to have oversight of funding (Health Equity Funding Development Group (HEFDG)).
- TAN maturity assessment which will consider how TANs can measure impact of funding.
- Lookback exercise to consider impact of funding over the previous year and how this can be further developed through the HEFDG.

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Quarter 2 2024/25 Highlight Report | Progress by Project

Project/ workstream Name	Project/ workstream Lead	Key deliverables due in quarter	Outputs / measures	Q2 24/25 RAG	Progress update against key deliverable / actions
Neighbourhood Leadership Group	Helen Ibbott Shefali Kapoor	• Share MCCFM Population Analysis Tool with Integrated Neighbourhood Leads / Neighbourhood Managers • Develop success measures for group – to come from ICB perspective and TAN Maturity assessment.	Sharing of resources to support the TAN – more efficient working. Success metrics / measures developed.		• MCCFM Population Analysis Tool shared with Leadership Group. Positive feedback from INT Leads / NMs • Outline sources of intel and work with INTLs / Neighbourhood managers to agree how to utilise through the TANs.
Governance and TAN Maturity Assessment	Mark Rainey	Develop the scope for and complete a TAN Maturity Assessment, and resulting action plan: • Form a group to scope out assessment; the Neighbourhood Leadership Group will act as the Oversight Group. • Invite wider partners / organisations from across the TAN • Outline purpose of TANs, achievements to date, what has worked well and less well, approach moving forward. • Ensure all TANs are represented in assessment as they are at different stages of maturity.	Opportunity to share team resources to support organisation and then TAN priorities – more efficient working.		• Governance: TAN maturity assessment to be scoped with support of MCC PRI team – to be completed by the end of November. • R&I team met in Q2 and are going to put together a draft outline for scope by the end of October – for Leadership Group to have sight of. • To launchat the next Neighbourhoods Conference (March 25)
Finance / Health Equity	Jenny Osborne	Finance/Health equity: • Develop and implement streamlined and aligned governance to agreeing sustainable approach to grant funding in neighbourhoods • Rationale to be included in briefing paper. • Exercise to review pots of money that landed in the previous financial year (re-current and non-recurrent funding). • Review next steps once briefing paper and exercise completed.	Alignment of funding sources and budgets – understand full spend, ensure value for money and no duplication. Governance route agreed and formalised.		• Briefing paper shared with Leadership Group for comment (Sept 24); to update with local Neighbourhood examples and commence a look back exercise (not yet started) to outline impact of work.
Neighbourhood Conference	Helen Ibbott Shefali Kapoor	• Outline annual conference - to be delivered in Q4	Ongoing conference established to share good practice, identify and remove barriers to working in the TAN.		• Follow up workshop or Leadership event to be organised. • Conference draft shared with group for comments and feedback. • Further draft version to be shared with group.

Quarter 2 2024/25 Highlight Report | Manchester Provider Collaborative Board

Programme Name	Mental Health Transformation Programme	Programme RAG	
Programme SRO	Tom Hinchcliffe, Deputy Place Lead	Date/Version/Author	Caroline Cain, Interim Deputy COO, GMMH

Programme overview, aim and outcomes.	In 2024/25, a Manchester system wide recovery plan has been developed that will focus on improving outcomes for people in Manchester presenting with a range of MH problems. This includes reducing patients in acute beds who are clinically ready for discharge, improving flow and providing a greater oversight of patients who are in Out of Area Placements. In the longer term the programme will develop the future model for mental health services in the community, with a focus on prevention, early intervention and the primary/secondary care interface will be developed and linked to the GMMH clinical strategy.
Benefits / measures of success – linked to aim	Work is taking place to articulate the benefits as measurable outcomes for service users that will be in line with: 1) Reduce out of placements by 33% by end of March 2025 2) Reduce long of stay for people clinical ready for discharge to improve patient flow working with system partners including VCSFE by end of Nov 2024 3) Develop a home first model to reduce the No. of people requiring specialist placements/supported accommodation by end of March 2025, 4) Review the provision of Mental Health Liaison Teams to be able to respond to people who present at AED 5) Work collaboratively to develop an early intervention and prevention strategy based on population need 6) Workforce modelling to reflect the demand and needs of the people with a serious mental illness 7) Implementation of the Community Mental Health Transformation model of care.

Overall Programme progress summary

- The recovery plan has been developed, SRO identified and further work to agree the governance architecture, agree patient, system and organisational outcomes and project support.
- Programme includes nine workstreams covering resourcing, clinical leadership, housing, step-down capacity, the CMHT model, the primary/secondary care interface, the panel and MADE processes and the CERN pathway. Many of these workstreams are already underway and the plan will provide a single view of all improvement and transformation work and also link with existing governance for GM and GMMH wide transformational schemes that impact the Mcr system and flow so not to lose sight but nor duplicate (eg North View, CMHT transformation).
- System-wide strategy board established, chaired by DPL and bringing together GMMH, MCC ASC, ICB commissioners, NHSE. Weekly meetings commenced 10 July.
- Operational structures being reviewed to align with this model.
- Additional programme support sourced from central ICB MH commissioning team. In place 26 June and embedded in Manchester system.
- Additional resource in GMMH/Manchester control room identified and STAR process underway to agree funding.

Issues / Challenges highlighting any for discussion at PCB

Time to deliver is a risk as the CRFD and OAPS improvement trajectory is expected by 30.3.25
Need to identify how best to use UEC capacity/discharge funding to support mental health
Senior leadership changes in GMMH create a risk. Need to maintain executive level oversight over coming months.
ICB funding constraints for acute inpatient services commissioned through the NWBB which may result in a reduced bed based and further increase in OAPS
Housing is a significant barrier, with a lack of accommodation options (including supported) for people with complex needs. Programme of medium/long term work

Locality Performance Oversight metrics	Target	Latest	Change	Programme comments
• Inappropriate adult acute mental health Out of Area Placement (OAPs) bed days	31	**4,515** (Mar 24)	▼	31 is a GM wide target
• Long length of stay for adults (MH patients over 60 days)	0	**55.6%** (Mar 24)	▼	See highlight reports (slide 5)
• CRFD improvement trajectory	40.7	tbc		Trajectory agreed in principle, performance improvement plan under development

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Quarter 2 2024/25 Highlight Report

RAG Guide:
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Recover Plan workstreams	Timescale	Lead	Actions and Deliverables	RAG	Progress against key deliverables
Agree recovery programme aims and objectives, improvement programmes/ projects and governance	End Aug	Tom Hinchcliffe / Bernie Enright, NB, SW, LS, BH	CRFD improvement trajectory to be agreed and performance improvement plan to be developed (Mcr recovery plan) OAPS improvement trajectory to be agreed and performance improvement plan to be developed (Mcr recovery plan) Programme scope and governance to be agreed All to be agreed through system partner governance Identification of project resources to support delivery Agree approach to service user and carer involvement		CRFD improvement trajectory agreed OAPS improvement trajectory agreed Programme scope and governance to be agreed Performance improvement plan for CRFD and OAPS included in overarching Mcr recovery plan Governance started to be developed SRO agreed Enhanced Recovery Team – Phase 1 work commenced October 2024.
Integrated Discharge Team (inc OAPS clinical oversight)	End Aug	Tom Hinchcliffe / Bernie Enright, NB, SW, LS, BH	Agree an IDT model and agreed outputs Funding and recruitment options confirmed STAR form complete		Model agreed Hosting/ employment arrangements agreed Costs provided by GMMH. To be approved by ICB CMO
ICB CMHT review (post Shanley)	TBC	ICB	Scope to be developed and agreed Leadership to be agreed		
Housing **Address housing as barrier to discharge**	TBC	James Williams / Martin Oldfield (MCC)	Identification of suitable sufficient accommodation to move on those CRFD where housing is a barrier to discharge. Updates to be provided at GM MADE		
Additional bed capacity	Aug 24	Fiona Meadowcroft / Juliet Eadie / Sandy Bearing	Identification of appropriate beds for step down to reduce CRFD and improve flow and reduce OAPS Mobilisation of capacity		Willows Green identified for 20 beds CQC registration in the process of being changed from acute to step down beds Patients being identified
Purpose for admissions	TBC	DR, ZD,BH,NB	Establish a purpose for admission group, identify improvement objectives and delivery plan. Review and improve S12 and AMPH access		Weekly review of liaison activity completed to identify variation Review undertaken on MHA on admission by CW

Quarter 2 2024/25 Highlight Report

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Workstream	Timescale	Lead	Actions and Deliverables	RAG	Progress against key deliverables and general update (linked to overall project objective)
Streamline processes	July 24	Christian Walsh (NHSE) / Bronwen Maxwell	Funding and recruitment options to be confirmed, and recruitment started. Rapid, safe and appropriate discharge for patients back to community, with access to primary care and community resources. For patients in OAPs, the first stage may be repatriation into a local bed. Following discharge, patients will be handed over to an identified care co-ordinator in the CMHT to manage ongoing care.	**TBC**	TBC
CMHT effectiveness	Ongoing	Carol Harries, Bridget Hughes	Test of change, Waiting list management, unallocated hub, recruitment and sustainable service offer, CMHT transformation, CPA review, timely support to inpatients (CAA)		Unallocated hub operational, reduction in waiting lists and unallocated cases evidenced, CMHT transformation proposal in development, Tests of change undeway to inform transformation SOP development October 2024.
Review of patient flow processes inc 3 Tier Multi Agency Discharge Event (MADE) process to enable easier identification and management of complex cases.	Immediate action	Tom Hinchcliffe	Review of MADE structures (local and GM) to ensure fit for purpose Review of patient flow oversight process Introduction of complex case panels Involvement of Rehab Division in all delayed discharges		GM MADE review commenced Changes implemented to local MADEs Internal GMMH PTLS now chaired by AMD Rehab division represented at internal flow and MADE events Long LOS meetings in place to offer advice and support Complex case panels in place Enhanced Recovery Team – Phase 1 work commenced October 2024.
Primary/Secondary Care interface **Review of escalation/secondary prevention/intermediate care approach, and work with primary care on primary/secondary interface.**	End Q3	Fiona Meadowcroft / Sarah Follon	Assessment of the possibility to use Willows Green to provide up to 20 additional beds in Manchester, as step down and transfer CRFD. GMMH discharge co-ordinator to support. Identification of other possible stepdown beds across GM.	**TBC**	TBC
Develop CERN pathway	TBC	Nishan Bhandary (GMMH)	Agree scope, timescales, and deliverables Consider links to GMMH clinical strategy		

Quarter 2 2024/25 Highlight Report

RAG Guide:
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Workstream	Timescale	Lead	Actions and Deliverables	RAG	Progress against key deliverables and general update (linked to overall project objective)
GMMH inpatient reform	Dec 24	AK, BH, NB, Swil, SG, DG	Ensure inpatient services are fit for purpose and in line with best practice, reducing unwarranted variation Effective systems and process Delivery of the 10 discharge initiatives best practice principles in inpatient MH care		Healthy patient pathway launched GMMH clinical strategy commenced Clinical senate launched Clinical director for inpatients recruited Head of ops for inpatients and matron recruited Link to North View (model of care and transformation)
CMHT transformation		CMHT trans team, MCC	Deliver community transformation work inc Living Well		Community transformation work underway governed through Community transformation board
Strategic PICU review	TBC	MH, GC, SW	Agree and deliver the GMMH strategic PICU review in line with NAPICU guidelines to reduce unwarranted variation, ensure PICUs delivered as per national best practice.		Initial data collection complete Clinical leads identified Scoping meeting agreed for Mid August
UEC/ Discharge and capacity schemes	Aug 24	TH,SW,BH ,PT	Review of current schemes for effectiveness Agree funding for 24/25 to include appropriate inflationary uplifts Funding to be reviewed in ligh of actovoty levels in GMMH wide schemes and Shortfall in NWBB.		Evaluation of schemes complete Mcr system submitted fundings to GM for 24/25 (short fall remains for MH schemes and Mcr activioty levels)
Funding applications and panel processes			Review panel process, identify improvements required in applications sent for funding, agree funding application and panel improvement objectives with agreed timescales		Review undertaken on MHA on admission by CW

Quarter 2 2024/25 Highlight Report

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Workstream	Timescale	Lead	Actions and Deliverables	RAG	Progress against key deliverables and general update (linked to overall project objective)
Early Intervention in Psychosis	April 25	BH	Ensure team is fit for purpose and operating and commissioned in line with NICE guidelines to reach level 3 compliance as per national expectations. Investment in EIT service to be agreed		Gap in funding identified Improvement plan to reach level 3 NCAP rating developed Identification of patients awaiting transfer to CMHT
Delivery of GMMH Improvement and Financial Sustainability plan (linked to NOF 4 and exit criteria)	April 25	KH,SR,BH ,NB,JF	Improvement and financial sustainability plan developed		Improvement plan reports through System Improvement Board FSP plans developed
Crisis service developments: GM/ GMMH Wide **111 press 2** **MH ambulances** **MH practitioners in control toom** **Home Based treatment team** **Right Care, Right Person**	April 25 September 24	DR, ZD, ICB, NWAS	Delivery of GM Crisis service business case Helpline developments to support 111 press 2 MH ambulance recruitment and launch with NWAS Mobilise practitioners in NWAS EOC Review of HBTT in line with core fidelity and Royal college quality standards Delivery of S136 improvement plan Successful go live 30th September 2024		111 press 2 went live April 24 MH ambualnces went live May 24 MH practitioners in EOC test of change – now complete Review of historical investment into S136 services underway (GMMH and ICB) – ongoing. S136 improvement plan developed Raight Care, Right Person, implemented. Daily huddles GMMH, daily partner huddles to continue 2 weeks post go live.
Patient Flow processes	August 24 and ongoing quarterly	DW, BH,NB, SG	Review of patient flow oversight process : Review effectiveness of new system quarterly Introduction of complex case panels Involvement of Rehab Division in all delayed discharges		Revised processes inc MADE and PTL Weekly All 60+ LOS reviewed and actions MADE meeting including LA and ICB colleagues. NWBB/OAPS meeting reviewed and actions CO/CRFD and all Manchester patients in other GMMH beds reviewed. OAPs meeting chaired by ICB Enhanced Recovery Team – Phase 1 work commenced October 2024.

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Quarter 2 2024/25 Highlight Report | Manchester Provider Collaborative Board

Programme Name	**Improve Access to Primary Care**	**Programme RAG**	
Programme SRO	**Dr Vish Mehra**	**Date/Version/Author**	**Caroline Bradley 04.10.24**
Programme overview and aim	The aim of the programme is to improve access to General Practice, with a focus on two main areas: • Implementing the requirements set out in the NHS England Plan 'Recovering Access to Primary Care'. • Primary Secondary Care Interface – improving information sharing, streamlining processes and improving flow between primary and secondary care linked to 4 areas: Onward referrals, Complete Care, Call and Recall and Clear Points of Contact		
Benefits / measures that will evidence success (linked to aim)	• Increase in number of practices with Cloud Based Telephony solution in place throughout 2024/25 • Increase in number of practices signed up to, and successfully completing, the GPIP programme during 2024/25 • Utilisation of transition funding for Modern General Practice by all practices signed up • PCNs to achieve all 3 elements of the PCN DES Capacity and Access Plan for 2024/ 25 • Maintain achievement of appts booked with General Practice within 14 days (where clinically appropriate) • Agreed primary care priorities incorporated, with appropriate investment agreed, in a system wide UEC / Winter plan to support improved access		

Overall programme progress summary

Work is on-going across all areas of the programme and progress continues (see next 2 slides).

Issues / challenges to delivery – highlighting any that require discussion / escalation to PCB.

GP collective action commenced on 1 August 2024. Processes are in place at a NHS GM and locality level to understand the action, the impact, the risks and mitigating actions. NHSGM and locality governance has been established. A Manchester and Trafford locality approach has been adopted and regular meetings take place with system partners (localities, MFT (inc. MLCO), GMMH, LMC, Community Pharmacy) re: GP collective action.
There are on-going resource implications (inc. project management capacity) to support and progress the Primary Secondary Care Interface work.

Performance Oversight metrics	Target	Latest	Change	Progress update (including plans to improve metric if appropriate)
GP appointments – percentage of regular GP appointments within 14 days	81.7%	**86.3** (Q2 – Jul / Aug only)		Data for Q1 2024/25 (Apr / May) = 86.20% (NHS GM average = 83.73%) Data for Q2 in 2024/25 = 86.30% (NHS GM average = 83.22%)

Quarter 2 2024/25 Highlight Report | Progress by Project

Project/ workstream	Key deliverables due in quarter	Metrics to be delivered	RAG	Progress against key deliverables
Improving Access to Primary Care **Lead: Caroline Bradley**	**NHSE Delivery Plan** • Implementation of Cloud Based Telephony (CBT) – all GP practices to have CBT in place by March 2025. • General Practice Improvement Programme (GPIP) - Increase uptake of practices signed up to the programme • Transition to Modern General Practice – identified practices to draw down / utilise funding to support implementation of modern General Practice • Capacity and Access Planning (CAP) - All 14 PCNs to deliver against the requirements of the NHSE PCN DES • Booking a GP practice appt – to monitor and maintain current level of appts booked within 14 days (where clinically appropriate)	• Increase in number of practices with Cloud Based Telephony solution in place throughout 2024/25 • Increase in number of practices signed up to, and successfully completing, the GPIP programme during 2024/25 • Utilisation of transition funding for Modern General Practice by all practices signed up • PCNs to achieve all 3 elements of the PCN DES Capacity and Access Plan for 2024/ 25 • Maintain achievement of appts booked with General Practice within 14 days (where clinically appropriate)		**CBT** • All 82 practices have cloud-based telephony systems in place. Assurance process underway with practices to ensure functionality aligned to the NHS England metrics (reporting expected from Oct 24). **GPIP** • Currently 15 GP practices engaged with GPIP. This is an increase of 4 practices from Q4 2023/24. Work is underway to support more practices to access this resource. **Modern General Practice** • Currently 76 / 82 GP practices signed up to deliver Modern General Practice. Practices are utilising funding to support participation in GPIP, clear backlogs, secure resources and promote remote triage. **CAP** • For CAP 2024/25 PCNs no longer need to submit a plan to the ICB. This has been replaced by self-declaration process covering 3 areas: Digital Telephony (and data sharing with NHSE), Online consultation, Care Navigation. One PCN has so far declared that they meet all three CAP requirements for 2024/25. **GP practice appointments** • Q2 data available for Manchester for Jul / Aug = 86.30% (NHS GM average = 83.22%).
Winter / UEC **Lead: Caroline Bradley**	• Agree priority areas (with appropriate investment) for primary care as part of a system approach to utilisation of UEC / Winter funding (aligned to Urgent Care Programme of work) • Maintain proportionate universalism approach (apply a 'cost of living' weighting to Winter / UEC funding for primary care)	• Agreed primary care priorities incorporated, with appropriate investment agreed, in a system wide UEC / Winter plan to support improved access		Three priority areas for Primary Care have been agreed locally through UEC / Winter planning approach: 1. Additional Capacity for General Practice 2. Manchester Acute Respiratory Infections Service (MARIS) 3. GP Federation Surge Hubs Funding for elements will incorporate proportionate universalism weighting. All locality primary care schemes align to latest planning guidance (PRN00715) guidance related to Urgent Care: • Increase the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes. • Continue to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge. Additional proposals being considered around GP support into complex discharge MDTs (Discharge Funding) and GP support to Consultant-led streaming in ED.

Quarter 2 2024/25 Highlight Report | Progress by Project

Project/ workstream	Key deliverables due in quarter	Metrics to be delivered	RAG	Progress against key deliverables)
Primary / Secondary Care interface Work will continue to build on the progress made in the four main areas: • Onward referrals • Complete Care • Call and Recall • Advice and Guidance Leads: **Dr Murugesan Raja / Dr Sarah Follon**	• **Pilot MFT Onward referral process** – for Nephrology and Cardiology allowing onward referrals directly through HIVE (Q3) • **Complete Care** – improve discharge reporting processes. MFT to pilot electronic prescribing directly from hospital into community pharmacy. • **Call and Recall** - Each hospital to provide dedicated 5-day telephone lines for patients and healthcare staff. Q3/ Q4 • **Develop Clear Points of Contact -** Advice and guidance telephone lines available to support clear points of contact	• Develop standard discharge template following admissions and outpatients' appointments • Access to primary care will improve as interface issues which take up additional appointments will be addressed • Access to secondary care will improve as unanswered queries wont clog appointments		Work is on-going across several areas. This includes: **Onward referrals:** MFTs new EPR (Epic) is an enabler with new functionality including queue management, specialty triage, improved waiting list data functionality. Nephrology (MRI) and Cardiology (MFT wide) pilot areas agreed and workflows have been designed. The pilots are aimed to be launched Q3 with evaluation and further roll out in Q4. There has been delay in the launch. **Complete Care:** The changes to the discharge letters have been built into MFTs EPR (Epic) and launched in June 24. The re-launch has been supplemented by corresponding training requirements which have been incorporated into junior doctor induction, guides and 'tip sheets. The next stage will be to evaluate the effectiveness of these changes, and this is planned to take place in Q3/Q4. Changes to Outpatient letters have also been introduced which include incorporation of QR codes so patient leaflets/advice information is improved to lessen the burden on GPs. Specialties include rheumatology, clinical psychology, obstetrics, gynaecology and anticoagulation. Work to improve the 'digital first' approach for letters is progressing with both the MFT patient portal (MyMFT) and alternative provision where patients do not wish to use the portal . MFT no have over 400,000 patients using the patient portal which is used for patients' letters, test results, questionnaires and moving forward further functionality will be rolled N/A out to improve communication and patient experience. Electronic prescribing and Electronic fit notes are not progressing. **Call and Recall:** Digital process in place for users of the MFT Patient Portal (MyMFT) and manual processes for users who do not have My MFT. Patients receive their test results and letters via MyMFT The Trust is working on an alterative digital solution for patients who do not wish to use MyMFT. In the digital solution, there has been an expansion of specialties using the functionality for their patients to complete self scheduling and utilise 'Fast Pass' where earlier appointments become available on a clinic. As part of the roll out of the new EPR (Epic) the Trust has launched an improved internal digital results management process whereby consultants and their teams receive results messages to 'in boxes'. The policy requires the consultant to acknowledge receipt of the message and action thereby providing a trigger N/A for onward appointments, patient communication and next phase of care plans. Compliance against the acknowledgement in performance managed ensuring executive oversight. Compliance rates have increased to 87% in the last quarter **Clear Points of Contact:** Review completed to ensure all letter templates (which are generated vi MFTs EPR -Epic) contain the correct contact details for the sending consultant/speciality/department. Letter templates have now been updated and [free text - optional] process established to ensure that they are reviewed and updated on a regular basis.

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Quarter 2 - 2024/25 Highlight Report | Manchester Provider Collaborative Board

Programme Name	**Manchester Cancer Delivery Group (MCDG)**	**Programme RAG**	**GREEN**
Programme SRO	**Dr Murugesan Raja**	**Date/Version/Author**	**September 2024 / Coral Higgins**

Programme overview and aim

National CORE20Plus5 ambition – 75% of all new cancer cases to be diagnosed at stage 1 or 2 by 2028

MCDG has recently been formed with key stakeholders from across manchester locality, MFT and GM cancer alliance. Work plan focussed on supporting GM cancer alliance work plan and locality actions. Locality actions include:

- ANALYSIS of local data to identify variation in suspected cancer referrals, stage at diagnosis, and cancer screening coverage – considering health inequalities throughout
- Supporting PCNs to develop their cancer QI plans for 2024-25
- Promoting timely presentation within our diverse communities, raising awareness of cancer signs & symptoms, cancer risk and national screening programmes
- Supporting primary care colleagues with training & learning on managing patients with suspected & diagnosed cancer
- Support GMSIT & Answer Cancer with patient engagement & participation for national cancer screening programmes
- Supporting GM cancer alliance in locality delivery of Targeted Lung Health Check Programme
- Joint work with MCC on cancer prevention / risk reduction

Overall Programme progress summary

MCDG formed May 2024, Chaired by Dr Murugesan Raja, AMD, NHS GM, Manchester Locality – aim to support delivery of key actions to work towards 75% national early cancer diagnosis ambition. Key stakeholders from NHS GM (Mcr locality team), MFT(Dr Susannah Penny, Consultant, Associate CMO for Cancer), MCC, primary care, GM cancer alliance. Monthly meetings arranged for 2024. Work plan for 2024/25 includes analysis of staging data & health inequalities, timely presentation, suspected cancer pathways, cancer screening as well as cancer prevention / risk reduction. Manchester Cancer Screening Improvement Group also reports into MCDG.

In 2019, 52.9% of patients with a new cancer were diagnosed at stage 1 or 2, increasing to 54.3% in 2021. This compares to GM average 53.4% and England average 53.9%

28d Faster Diagnosis Standard (All pathways) – Target **75% -** July 2024: Manchester Locality **73.4%**, MFT **74.6%**

MFT has formed a cancer improvement collaborative to drive local service redesign and pathway improvements, and developed a cancer strategy – plans will feed into MCDG, related to primary care, pathways and screening & health inequalities

Issues / Challenges to Delivery – highlighting any that require discussion/escalation to PCB.

Cancer staging data for localities published by NDRS – latest available for patients diagnosed in 2021. Data for patients diagnosed in 2022 expected Dec 2024.

GM BI team working on behalf of cancer alliance to provide timely locality level figures from Rapid Cancer Registration Dataset – now available on CURATOR but issues with data flows from MFT HIVE (being resolved)

Actions delivered so far

PCN cancer data packs produced and shared with leads. QI plan templates shared, completed by PCN cancer leads and returned to GM cancer alliance for monitoring

Analysis of stage at diagnosis 2021 (including by health inequalities) complete - presented to MCDG in May

Analysis of suspected cancer referral pathways (including by health inequalities) complete – presented to MCDG in Aug & further analysis completed in Sep

Analysis of cancer screening coverage (including by health inequalities) complete – to be presented to MCDG in Oct

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Quarter 2 2024/25 Highlight Report | Progress by Project

Project Name	Project Lead	Deliverables due in quarter	Outputs / Measures	RAG	Progress update against key deliverable / actions
Project 1 - Analysis	**Coral Higgins**	Staging by broad ethnic group and deprivation score	Baseline 54.3% new cancers diagnosed at stage 1 or 2 in 2021. Slightly lower % of patients from Asian, Black & Mixed broad ethnic groups compared to White		Analysis complete & presented to MCDG Aug-24. Should provide evidence for locality areas & patient cohorts for targeted engagement Published data for 2022 will be available in Dec 2024. Locality level data now available from RCRD on CURATOR but issues with data flows from MFT HIVE to be addressed.
		Suspected Cancer Referral rates by PCN & pathways, BEG & deprivation score	Variation in SCR rates across PCNs. Lower referral rates for non-wite BEG (except for urology). Lower referral rates in deprivation groups 3&4. Lower referral rates for men.		Analysis complete - presented to MCDG Aug-24, with further analysis completed in Sep-24 at request of EDI lead. This provides evidence for locality areas & patient cohorts for targeted engagement. Lower SCR rates for men, non-white BEG and patients from deprivation groups 3&4.
	Coral Higgins	Suspected Cancer Conversion rates by PCN & Pathways	Variation in conversion rates by PCNs & pathways. Some PCNs <2% conversion, some practices 0% conversion. LGI, Gynae & UGI pathways with lowest conversion rates		Complete - included within cancer data packs to all PCNs and shared during May-24. Used to inform PCN QI plans to meet cancer requirements for DES 2024-25. Potential learning areas for referrers. This should provide evidence for areas for targeted learning and changes to SCR pathways in primary care. Presented to MCDG Aug 2024. MFT health Inequality lead asked for more info on SCR volumes & conversion rates over time – analysis complete & shared Sep-24.
	Coral Higgins	Cancer screening coverage by PCN, ethnicity & main spoken language	Variation in coverage across PCNs for all 3 programmes. Youngest age and / first invited patients have lowest coverage. Lower Bowel Screening coverage for men. Variation in coverage by ethnic groups & main language. Chinese patients have lowest cervical screening uptake, but high coverage for Br & Bo screening. Overseas students, moving out of area?		Analysis complete – will present to MCDG Oct 2024 This should provide evidence for locality areas & patient cohorts for targeted engagement Also shared with GMSIT and Answer Cancer
Project 2 – Timely Presentation	**Coral Higgins**	Support GM cancer alliance comms plan - public facing / pathway specific			Regular sharing of GM comms with PCN cancer leads & Dr Raja for wider dissemination. This should raise the profile of cancer referral pathways and resources for learning
		Promote Gateway-C resources to primary care. Aligned to GM cancer alliance comms plan			Regular sharing of Gateway-C resources, linked to GM comms calendar or any findings from local data analysis
	Coral Higgins	Targeted community engagement - cancer S&S and cancer risk, addressing myths and mis-information. Working with MACC to identify VCSE orgs to deliver community engagement work	5 VCSE groups to deliver community engagement sessions to raise awareness of cancer S&S, cancer risk, and address myths & mis-information		**2023-24 funding:** 4 VCSE group have had funding for community-based workshops. To be delivered by 31 Jul 1 VCSE group has done a live & recorded podcast - talking about the importance of recognising Ca S&S, contacting HCPs and stigma within Black community Evaluations received & project closed 30 Sep **2024-25 funding:** Grant application process now open until 24 .09.24. Panel reviews planned for 08.10.24
Project 3 – Suspected Cancer Referral pathways	**Murugesan Raja**	Encourage PCNs to complete audits of 2023-24 cancer diagnoses: late stage or non-SCR diagnoses. Also look at time from first symptom presentation to referral.	14 PCN QI plans produced		PCN cancer QI plans reviewed; audits suggested & QI plans submitted to GM cancer alliance. GM cancer alliance will monitor plans going forward

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Quarter 2 2024/25 Highlight Report | Progress by Project

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Project 3 – Suspected Cancer Referral pathways	**Murugesan Raja**	Promote use of Non Site Specific pathway & filter function tests for patients with symptoms that fit 2 or more pathways (especially in NM where use of NSS is lower than average)			Discussed with PCN cancer leads and included in QI plans for those with low use of this pathway. Also shared Gateway-C resources
	GM cancer alliance / Manchester locality	Promote use of Direct Access Diagnostics for patients that do not meet the threshold for SCR but have concerning symptoms			GM work underway – to advise localities on next steps
	GM cancer alliance / Manchester locality	Standard protocol for FIT for symptomatic patients - check if GM has this - which includes SMS, when to search for kits not returned, patient info (languages & easy read versions)			not started yet
	GM cancer alliance / Manchester locality	Safety netting for normal investigations but persistent symptoms - check if GM has this			not started yet but will be led by GM cancer alliance primary care facilitators
Project 4 – Cancer Screening & GM Targeted Lung Health Checks	**Coral Higgins**	**Bowel**: PHMB priority project Focus on 60-64s & targeted patient cohorts with lower uptake Practices to work with Answer Cancer & Bo Scr facilitators to promote Br Scr programme Flag low uptake / coverage PCNs & practices to Bo Scr facilitators	2023-24: Each N/hood team developed an action plan based on increasing coverage for their youngest age band (60-64) and targeted patient cohorts specific for their population (e.g. Men, South Asian, White) Plans for 2024-25 are in development based on the findings from the first year of this project. Variation in increased coverage (Males & Females) between PCNs seen.		Bowel screening coverage for 60-64 age band: June 23= 54%, May 24 = 57%, 2023 published data (all ages) shared with PCNs & practices, Bo Scr facilitators and Answer Cancer. Practices with low or decreasing uptake have contacted Bo Scr facilitators for practice training.
	Coral Higgins	**Breast**: Practice searches for eligible patients without Br Scr result - align with MFT round plan Share contact details for Br Scr Prog office - patients can self book Practices / Answer Cancer / Br Scr facilitators joint working Flag low uptake / coverage PCNs & practices to Br Scr facilitators	Increased engagement of PCNs & practices with Br Scr programme Increased coverage and reduced variation between PCNs & patient cohorts		2023 published data shared with PCNs & practices, Br Scr facilitators and Answer Cancer
	Coral Higgins	**Cervical**: Practice searches for eligible patients without a Ce Scr result Targeted letters from practices to encourage participation Practices & Answer Cancer to promote Ce Scr programme / booking / clinics Flag low uptake / coverage PCNs & practices to Bo Scr facilitators	Increased engagement of PCNs & practices with Ce Scr programme Increased coverage and reduced variation between PCNs & patient cohorts		2024 (Jan-Mar) published data shared with PCNs & practices and Answer Cancer
	Coral Higgins	**Lung**: GM roll out programme of TLHC Support GM cancer alliance & MFT with roll out to Mcr PCNs	Roll out of GM TLHC programme to all GM PCNs – including 14 Mcr PCNs		2023: CH&C, CC&A, CB&O, HBH&C, MPNH&M 2024: Wythenshawe, N&B, G&L (Aug) A&L (Aug) BHM (Oct/Nov – TBC) 2025: H&CS, W&F, DCP&B, WCM

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Quarter 2 2024/25 Highlight Report | Progress by Project

Project Name	Project Lead	Deliverables due in quarter	Outputs / Measures	RAG	Progress update against key deliverable / actions
Project 5 – Cancer Prevention & Risk Reduction	**Coral Higgins**	**Bowel**: PHMB priority project Focus on 60-64s & targeted patient cohorts with lower uptake Practices to work with Answer Cancer & Bo Scr facilitators to promote Br Scr programme Flag low uptake / coverage PCNs & practices to Bo Scr facilitators	2023-24: Each N/hood team developed an action plan based on increasing coverage for their youngest age band (60-64) and targeted patient cohorts specific for their population (e.g. Men, South Asian, White) Plans for 2024-25 are in development based on the findings from the first year of this project. Variation in increased coverage (Males & Females) between PCNs seen.		Bowel screening coverage for 60-64 age band: June 23= 54%, May 24 = 57%, 2023 published data (all ages) shared with PCNs & practices, Bo Scr facilitators and Answer Cancer
	Coral Higgins	**Cervical**: Practice searches for eligible patients without a Ce Scr result Targeted letters from practices to encourage participation Practices & Answer Cancer to promote Ce Scr programme / booking / clinics Flag low uptake / coverage PCNs & practices to Bo Scr facilitators	Increased engagement of PCNs & practices with Br Scr programme Increased coverage and reduced variation between PCNs & patient cohorts Access to Cer Scr in primary care (evening & WE appts, self-booking, SMS reminders, info & videos)		2024 (Jan-Mar) published data shared with PCNs & practices and Answer Cancer
	Peter Davey	HPV vaccination			MCDG & ADPH working together to identify programmes that will have a positive impact on cancer risk. ADPH will update MCDG on progress of MCC PH schemes, and MCDG will support delivery through collaborative working. MCDG will not be wholly responsible for delivery or outcomes related to cancer prevention / reducing cancer risk but will be key stakeholders in support of MCC, for the benefit of the Manchester population
	Julie Jeram	Treating Tobacco Dependency			
	Peter Davey	Healthy Weight / Physical Activity			
	Peter Davey	Alcohol			
	Peter Davey	UV exposure			
	Murugesan Raja	Managing Recurrence - S&S awareness for GPs, cancer care reviews	Gateway-C modules on S&S of recurrence Progress with implementing and monitoring CCR in primary care (use of CCC?)		GM work underway – to advise localities on next steps Supporting GM Mayor Live Well With Cancer project

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Quarter 2 2024/25 Highlight Report | Risks & Issues

KEY RISKS AND ISSUES FOR PROVIDER COLLABORATIVE BOARD *(Awareness and/or action)*

Type (Issue or Risk,)	Description	Current Mitigation	Risk Score	Owner	Support required / requested from Board to mitigate against the risk
Risk	Locality level staging data is updated annually and is usually 2 years old when published. Latest data available is for patients diagnosed in 2021, published in Dec 2023.	Rapid Cancer Registration Dataset publishes more timely, but incomplete, staging info at ICB, provider & pathway level. GM cancer alliance BI team have recently been given access to "row level" data from which they will be able to provide staging data for key pathways for localities – this is expected soon but date to be confirmed	3x3	GM cancer alliance	Note the limitations of currently available data
Risk	Interventions required to meet 75% national ambition. 55% of new cancers diagnosed in 2021 were at an early stage – target is 75%	Plan developed and trajectory described for increasing the % patients diagnosed at early stage for different tumour types Plan includes raising public awareness of cancer S&S as well as support primary care clinicians in suspected cancer referrals Review of cancers diagnosed and suspected cancer referral rates by health inequalities highlights areas & patient cohorts for targeted interventions (including lower middle deprivation groups that may not be able to access health care services in a timely way)	3x3	MCDG / primary care team	Note the plans and support with access to primary care when possible

Please note: 100 nudges / marginal gains
There is not one significant service change that will suddenly increase the proportion of patients diagnosed with cancer at an earlier stage. There needs to be **many small changes over time**, including changing hearts & minds of the public about perceptions of a cancer diagnosis, their own cancer risk, modifiable behaviours, and accessing health care

KEY DECISIONS FOR PROVIDER COLLABORATIVE BOARD INVOLVEMENT

To note and support the work of MCDG

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Quarter 2 2024/25 Highlight Report | Manchester Provider Collaborative Board

Programme Name	**Urgent Care Recovery**	**Programme RAG**	**In development**
Programme SRO	**Katy Calvin Thomas**	**Date/Version/Author**	**09/10/24 - Paul Thomas**
Programme overview and aim	**Improving patient outcomes, experiences and patient flow through the UEC system:** Review and transformation of system pathways covering admissions avoidance, hospital admission/length of stay and discharge. This programme will include Hospital@Home, resilient discharge, development of a community bed-based model and a review of discharge and placement processes.		
Benefits / measures that will evidence success (linked to aim)	Increased numbers of patients receiving the right care right place right time through the most appropriate urgent care service. Improvement in patient-focussed metrics, patient feedback, and patient care. Examples include 4 hour performance (patient waits) and acute length of stay improvements (meeting targets), patient experience groups and feedback surveys, ambulance response times and fewer handover delays (patient waits), and reduction in corridor care.		

Overall Programme progress summary

2024/25 UEC Programme Group has been established, and governance agreed.

Next steps:
- Stepping up sub-groups and agreement of membership
- Agreeing aims, objectives and timescales for delivery
- Agree reporting approach and requirements
- Identifying existing workstreams and governance, and ensure no duplication of work
- Start regular reporting from Programme Group into Operational Delivery Group and Urgent Care Board

System priorities:
- System Winter Plan – finalisation and sign-off of system Winter Plan and Christmas and New Year Service Level Plans
- Next step actions following Urgent Care Summit in September
- Progressing work to implement the findings of the Newton Europe diagnostic, with capacity in place by Q3 2024/25 to begin to realise benefits across the full system

Performance Oversight metrics	Target	Latest	Change	Progress update (including plans to improve metric)
• % A&E 4 Hour Performance (Manchester only)	76%	**71.5%** (Aug 24)	▼	Month on month deterioration of 4 hour performance, but in-line with performance for August month in previous years. Hospital at Home model in place across locality with plans to achieve 170 beds set for January 2025. Additionality for Primary Care capacity and Front Door Streaming to support attendance avoidance. Monthly Performance Improvement Plans and Locality Assurance Meetings now in place with GM colleagues to monitor and drive performance improvements.
• Adult General & Acute bed occupancy adjusted for void beds (Type 1 only) MFT	92%	**91.9%** (Aug 24)	▼	August Bed Occupancy met target for the first time in 2024/25, and is below GM average (92.2%)
• No reason / Criteria to Reside patients (NCTR) as % of occupied beds	N/A	**15.7%** (Aug 24)	▼	Improvement in NCTR position in August. Review of impact of GM Super Multi Agency Discharge Event (MADE) underway, with improvements and learnings to be embedded.

Quarter 1 2024/25 Highlight Report | Progress by Project

Project / workstream Name	Project Lead	Key deliverables due in quarter	Metrics to be delivered	Progress against key deliverables
Focus on admissions avoidance **Hospital@ Home**	**Mark Edwards**	• All acute and community models in place across Manchester • Recruitment coming into final stages (from existing funding) for north and south community, which will enable them to increase their max capacity • Business case agreed for additional £2.5m funding across the Manchester system. Discussion between finance and ops leads now needs to be had to confirm distribution of the funding. • Target to achieve 170 beds set for January 2025, however this is dependent on full clinical, medical and pharmacy 7 day models being in place. Current daily capacity for the adult programme is 130 (as of 9/10/24) • Monitor flow through H@H via HIVE reporting data and maintain 80%-100% occupancy. • Recruitment of citywide care of the elderly consultant to support development of the medical model across the city.	• 80% utilisation of Hospital at Home Capacity • Reduce the number of patients who are still in hospital beyond their discharge ready date (NR2R)	• Plan needed to support integration of the acute and community arms at locality level to achieve a “one team” H@H approach. • Step up access in place across north/central/south community models and plans to increase engagement with primary care and NWAS to increase referrals from step up source. • QI Sprint currently in place with identified pilot wards across MDT for focussed work to drive referrals and increase occupancy. A PDSA led approach to this will continue through oct/nov. • Staff resource pages on MFT intranet/LCO extranet being reviewed and updated to support education of staff. • Symposium planned for 28/11 to review progress.
Focus on admissions avoidance **Directory of Services (DoS) Improvement**	**Karl Taylor**	• Overarching system Programme Group proposed • Establish membership of the working group • Complete scoping exercise to identify actions • Develop an action plan and reporting approach • Review of accuracy of current Urgent Care Directory of Services • If any gaps in services, identification of next steps to mitigate and improve	• Improved ED 4 Hour Performance • Reduced A&E Attendances • Reduced A&E Admissions	• Initial working group meeting scheduled for Q2 2024, scoping potential areas of focus
Focus on admissions avoidance **Winter - Comms and Engagement**	**TBC**	• Comms and Engagement – “Get to Know Where to go Campaign” and wider communications around access to urgent care (Q3 2024/25) • – acute respiratory infection hubs to provide same day urgent assessment, releasing capacity within ED and general practice (Q3 2024/25	• Improved ED 4 Hour Performance • Reduced A&E Attendances • Reduced A&E Admissions	• Initial scoping meeting with communications leads on 25th July – focus on Manchester population focussed messaging for Winter 2024/25 • LCO 12 days of Christmas to include H@H comms.
Focus on admissions avoidance **GP Registration**	**TBC**	• Overarching system Programme Group proposed • Establish membership of the working group • Complete scoping exercise to identify actions • Develop an action plan and reporting approach	• Improved ED 4 Hour Performance • Reduced A&E Attendances • Reduced A&E Admissions	• Further analysis, and scrutiny, of potential of GP registration as an intervention to reduce ED attendances

Quarter 1 2024/25 Highlight Report | Progress by Project

Project / workstream Name	Project Lead	Key deliverables due in quarter	Metrics to be delivered	Progress against key deliverables and general update (linked to overall project objective)
Focus on admissions avoidance : 111 Primary Care Appointments	**Shabbir Ahmed**	• GP connect correctly configured for Manchester GP practices. • Develop monitoring and review process. • Overarching system Programme Group proposed • Establish membership of the working group • Complete scoping exercise to identify actions • Develop an action plan and reporting approach	• NHS 111 Appointment Rate 1:3000 per day per practice • Improved ED 4 Hour Performance • Reduced A&E Attendances • Reduced A&E Admissions	• Majority of practices' clinical systems configured correctly to support 111 direct booking. • Work ongoing to configure remaining practices. • Cross reference practice activity against monthly NWAS reports • Developing comparison dashboard to identify monthly appointment availability and to target support.
Focus on Focus on Front Door pathways	**Kaye Hadfield**	• Mental Heath escalation process consistent internal and external escalation to be implemented by end of November • All sites have plans in place to reduce triage times. • Mapping meeting with NWAS to strength pathway with community team into Hospital at Home and acute medicine. Using data to identify where patients could have been supported by an alternative pathway e.g. SDEC.	• Improved ED 4 Hour Performance • Reduced A&E Attendances • Reduced A&E Admissions	• Work underway to strengthen links between Hospital at Home and SDEC to support resilience in the model and reduce admissions. • Mental health escalation process to be implemented linked to DTA process for patient waiting on MFT sites for MH bed. • NWAS meeting to take place to support step up pathways including SDEC and reduction in ED conveyances.
Focus on Discharge	**Mark Edwards**	• Central Manchester Social Care Pilot – encompassing social work PW3 review, enhanced acute reablement, therapy in reach, reclassification of discharge pathways and single handed protocol • Home First Programme reset which includes 'days kept away from home' being completed and identify key workstreams to focus development • Agreement on Winter Discharge funding 2024/25 and detail of the schemes.	• Reduce the number of patients who are still in hospital beyond their discharge ready date (NR2R) • Reduce length of stay (acute and community beds)	• Social Care staff now present at all MFT sites. • Successful therapy collaborative completed which is feeding into the Home First work. • Short-term bedded care review (D2A comms) commencing with governance via JCB. • Reclassification of P2/P3 has been actioned in live with national guidance. • New metrics being reported in HIVE in terms of day kept away from home.
Newton Europe Review Follow up	**TBC**	• Approval of proposal for external support and resource to implement Newton Europe diagnostic recommendations • Procurement timetable established		• Conclusion of tender process and appointment of successful applicant.

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