

## **Manchester Partnership Board**

### **Minutes of the meeting held on Wednesday, 7 June 2023**

**Present:**

Councillor Craig (Chair) – in the Chair

Councillors T Robinson, Joanne Roney, Hinchcliffe, Kumar, Mehra, Munshi, David Regan, Spray, Calvin-Thomas and Thwaite

**Also present:** Councillors:

**Apologies:** Councillor Bridgewater and Cubban

#### **CPP/19/1 Welcome, Introductions and Apologies**

The Leader welcomed all Board Members to the first public facing meeting of the Manchester Partnership Board and briefly explained the purpose of the Board.

#### **CPP/19/2 Minutes of the previous meeting**

##### **Decision**

The Board noted the minutes of the previous meeting which was held in private.

#### **CPP/19/3 Matters arising (if any)**

The Leader reported on the New Hospitals Programme announcement on 25 May 2023, which confirmed North Manchester General Hospital as part of the tranche due for completion by 2030.

The Deputy Place Based Lead also provided an update on the admissions avoidance work that was underway.

#### **CPP/19/4 ICB Executive update**

The Chief Officer for Strategy and Innovation (NHS Greater Manchester Integrated Care) provided an update on the work of the Integrated Care Board (ICB) Executive.

He advised the Board that there were three key areas to provide an update on, largely related to the clear establishment of the ICB in the context of the Integrated Care System :-

- The position in consultation to clarify roles of those involved with the ICB;
- Recognition of the work in response to the Leadership and Governance review, with particular focus on bringing clarity to intent of the system in the context of the ICB Strategy and Operating Mode and clarity to the work of locality boards in these arrangements; and
- Recognition of the support for the ICB strategy and what actions were needed to be taken first in respect of the Joint Forward Plan.

The VCSE representative commented that the Carnall Farrar review did not provide as much depth as was hoped in relation to the involvement of the VCSE sector. The Chief Officer for Strategy and Innovation gave a commitment to engage fully with all bodies within the system as part of the response to the recommendations arising from the review. The Place Based Lead advised that it was expected that localities would have a voice in shaping the responses to the recommendations. The Chief Officer for Strategy and Innovation clarified that the expectation and proposal would be response to each of the eight recommendations, the ICB would be connecting cross sections for the whole system to provide responses and then the holding of a significant leadership event to work through each piece of work.

## Decision

The Board notes the update.

## **CPP/19/5 ICB Strategy and Joint Forward Plan**

The Board considered a report of the Chief Officer for Strategy and Innovation (NHS Greater Manchester Integrated Care), which provided an update on the position of the Integrated Care Board's five year Joint Forward Plan, which would set out how it proposed to exercise its functions and which must be shared with NHS England by 30 June 2023.

It was reported that the following progress had been made:-

- The first draft was complete and was with key system leads for comments and to address any gaps;
- A proposed delivery and system leadership for each of the six missions had been set out; and
- A model for the Performance and Accountability Framework to track delivery of the strategy and plan had been developed.

The Chief Officer for Strategy and Innovation (NHS Greater Manchester Integrated Care) advised that it would be critical to distinguish and confirm delivery leadership for each of the identified actions as what was not clear at present was the range and depth of responsibilities of different parts of the wider system, especially the work of the locality boards, and where did responsibility for delivery sit.

In addition it was reported that the Integrated Care Partnership (ICP) would provide a summary of each Locality Plan for comment and was also tracking and wrapping in the work informing the recovery of finance and performance recognising the significant focus this would provide on reducing admissions, achieving flow, reducing the backlog and improving productivity in the first year

It was also intended to develop a clear three year roadmap to system sustainability, which would relate strongly to the work on the recovery programme, but capture and quantify the contributions across the full plan.

The Deputy Placed Base Lead welcomed the comments that were made around Place being the delivery mechanism and agreed there was a need to clarify the operating model and ensure resources were available.

The Place Base Lead commented on the need to have evidence led data to understand what the challenges were and that it would be important that the Provider Collaborative were involved in discussions in shaping delivery plans.

The Chief Executive, Greater Manchester Mental Health Trust commented on the need to have a sense of achievement as the implementation of the plan progressed and in respect of the financial strategy there was a need to ensure that this supported the intended outcomes of the Joint Forward Plan.

The Chief Executive Manchester Local Care Organisation commented that it would be important to demonstrate how the work of Manchester contributed to the wider work across Greater Manchester and consideration needed to be given to wider commissioning arrangements in respect of reducing budgets and the ability to re-direct resources to where they are needed.

The Chair of Clinical Professional Group commented that the voice for children and young people did not appear to be captured strongly enough in the Plan and there should be an opportunity to strengthen this.

In terms of financial pressures, the VCSE representative commented that there was a need to recognise the fragility of the VCSE sector at a Greater Manchester level as well as a Manchester level.

The Leader commented that she felt that the next step to make the work of the locality board more aligned and transparent would be to have named accountability on the delivery outcomes of the six missions.

The Chief Officer for Strategy and Innovation (NHS Greater Manchester Integrated Care) welcomed and noted the comments that had been made.

## **Decision**

The Board notes the update.

## **CPP/19/6    MPB Delivery plan /priorities**

The Board considered a report of the Deputy Place Based Lead, which provided an update on the work that was taking place for the MPB priorities for 2023 – 2026.

It was reported that this had been an iterative process which started in January and following the approval of the Locality Plan on a Page in April, focus had now moved

into the development of the delivery plan, and the approach that would be used to track progress.

The delivery plan was being developed in parallel with the NHS GM's Joint Forward Plan which was the delivery plan for the NHS GM Integrated Care Strategy. Work was taking place with the GM team to ensure that the MPB could clearly articulate how locality priorities would support the delivery of the Joint Forward Plan.

In terms of developing then delivery plan, two priorities had been determined for adults and children in the city for 2023 to 2026, which were: -

- Improvements to physical and mental health and wellbeing, preventing ill-health and addressing health inequalities, so that people lived longer in good health, wherever they were in the city;
- Improvements to access to health and care services, so that people could access the right care, at the right time, in the right place, in the right way.

The programmes of work that would form the delivery plan for these priorities had been agreed with MPB and the Manchester Provider Collaborative Board (PCB) in order to align with local assurance arrangements. Feedback from the PCB, Clinical and Professional Advisory Group, the Patient and Public Advisory Group and GP Board had further informed the development of the delivery plan and the workstreams within it

The Associate Director of Planning, NHS GM (Manchester) provided an overview of the programmes and workstreams within the delivery plan for each priority. It was reported that that the programmes within the delivery plan were at different levels of maturity; some were well established with clearly defined outcomes, some were existing programmes that were being extended to reflect overall system pressures and others were new with the outcomes still being defined.

It was reported that the priorities and programmes within the delivery plan were those which required a partnership or collaborative approach across the system. The plan did not list all the activity which partners would be responsible for in the locality. This was particularly relevant when considering the NHS GM Five Year Forward Plan in which the accountability for delivery across the majority of missions may fall to localities. Given that the two plans were being developed in parallel, an iterative approach to both would be needed.

Engagement with local community and patient groups was central to this work, in order to shape programmes to meet the needs of local people. This built on the work already taking place through the Patient and Public Advisory Group, Community Health Equity Manchester, and Making Manchester Fairer.

It was explained that the delivery plan would be underpinned by specific targets and outcomes which would clearly identify benefits to local people and how inequalities would be addressed. This approach linked to the GM Equality Objectives of Our Community and insight and Improving our outcomes.

To monitor high level performance and outcomes, a locality 2023/24 performance framework was currently being developed, which would be made up of metrics that supported delivery of the Joint Strategic Plan, improve performance against the NHS Oversight Framework and Manchester's MPB Delivery Plan. This would enable the locality to view overall progress in one place.

In terms of next steps, work would continue to develop the plan over summer focusing on: defining the outcomes, and measures of success over the next one to two years, including specific metrics which showed how inequalities were being targeted and addressed, to incorporate into the 2023/24 locality performance framework; developing the underlying detailed action plan, including the activities and milestones against which progress would be tracked and developing the monitoring process to update MPB on progress against the delivery plan on a quarterly basis, including the 2023/24 locality performance framework.

The Executive Member for Healthy Manchester and Adult Social Care commented that there was probably a need to reassess the Assurance Boards for each of the programmes and workstreams within the delivery plan for each priority.

The Place Based Lead commented that what was proposed was a work in progress and provided a good place to start from to develop a coherent plan to address the challenges. One of the major challenges would be how resources would be aligned to deliver the programmes and workstreams.

The Chief Officer for Strategy and Innovation (NHS Greater Manchester Integrated Care) commented that the current position of the MPB delivery plan would possibly help identify some of the wider Greater Manchester metrics. Consideration would also need to be given as to how financial resources for delivery of objectives would be moved across the system to enable the implementation of these plans.

The Leader welcomed the continued work to build on the MPB priorities and commented that consideration still needed to be given to outcomes, measures and milestones and how success would be quantified.

The VCSE representative commented that whilst the plan was a good representation of the various aspects of the system, she could not see how things would be delivered differently to enable the unlocking of system changes and consideration would need to be given to what metrics would be used to measure success.

The Chief Executive Manchester Local Care Organisation commented that it was important to identify how the intended outcomes of the delivery plan would be delivered.

The Chair of Clinical Professional Group commented that it would be important that the delivery plan kept a focus on better outcomes for people.

The Director of Strategy (MFT) noted and welcomed the alignment of the ICB Joint Forward Plan and the MPB Delivery Plan and commented that there would be a need to continue to check coherence across both and avoid proliferation of different measures and metrics.

The Strategic Director - Population Health commented that the challenge would be the link to the system boards at GM and how these would capture what was in the 10 localities, distil the themes and share best practice.

## **Decision**

The Board:-

- (1) Notes the progress that has been made on the draft Delivery Plan and the next steps outlined in the report
- (2) Request that the Plan on a Page be amended to include reference to North, Central and South Manchester.

## **CPP/19/7    Locality Performance and Outcomes Standards**

The Board considered a report of the Performance Lead, which explained that Greater Manchester's Integrated Care Board was developing a performance framework that would set out how the ICB would monitor delivery and drive improvements against national and Greater Manchester targets and standards, which would include Greater Manchester's Joint Strategic Plan (including operational planning targets set as part of the NHS planning round) and the NHS Oversight Framework.

As a locality, Manchester ICP were currently building the 2023/24 performance framework. This would be made up of metrics that supported delivery of the Joint Strategic Plan, improved performance against the Oversight Framework and/or reflected Manchester's Delivery Plan priorities for adults and children in the city for 2023 to 2026:-

The Manchester ICB would be working with its partners to develop the framework, however it had been asked by Greater Manchester ICB to expedite target setting in a small number of areas. These included setting appropriate levels of deflections from acute services and flow of patients out of hospital settings.

It was reported that benchmarking data showed there was variation between national peers and across Greater Manchester in a number of areas, including referrals into hospital, accident and emergency attendances, non-elective admissions, patients in hospital who were medically fit to leave (acute and mental health settings) and the number of mental health inpatients in hospitals outside of the local area. The report went on to describe the process being followed to develop targets against these specific areas and the work programmes being mobilised.

In terms of next steps, it was reported that the locality planning and performance teams would continue to work with partners to develop the first draft locality performance framework. This framework would set out the objectives and targets along with how MICP would gain assurance regarding delivery by working with leads to identify risks and remedial action plans. It was also noted that that regular reporting via Greater Manchester and locality governance structures would be put in place.

The Leader posed the question as to what the expectation of the MPB was as a consequence of the data presented especially in instances where other organisations were being held to account for the performance. She felt that the challenge for the Board was to identify alignment of the data with the priorities across the Greater Manchester and Manchester plans

The Deputy Place Based lead commented that some of the performance data was contextual information and agreed that there was a need to be clear as to which metrics MPB was accountable for as a locality board.

The Place Base Lead commented that from her perspective, she needed clarity as to what she was accountable for, which parts of the system would be expected to drive improvements needed and then what parts needed to come before the MPB to be held to account.

## **Decision**

The Board requests the Deputy Place Base Lead to investigate what Manchester specific performance data is appropriately reported to future meetings, linking in with GM and taking advice from the Provider Collaborative

## **CPP/19/8 Strengthening our Approach to Equality and Patient and Public Engagement**

The Board considered a report of the Chief Executive (Manchester City Council) and Placed Based Lead (MICP), which set out the work being undertaken to ensure the MICP met its public sector equality duty and its approach to embedding equality and engagement into our ways of working.

The Joint Director Equality, Inclusion, and Engagement - NHS GM integrated Care (Manchester locality) and MCC outlined the key headlines from the Office for National Statistics (ONS) on the Census 2021 data for the city of Manchester relating to race and ethnicity, religion, national identity, and language highlighted

- Ethnicity: The non-white population had increased from 33.4% to 43.2%, including an increase in all Asian ethnic categories from 17.1% to 20.9%, and an increase in all Black ethnic categories from 8.6% to 11.9%.
- National identity: 77.2% of residents most identified with one of the various British categories, down from 83% in 2011
- Language: 89% (191,800) of households had at least one person who could speak English as their main language. Around 4% (21,400) of residents said they could not speak English well or very well. Across the city, 94 languages were spoken with the highest numbers being Urdu, Arabic and Polish
- Religion: The Christian population had decreased from 48.7% to 36.2%, Muslim population increased from 15.8% to 22.3%, and those identifying as 'no religion' increased from 24.7% to 32.4%

The 2021 census in England and Wales also asked about sexual orientation and gender identity for the first time. Nationally, 89.4% of respondents identified as

straight of heterosexual and around 3.6 % identified as LGBTQ+, in Manchester that figure was c6%.

With the creation of the ICS and Manchester Integrated Care Partnership there was potential to further build on integration by drawing collective strengths together. There was ample evidence of how policies and practices could inadvertently adversely affect the health, well-being and outcomes for communities that experienced discrimination and disadvantage. There therefore needed to be a sustained focus to support the work of the partners to deliver the ICS's statutory equality objectives and ensure that responsibility for tackling inequalities sat at every level across the system.

The report highlighted a range of examples of work being undertaken to meet our public sector equality duty but more importantly our approach to embedding equality and engagement into our ways of working.

It was reported that in Manchester there was a clear locality commitment to taking a system wide approach to addressing inequalities with shared ownership across system leaders including VCSE partners. Further development would take place over the next few months to ensure that all of locality resources supported a common framework to take this work forward in collaboration with partners, in order to advance and embed equalities across the system level and provide the locality with the expertise to deliver its equality priorities aligned to the MPB.

The Leader welcomed the paper and the practical focus it had on some of the areas the health and care system needed to address outcomes of tackling inequality. It was commented that it would be good to showcase the positive work of Community (previously Covid) Health Equity Manchester (CHEM).

The VCSE representative sought clarification as to whether escalating equality inefficiencies should be looked at by the MPB. The Joint Director Equality, Inclusion, and Engagement - NHS GM integrated Care (Manchester locality) and MCC advised that there was need to improve how information was capture and where this was then presented. The Leader added that it would probably depend on what information was being received as to where it would be considered as there might be other appropriate avenues that issues could be addressed by rather than the MPB.

## **Decisions**

The Board:-

- (1) Support the work of the locality Equality and Engagement team with MPB partner organisations to ensure it continues to build community and patient voice into its approach to engagement and involvement across the system
- (2) Support the opportunity to work with partners to strengthen its approach to embedding equality, and inclusion across the locality to enable delivery on its ambitions by scaling up and accelerating action to reduce inequality.

**CPP/19/9     Date of next public meeting**



## **Decision**

The Board agrees that its next public meeting will be Thursday 13 July 2023 at 11.30am

### **CPP/19/10 Manchester Provider Collaborative Board update**

The Board received a report of the Deputy Chief Executive (MFT) (Chair of Manchester Provider Collaborative Board) and the Chair of Manchester Provider Collaborative Board (Executive Member for Healthy Manchester and Social Care), which provided an update on the work of the Provider Collaborative Board, as part of the agreed reporting cycle to the MPB.

The report covered the outputs of the meeting held 20 April 2023 and 18 May 2023.

## **Decision**

The Board notes the report.

### **CPP/19/11 Update on the work of Manchester GP Board**

The Board received a report of the Manchester General Practice (GP Board), which provided an update on the work of the GP Board, its development and future priorities.

## **Decision**

The Board notes the report.

### **CPP/19/12 Delegated Assurance Board update**

The Board considered a report of the Deputy Place Based Lead, Manchester, which provided an update from the Delegated Assurance Board meetings held on 13 April and 10 May 2023

The Delegated Assurance Board (DAB) provided the means by which the Place Based Lead gained support and assurance in discharging their delegated responsibilities within the GM Integrated Care System arrangements.

## **Decision**

The Board notes the report

### **CPP/19/13 Update on the work of the Manchester and Trafford Clinical and Professional Advisory Group**

The Board received a report of the Chief Medical Officer, Manchester Local Care Organisation and Chair CPAG, which provided an update on the work of the Manchester and Trafford Clinical and Professional Advisory Group.

The role of the Manchester and Trafford CPAG was to provide a single point of strategic co-ordination for clinical and professional leadership involved in community-based health and care provision. The group worked to ensure there was clinical and professional assurance on transformation programmes including, but not limited to, pathway redesign, mobilisation of new services and transfer of services to new arrangements.

### **Decision**

The Board note the report.