



Manchester Partnership Board

Date: Wednesday, 7 June 2023

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

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)

Joanne Roney, Chief Executive Manchester City Council (Manchester Place Based Lead)

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

Manisha Kumar, NHS GM Integrated Care Board Exec Representative

Vish Mehra, Chair Manchester GP Board

Sohail Munshi, Chair of Clinical Professional Group

David Regan, Strategic Director - Population Health (MCC)

Simone Spray, VCSE Representative

Neil Thwaite, Chief Executive, Greater Manchester Mental Health Trust

Agenda

1. **Welcome, Introductions and Apologies**
2. **Declarations of Interest**
3. **Minutes of the previous meeting**
To agree as a correct record the minutes of the previous meeting
4. **Matters arising (if any)**
5. **ICB Executive update (Information item)**
Chief Officer for Strategy and Innovation (NHS Greater Manchester Integrated Care) to report
6. **ICB Strategy and Joint Forward Plan (Discussion item)** 7 - 26
Report of the Chief Officer for Strategy and Innovation (NHS Greater Manchester Integrated Care) attached
7. **MPB Delivery plan / priorities (Discussion item)** 27 - 38
Report of the Deputy Place Based Lead for Manchester attached
8. **Locality Performance and Outcomes Standards (Information item)** 39 - 54
Report of the Performance Lead attached
9. **Strengthening our Approach to Equality and Patient and Public Engagement (Information item)** 55 - 64
Report of the Chief Executive (Manchester City Council) and Placed Based Lead – Manchester Integrated Care Partnership (MICP) attached
10. **Any Other Business (if any)**
11. **Date of next public meeting**
To note that the date of the next public meeting of the MPB will be 13 July 2023 at 11.30am

Reports for Noting (comments by exception)

12. **Manchester Provider Collaborative Board update** 65 - 68
Report of the Deputy Chief Executive (MFT)/Chair of Manchester Provider Collaborative Board and Executive Member for Healthy Manchester and Social Care/Chair of Manchester Provider Collaborative Board attached
13. **Update on the work of Manchester GP Board** 69 - 72
Report of the Manchester General Practice (GP Board) attached

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| 14. Delegated Assurance Board update | 73 - 78 |
| Report of the Deputy Place Based Lead for Manchester attached | |
| 15. Update on the work of the Manchester and Trafford Clinical and Professional Advisory Group | 79 - 80 |
| Report of the Chief Medical Officer, Manchester Local Care Organisation & Chair CPAG attached | |

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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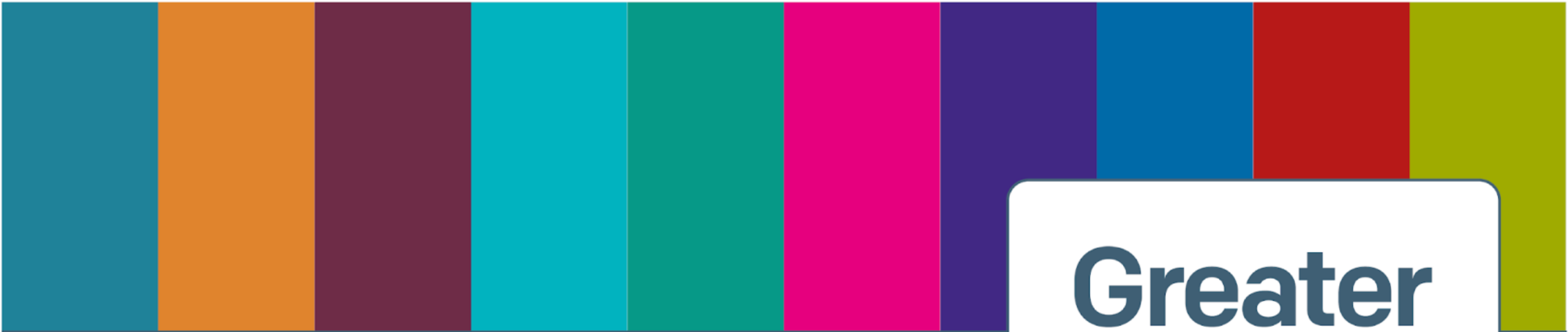
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Manchester Partnership Board

Report of:	Warren Heppolette, Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care
Paper prepared by:	Warren Heppolette, Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care
Date of paper:	7 June 2023
Subject:	ICB Strategy and Joint Forward Plan and Joint Forward Plan
Recommendations:	The Manchester Partnership Board is asked to note the content.

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Joint Forward Plan – Update

Joint Forward Plan

- National guidance states that each ICB must publish a five-year Joint Forward Plan setting out how they propose to exercise their functions, which must be shared with NHSE by 30th June 2023.
- Whilst legal responsibility for the JFP lies with the ICB, systems have also been encouraged to use the JFP to develop a shared delivery plan for the integrated care partnership strategy. This is the approach we are taking in Greater Manchester
- Guidance from NHSE describes that the plans should be:
 - Fully aligned with the ambitions of the wider partnership
 - Build on local strategies and plans and reflect universal NHS commitments
 - Delivery-focused
- Whilst the JFP will cover 5 years, it will necessarily be more detailed in terms of the first two years.

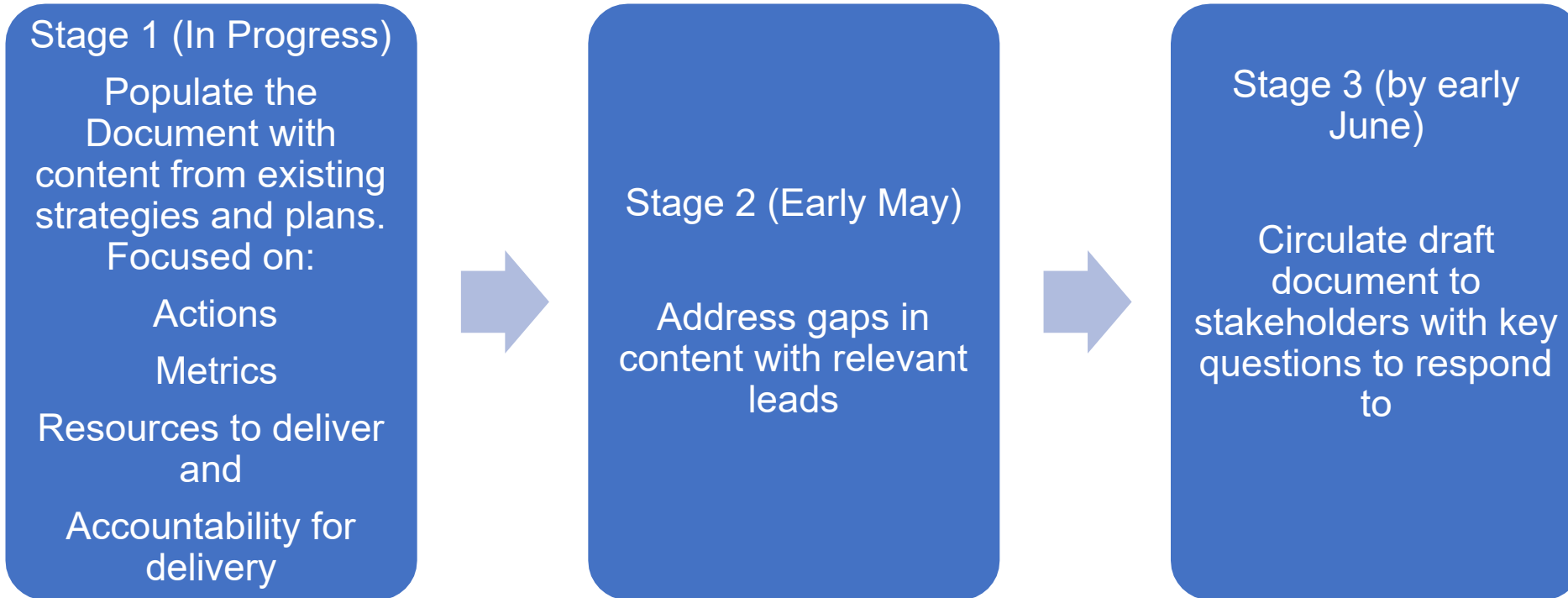


Update on Process

- The first draft is complete (see later slides) and is with key system leads for comments – and addressing gaps
- We have set out proposed delivery and system leadership for each of the missions
- We have developed a model for the Performance and Accountability Framework to track delivery of our strategy and plan
- We will be providing a summary of each Locality Plan – and have requested (via Deputy Place-Based Leads) each Locality to confirm that we have the latest version of the plans. We will share the summaries for comment
- We are tracking and wrapping in the work informing the recovery of finance and performance recognising the significant focus this will provide on reducing admissions, achieving flow, reducing the backlog and improving productivity in the first year
- It is also intended to develop a clear 3 year roadmap to system sustainability. That will relate strongly to the work on the recovery programme, but capture and quantify the contributions across the full plan



Developing the Content



JFP Structure

Chapter	Content	Information Sources/Drafting Process
Foreword	<ul style="list-style-type: none"> Sir Richard Leese/Paul Dennett 	<ul style="list-style-type: none"> WH/PL to draft
Introduction and Context	<ul style="list-style-type: none"> Short intro to GM system Our strategic challenges Our Opportunities and Assets 	<ul style="list-style-type: none"> ICP Strategy 23/24 Operational Plan
Our Strategy	<ul style="list-style-type: none"> Summary of the ICP Strategy – vision, outcomes, shared commitments, missions, ways of working 	<ul style="list-style-type: none"> ICP Strategy
Delivering the Strategy	<ul style="list-style-type: none"> The Key System Objectives and Actions to Deliver the 6 Missions (See next slide for structure) Roles and Responsibilities in Delivery Metrics and Ambition Role of ICB and other partners in enabling change 	<ul style="list-style-type: none"> ICP Strategy 23/24 Operational Plan PWC and Carnall Farrar reports Range of current system plans – inc. Locality Plans ICS Operating Model – <i>Refreshed to take Account of All of the Above</i> Input from System Leads and Round Table Sessions – See Additional Slide
Tracking our Delivery	<ul style="list-style-type: none"> Performance Framework 	<ul style="list-style-type: none"> Based on WHO Framework and populated with SOF metrics, GMS metrics and other key measures



Chapter: Delivering the Strategy – Example

Mission: Strengthening our communities

Description of Mission

- *Short description from ICP strategy*

Focus area: Scale up and accelerate delivery of neighbourhood model

- *Describe area of focus and set out 3 or 4 key actions e.g. Continue to develop social prescribing in Primary Care Networks, coordinate our response to poverty, Expand community-based mental health provision, Equip people with the skills, connectivity and technology to get online*
- *Metrics and Ambition*

Then repeat for other areas of focus

Leadership Arrangements

- *Describe ownership of mission and actions – both in terms of delivery and system leadership*



Delivery of the Missions Key Actions and Proposed Accountability

**Greater
Manchester
Integrated Care
Partnership**



Our Missions – Overview



Our strategy missions

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Strengthen our communities

We will help people, families and communities feel more confident in managing their own health



Our strategy missions

Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities



Our strategy missions

Help people get into, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing



Our strategy missions

Recover core health and care services

We will continue to improve access to high quality services and reduce long waits



Our strategy missions

Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home



Our strategy missions

Achieve financial sustainability

We will manage public money well to achieve our objectives

Proposed Accountability Arrangements

- Delivery Leadership – the board/organisation accountable for driving change and improvement in the relevant part of the system. This recognises that the key responsibility for bringing together and driving delivery will sit with Locality Boards, providers and provider collaboratives
- System Leadership – This recognises the board/group accountable for creating the system-wide conditions, frameworks, and standards to enable delivery



Our missions to meet the challenges

Strengthening our communities

Delivery Leadership: Locality Boards

System Leadership: Population Health Board

Areas of focus	Actions
Scale up and accelerate delivery of person-centred neighbourhood model	Continue to develop social prescribing in Primary Care Networks
	Coordinate our response to poverty
	Expand community-based mental health provision
	Living Well at Home
	Equip people with the skills, connectivity and technology to get online
Develop collaborative and integrated working	Embed the VCSE Accord
	Deliver a GM-wide consolidated programme for those experiencing multiple disadvantage
	Enable a system-wide shared vision and action for children and young people (CYP)
Develop a sustainable environment for all	Secure a greener Greater Manchester with places that support healthy, active lives
	Progress the NHS Net Zero climate change contribution



Our missions to meet the challenges

Helping people stay well and detecting illness earlier

Delivery Leadership: Locality Boards

System Leadership: Clinical Effectiveness and Governance Committee (CEG); Population Health Board

Areas of Focus	Actions
Tackling health inequalities	Reducing health inequalities through CORE20PLUS5 (adults and children)
	Monitoring and targeting of unwarranted variation in outcomes
Healthy behaviours	Tobacco
	Alcohol
	Food and Healthy Weight
	GM Moving
Reducing illness	Cancer screening
	Early detection e.g. hypertension
	Secondary prevention - CVD
	Expanding the use of tools for finding people at risk of poor health
Anticipatory care	Preventing falls and supporting frailty consistently across GM
	Helping people stay at home
	High intensity proactive care

Our missions to meet the challenges

Helping people get into, and stay in, good work

Delivery Leadership: Locality Boards

System Leadership: Population Health Board; Reform Board

Areas of Focus	Actions
Increase scale of work and health programmes	Expansion of our Work and Health Models
	Focus work and health support on excluded groups
Develop good work across all employers	Working with employers on employee wellbeing through the GM Good Employment Charter
Increase the contribution of the NHS to the economy	Implementing the Greater Manchester Social Value Framework
	Developing the NHS as an anchor system



Our missions to meet the challenges

Recovering Core NHS and Care Services

Delivery Leadership: Locality Boards and PFB

System Leadership: System Boards; Finance and Performance Recovery Board

Areas of Focus	Actions
Improving urgent and emergency care and flow	Access to urgent care in the community
	Admission/Attendance Avoidance
	Acuity and complexity
	Discharge
	Increasing ambulance capacity
	Improving emergency department processes
Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard	Overall coordination
	Restoring NHS services inclusively
	Surgical Hubs
	Theatre utilisation
	Cancer Care
	Reducing waiting times in cancer
	Diagnostics
	Digital opportunities for recovery
Improving service provision and access	Making it easier for people to access primary care services, particularly general practice
	Ensuring universal and equitable coverage of core mental health services
Improving quality through reducing unwarranted variation in service provision	Overall coordination
	Maximising capacity
	Using virtual wards
	Reducing inequalities in access to care
	Enabling effective outpatient activity

Our missions to meet the challenges

Supporting our workforce and our carers at home

Delivery Leadership: NHS Trusts, Primary Care providers, Local Authorities, Social Care Providers, VCSE Organisations

System Leadership: GM People Board

Areas of Focus	Actions
Developing good work in health and care	Increase in membership of the Greater Manchester Good Employment Charter and payment of the Real Living Wage in health and care
	Improving workforce wellbeing
Growing and developing the workforce	Grow and develop our workforce
	Develop productive capacity
	Workforce Integration
Addressing inequalities	Addressing workforce inequalities
	Strengthening leadership and accountability for addressing inequalities
Supporting carers	Provide more consistent and reliable identification and support for Greater Manchester's unwaged carers



Our missions to meet the challenges

Achieving financial sustainability

Delivery Leadership: Locality Boards; PFB

System Leadership: ICB; Finance and Performance Recovery Board

Mission/areas of focus	Actions
Finance and Performance Recovery Programme	System recovery programme based on drivers of operational and financial performance
Developing Medium Term Financial Sustainability Plan	Development of three-year financial plan
Taking system-wide action	Develop and implement a comprehensive system wide programme
	Identify factors from successful system working to implement the programme



Performance and Accountability Framework

- A key feature of the JFP will be the Performance and Accountability Framework to enable us to track delivery of our Strategy and Plan
- The Framework needs to incorporate the core NHS and care operational metrics but also a broader set of indicators to reflect our approach to improving population health
- We propose to use a modified version of the World Health Organisation Health System Performance Assessment (HSPA) Framework (as modified by the University of Manchester research team) as the basis to track delivery of our Strategy
- The Framework covers the two aspects of ICS performance:
 - The performance of the health system, which is primarily defined by NHSE, as the funders of the system, through their operating framework and other national requirements
 - The performance of the whole system (including wider partners) and in particular the contribution of the health system to societal goals
- We are working with BI colleagues to populate the Framework with current data for its incorporation into the JFP



Updated Timetable

DATE	KEY TASKS
4 th May	Resubmission of Operational Plan
9 th May	Agree JFP Process with JPDC
12 th May	Complete First Draft and Share with NHS GM Exec
15 th May	Share Draft with Key Leads for Review – Addressing any Gaps
26 th May	Share Updated Draft with system partners for comment on set of questions – including the 10 HWBs
14 th June	Complete update of Document following comments
21 st June	Sign off JFP at Integrated Care Board
30 th June	Publication of JFP



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Manchester Partnership Board	
Report of:	Tom Hinchcliffe, Deputy Place Based Lead
Paper prepared by:	Dr Leigh Latham, Associate Director of Planning, NHS GM (Manchester) Owen Boxx, Senior Planning and Policy Manager NHS GM (Manchester)
Date of paper:	7 June 2023
Subject:	Developing the MPB Priorities Delivery Plan
Recommendations:	The Manchester Partnership Board (MPB) is asked to note the progress that has been made with the delivery plan, and provide feedback.

1.0 Introduction

- 1.1 This paper updates Manchester Partnership Board (MPB) on the work that is taking place for the MPB priorities for 2023 – 2026. This has been an iterative process which started in January and following the approval of the Locality Plan on a Page in April, focus has now moved into the development of the delivery plan, and the approach that will be used to track progress.
- 1.2 The delivery plan is being developed in parallel with the NHS GM's Joint Forward Plan which is the delivery plan for the NHS GM Integrated Care Strategy. We are working with the GM team to ensure that we can clearly articulate how locality priorities will support the delivery of the Joint Forward Plan, in particular the six missions around which the Forward Plan will be framed:
- Strengthening our communities
 - Helping people get into, and stay in, good work
 - Recovering core NHS and care services
 - Helping people to stay well and detecting illness earlier
 - Supporting our workforce and our carers
 - Achieving financial sustainability

2.0 Developing the Delivery Plan for Manchester

- 2.0 The priorities for adults and children in the city for 2023 to 2026 are: -
- Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities, so that people live longer in good health, wherever they are in the city;
 - Improve access to health and care services, so that people can access the right care, at the right time, in the right place, in the right way.
- 2.1 The programmes of work that will form the delivery plan for these priorities have been agreed with MPB and the Manchester Provider Collaborative Board (PCB) in order to align with local assurance arrangements.
- 2.2 Feedback from the PCB, Clinical and Professional Advisory Group, the Patient and Public Advisory Group and GP Board has further informed the development of the delivery plan and the workstreams within this. This has included:
- An increased emphasis on children's services;
 - Bringing together the population health management and long term conditions management programmes, as key areas of work that will reduce preventable deaths;
 - Identifying the overlap between different programmes e.g. Core20PLUS5 and Long Term Conditions, and the potential to use the delivery plan as a way to

- capture the overlaps in one place for the locality;
- Recognising that the priorities have an equal weight;
- Being clear on the outcomes and measures that will be used to show progress.

- 2.3 The draft delivery plan is at Appendix 1. The programmes within the delivery plan are at different levels of maturity; some are well established with clearly defined outcomes, some are existing programmes that are being extended to reflect overall system pressures (e.g. around system flow), and others are new with the outcomes still being defined.
- 2.4 Engagement with local community and patient groups is central to this work, in order to shape programmes to meet the needs of local people. This builds on the work already taking place through the Patient and Public Advisory Group, Community Health Equity Manchester, and Making Manchester Fairer. The delivery plan will be underpinned by specific targets and outcomes which will clearly identify benefits to local people and how inequalities will be addressed. This approach links to the GM Equality Objectives of Our Community and insight and Improving our outcomes.
- 2.5 The priorities and programmes within this delivery plan are those which require a **partnership or collaborative approach across the system**. The plan does not list all the activity which partners will be responsible for in the locality. This is 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 are being developed in parallel, an iterative approach to both will be needed.
- 2.6 To monitor high level performance and outcomes, a locality 2023/24 performance framework is currently being developed, which will be made up of metrics that support delivery of the Joint Strategic Plan, improve performance against the NHS Oversight Framework and Manchester's MPB Delivery Plan. This will enable the locality to view overall progress in one place.

3.0 Next Steps

- 3.1 Work will continue to develop the plan over summer focusing on:
- Defining the outcomes, and measures of success over the next 1 – 2 years, including specific metrics which show how inequalities are 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 will be tracked;
 - Developing the monitoring process to update MPB on progress against the delivery plan on a quarterly basis, including the 2023/24 locality performance framework;
 - Working with NHS GM to maintain alignment between the MPB Delivery plan



and the GM Forward Plan, and clarify how locality and NHS GM systems will work together to support delivery.

4.0 Recommendations

- 4.1 The Manchester Partnership Board is asked to note the progress that has been made on the draft delivery plan, and provide feedback.



MPB Priorities Delivery Plan

Manchester
Integrated Care Partnership



Manchester's plan on a page for 2023 to 2026 (Draft)



Strategic aims:

- Improve the health and wellbeing of people in Manchester
- Strengthen the social determinants of health and promote healthy lifestyles
- Ensure services are safe, equitable and of a high standard with less variation
- Enable people and communities to be active partners in their health and wellbeing
- Achieve a sustainable system

Our two priorities for 2023-26 are:

As a result, people will:

We will deliver through action on:

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1. Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities

- Live longer in good health, wherever they are in the city

- Effective prevention and management of long term conditions to keep people healthier
- Targeted work with communities, regeneration in North and South Manchester, and improving the social determinants of health
- Joined up health and care services in neighbourhoods, which meet people's physical, mental and social needs

2. Improve access to health and care services

- Be able to access the right care, at the right time, in the right place, in the right way

- Improving speed and methods of access to primary care and mental health services
- Optimising capacity in the community to reduce demand for hospital care and expedite hospital discharge
- Enabling self care and promoting independent living
- Improving workforce sustainability via local recruitment

Appendix 1, Item 7

What does this mean in practice? Delivery plan

Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities, so that people live longer in good health, wherever they are in the city

- Population health management
- Long term conditions management
- Making Manchester Fairer (health inequalities, preventing early deaths and long term condition focus)
- Core20PLUS5 (children and adults)
- Healthcare-led regeneration in North and South Manchester
- Neighbourhood level service integration and transformation

Improve access to health and care services, so that people can access the right care, at the right time, in the right place, in the right way

- Primary care access
- Mental health access and quality
- Children and Young People Reform programme
- Locality urgent care strategy and resilient discharge
- Aligning demand and capacity for community bed-based services
- Enabling self care and promoting independent living
- Local workforce recruitment

Delivery and sustainability of the plan is dependent on the enabling functions of workforce, digital, business intelligence, finance, estates, equality and inclusion, community involvement and development, and service improvement and commissioning

To deliver across the locality, relationships and interdependencies with the GM Strategic Clinical Networks, Health Innovation Manchester, GM Integrated Care Partnership Strategy and Our Manchester Strategy will be key, as well as alignment to the GM Integrated Care Equality Objectives. Engagement and co-production with patient and community groups will inform equality actions which will be embedded as key outcome measures.

Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities, so that people live longer in good health, wherever they are in the city

Slides 4 to 8 details the programmes, and workstreams within the delivery plan for each priority

Work Area / Programme	Workstreams	Assurance Board	Outcomes / measures and milestones status
<p>Long term conditions management</p> <p>Established programme with workstreams in delivery stage, and others newly developed to be refined.</p> <p>Page 34</p>	<ul style="list-style-type: none"> • Healthy Lungs • Manchester Amputation Reduction Strategy / Vascular • Long Covid • Winning Hearts and Minds - Healthy Hearts (developing), Healthy Minds (developing) • Diabetes (developing) • Population Health Management including focus on Hypertension, Diabetes, Bowel cancer screening <p><i>JFP mission - Helping people stay well and detecting illness earlier</i></p>	<p>Provider Collaborative Board</p> <p><i>Clinical Effectiveness and Governance Committee (GM)</i></p>	<p>The overall aim of this programme is to reduce the numbers of preventable and early deaths for Manchester residents from heart disease, lung disease, diabetes and cancer. It will reform community care for people with long term conditions and deliver a range of outcomes, for example:</p> <ul style="list-style-type: none"> • A reduction in pressures on hospital services including reduced A & E attendances for respiratory conditions e.g. through the Breathe Better project and reduced out patient appointments for vascular conditions • Earlier cancer diagnosis • Reduced incidence of complications associated with LTCs / reduce health inequalities associated with LTCs • Less people with prediabetes going on to develop type 2 diabetes • Increased detection and prevention of long term conditions overall
<p>Core20PLUS5</p> <p>New approach to be developed and brought together into a single framework</p>	<p>Core20PLUS5 is a NHS approach to tackling health inequalities. It involves adopting a Population Health Management approach and is linked to long term condition management to reduce inequalities. The workstream will be to agree an overall framework for the city for Core20PLUS5 which will capture existing work taking place across the city</p> <p><i>JFP mission - Helping people stay well and detecting illness earlier</i></p>	<p>Provider Collaborative Board</p> <p><i>Population Health Board (GM)</i></p>	<p>The overall outcomes and metrics will be developed by the working group. Examples of measures will include,</p> <ul style="list-style-type: none"> • Improved equity within services for people from communities experiencing racial inequalities and for those from deprived communities • Targeted systemwide approach to support demographic groups that are experiencing social deprivation • Improved patient engagement – including through Winning Hearts & Minds, Covid Health Equity Manchester, Patient and Public Advisory Group

Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities, so that people live longer in good health, wherever they are in the city

Work Area / Programme	Workstreams	Assurance Board	Outcomes / measures and milestones status
<p>Healthcare-led regeneration in North and South Manchester (Established programme)</p>	<ul style="list-style-type: none"> North Manchester Strategy including North Manchester General Hospital redevelopment and New Park House (North View) Wythenshawe Master Plan <p><i>JFP missions – Strengthening our communities / Helping people stay well and detecting illness earlier</i></p>	<p>NM Strategy Board</p>	<p>Deliver the North Manchester strategy to improve residents health and wellbeing through better health and care facilities, promoting healthy lifestyles and driving social value through skills and jobs for local people. This includes securing funding to progress the redevelopment of the NM hospital site to provide:</p> <ul style="list-style-type: none"> A world class, new acute hospital to better meet local needs. A modern mental health inpatient unit (North View) to transform the experience for service users, their families and staff.by December 2024 Integrated community care and wellbeing services Space for housing and commercial usage focused on healthy ageing and keeping people well at home.
<p>Neighbourhood level service integration and transformation (Established programme)</p>	<p>An established neighbourhood development programme is in place, led by the MLCO, based on the Neighbourhood model of 'bringing services together for people in places.</p> <p>This next steps will build on this offer, going further, faster, to enhance working relationships across the neighbourhoods and continuing to enable existing relationships to flourish.</p> <p><i>JFP mission - Strengthening our Communities</i></p>	<p>Provider Collaborative Board</p> <p><i>Population Health Board (GM)</i></p>	<p>The vision for Neighbourhood working in Manchester is: 'Everyone in Manchester is able to live a healthy, happy and independent life in a thriving community with integrated public services resulting in:</p> <ul style="list-style-type: none"> Bringing services together for people where they live – reduction in hospital attendance Increased community care reducing demand for secondary care.- expansion of virtual wards and community care pathways Effective case management of high risk patients in the community reducing need for emergency response Better aligned budgets and partnership working at a neighbourhood level Agreed priorities and service offer for each neighbourhood An expanded early help offer for adults and children

Improve access to health and care services, so that people can access the right care, at the right time, in the right place, in the right way

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Appendix 1, Item 7

Work Area / Programme	Workstreams	Assurance Board	Outcomes / measures and milestones status
<p>Primary Care Access (Established programme)</p>	<p>The collaborative focus of this workstream is being defined – it will look on the interface with primary & secondary care, and identify ‘demonstrator’ projects for focus.</p> <p>Existing work relating to demand and capacity within primary care including:</p> <ul style="list-style-type: none"> • Primary Care Access – Capacity & Access Planning, Delivery, Digital Transformation, Estates, • Additional Roles Reimbursement Scheme (ARRS) <p><i>JFP mission: Recovering core NHS and care services</i></p>	<p>Provider Collaborative Board/ DAB/GP Board</p> <p><i>Primary Care Board (GM)</i></p>	<p>Current work on capacity and access planning is based on identifying the clinical areas of greatest patient demand, reducing patient backlogs, reduce preventable workload and overall service demand. This includes</p> <ul style="list-style-type: none"> • An increased ability for patients to access primary care when needed • Opening of new Primary Care facilities at Gt Jackson Street and Gorton Hub • Increased collaboration with pharmacies to reduce GP demand • Enabling increased access to NHS dental services
<p>Mental Health access and quality (Established programme)</p>	<p>Deliver the Quality, safety and improvement actions within the GMMH improvement plan – includes Patient Safety, clinical strategy</p> <p><i>JFP mission: Recovering core NHS and care services</i></p>	<p>Provider Collaborative Board, GM System Board</p> <p>MH Executive (GM)</p>	<p>Deliver GMMH improvement plan with the aim to improve patient safety, clinical and professional standards, and having an empowered workforce and improved governance</p> <ul style="list-style-type: none"> • Increase patient safety and flow including by recruiting care coordinators. • Reduction in the number of patients in hospital with no reason to reside • Reduction in out or area placements for people with mental health conditions • Transform community mental health services to reduce hospital demand • Effective crisis care reducing demand for emergency admissions

Improve access to health and care services, so that people can access the right care, at the right time, in the right place, in the right way



Work Area / Programme	Workstreams	Assurance Board	Outcomes / measures and milestones status
<p>Children and Young People’s (CYP) Reform programme (Established Programme)</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 37</p>	<p>The CYP Reform Programme has 4 main workstreams:</p> <ul style="list-style-type: none"> • Thriving families • SEND redesign • Joint Commissioning • Think family programmes – thriving babies, confident parents, MIND pilot, healthy lungs (in development), neighbourhood pilot, Family hubs <p><i>JFP mission: Strengthening our Communities</i></p>	<p>Provider Collaborative Board</p> <p><i>CYP Board (GM)</i></p>	<p>The CYP Reform Programme is focused on stakeholders working in partnership to deliver effective interventions resulting in positive changes for Manchester children. A systemwide approach is being taken to transform and build community care to deliver more CYP care services at home and in the community.</p> <p>The benefits that will be delivered include:</p> <ul style="list-style-type: none"> • Whole system change focused on early intervention and prevention • Financial efficiencies across the system • Better outcomes for children and families • Address national challenges • Workforce transformation • Shared data and intelligence
<p>Locality urgent care strategy and resilient discharge (Established programme with expanded scope in development)</p>	<p>The delivery of the Manchester Urgent Care Strategy which will include:</p> <ul style="list-style-type: none"> • Resilient Discharge Programme (RDP)– Home first approach, frailty at home, new models of bedded care, transfer of care hub, discharge to assess (D2A) • Admissions avoidance <p><i>JFP mission: Recovering core NHS and care services</i></p>	<p>Provider Collaborative</p> <p><i>UEC Board (GM)</i></p>	<p>The locality strategy includes RDP which provides a system-wide approach to support improved patient flow and increase the number of safe discharges and an admissions avoidance plan to enable people to remain at home rather than attending acute hospitals. These workstreams are aiming to:</p> <ul style="list-style-type: none"> • Reduce hospital admissions - including through 2 hour urgent care response & SDECs • Increase the % of discharges home from hospital with no further care required • Reduced average length of stay in hospital • Reduced out of area care • Reduced average length of Discharge to Assess (D2A) stays to 35 days

Improve access to health and care services, so that people can access the right care, at the right time, in the right place, in the right way

Work Area / Programme	Workstreams	Assurance Board	Outcomes / measures and milestones status
Aligning demand and capacity in bed-based provision (Established programme)	Market Oversight, Leadership and Governance (Care Homes and Homecare) <i>JFP mission: Strengthening our Communities</i>	Provider Collaborative <i>Population Health Board (GM)</i>	Developing 10 year care home capacity strategy to meet the needs of residents with complex needs. <ul style="list-style-type: none"> • Deliver 1000 additional apartments across 15 sites including 3 specialist dementia development • Increase number of care home beds rated good or outstanding • Manage capacity and demand through Care Home data monitoring.- procurement of additional nursing care provision
Enabling self care and promoting independent living (New programme to be developed)	Agree an overall framework for the city for which includes existing contributing programmes/services. <i>JFP mission: Strengthening our Communities</i>	Provider Collaborative <i>Population Health Board (GM)</i>	A framework will be developed to provide an understanding of the overall contributions and intended outcomes of the established programmes and measures agreed.
Local workforce recruitment (New programme to be developed)	Local recruitment and progression of: residents who are economically inactive; women; and Communities Experiencing Racial Inequalities <i>JFP Mission: Supporting our workforce and our carers</i>	Strategy and Planning Group <i>People Board (GM)</i>	A working group is being set up between system partners to develop a locality approach to link in with GM. This will include an analysis of workplace gaps/vacancies to inform the approach. This will lead to an increase in local employment by delivering targeted employment opportunities, linked to system partners being key Anchor institutions focused on local wellbeing.



Manchester Partnership Board	
Report of:	Zoe Mellon, Performance Lead
Paper prepared by:	Zoe Mellon, Performance Lead
Date of paper:	7 June 2023
Subject:	Locality Performance and Outcomes Standards
Recommendations:	Support the work to develop a locality performance framework and specifically approve targets to reduce variation in access to acute services.



Locality Performance and Outcomes Standards

1.0 Background

- 1.1 Greater Manchester's Integrated Care Board is developing a performance framework that sets out how the ICB will monitor delivery and drive improvements against national and Greater Manchester targets and standards, this will include Greater Manchester's Joint Strategic Plan (including operational planning targets set as part of the NHS planning round) and the NHS Oversight Framework.
- 1.2 The ICB is also finalising a provider oversight framework. This will describe how the ICB will work with providers being clear on deliverables, provide a process for identifying organisations requiring additional support, describe the way in which providers move from escalation to de-escalation and ensure appropriate reporting through ICB and NHS England (NHSE) governance structures.
- 1.3 As a locality, we are currently building the 2023/24 performance framework. This will be made up of metrics that support delivery of the Joint Strategic Plan, improve performance against the Oversight Framework and/or reflect Manchester's Delivery Plan priorities for adults and children in the city for 2023 to 2026 i.e.
- Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities, so that people live longer in good health, wherever they are in the city;
 - Improve access to health and care services, so that people can access the right care, at the right time, in the right place, in the right way.
- 1.4 We will be working with our partners to develop the framework however we have been asked by Greater Manchester ICB to expedite target setting in a small number of areas. These include setting appropriate levels of deflections from acute services and flow of patients out of hospital settings.
- 1.5 This paper describes the process being followed to develop targets against these specific areas and the work programmes being mobilised. We have engaged with partners to develop these targets and we have made linkages with existing programmes e.g. Manchester's Urgent Care Plan.
- 1.6 At the time of writing this report the numerical trajectories are still being finalised but will be available to Board members for consideration and sign off before the meeting.



2.0 Context

- 2.1 Benchmarking data show there is 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 are medically fit to leave (acute and mental health settings) and the number of mental health inpatients in hospitals outside of the local area.

3.0 Areas of Opportunity

- 3.1 For Manchester, work is underway to ensure that unwarranted variation is understood and targets are set in order to move performance closer to expected levels. Key areas and initiatives are set out below:
- **Referrals** – work to reduce referrals into secondary care by increasing the use of advice and guidance and out of hospital respiratory services.
 - **Accident and emergency (A&E) attendances and non-elective admissions** – building on areas set out in the Locality urgent care plan work is underway to deliver an enhanced community offer including hospital at home (focusing on frail elderly patients, respiratory care and patients with heart failure), increasing access to same day emergency care services and streaming of patients at A&E front door to alternative pathways and services.
 - **Reducing the number of patients in hospital who are ready to go home** – fully implement the resilient discharge programme, this includes the home first initiative, refreshing and monitoring compliance against best practice policies, improving communication and increasing community capacity.
 - **Reducing delays for people in acute mental health services and working to treat them closer to home** – regular multi-disciplinary discharge events to identify blockages and work across the system to address, alternative to crisis services e.g. Listening Lounge and implementation of Living Well Community Transformation Models (longer term).

4.0 Next Steps

- 4.1 The locality planning and performance teams will continue to work with partners to develop the first draft locality performance framework. This framework will set out the objectives and targets along with how we will gain assurance regarding delivery by working with leads to identify risks and remedial action plans.
- 4.2 Regular reporting via Greater Manchester and locality governance structures will be put in place.





5.0 Recommendation

The Manchester Partnership Board is asked to: -

- support the work to develop a locality performance framework and specifically approve targets to reduce variation in access to acute services.



Manchester Locality – Finance, Performance and Outcomes Standards 2023/24: Demand Management, Flow and QIPP

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Prepared by: Manchester Locality
Last updated: 19 May 2023

Outline

- PWC – higher than expected flow into acute settings and stay longer when they are there
- At the session of Place Leads, Trust CEOs and ICB Executives it was agreed that localities would have specific targets relating to flow in and out of acute settings
- A&E attendances, non-elective admissions, no criteria to reside, out of area mental health placements, mental health medially fit for discharge
- Various sources of benchmarking supported the process
 - PWC diagnostic and appendices (previously issued)
 - PWC provider packs (issued to providers)
 - Model hospital
 - Tableau – various
- Localities identified the areas with the most impact based on the opportunity and population
- First draft by 19th May.
- This is a new approach, learning as we go

Approach

- Identified lead for each areas
- Leads working with system partners
- Good engagement and linkages with other plans across the locality – avoid any silo working
 - Ensured we are linked in to the work already across the locality –Urgent Care Plan which includes resilient discharge programme, hospital at home – lots of engagement with the LCO, MFT, Primary Care (looking to strengthen primary care links through GP Board leads)
 - GMMH – linking in with Trust who have provider targets through the planning process but have a focus on reducing those clinically ready for discharge
 - GP Board – exploring how to get our GP Board more involved

Manchester Locality: Referrals



Describe the areas identified as opportunities

- **Localities should target 3 cohorts/specialties for GP referrals.**
- Localities to set some numerical targets/objectives (excel template) to be monitored monthly
- Targets/objectives should:
 - Reflect the size of the opportunities. As an indication a small cohort of should aim for a 10% decrease and a larger cohort 5%
 - The impact needs to be seen in this financial year so a straight-line trajectory between July and March should be used.

Delivery Programmes	Start Date
Advice and Guidance – better use of advice and guidance to reduce outpatient referrals. Opportunity for primary and secondary care to work together around education. MFT establishing a task and finish group. Deputy Clinical Director and IT Clinical Lead leading the work on behalf of the Manchester locality.	May 2023
Obstetrics – Understanding the PWC data further with the potential for a service review	May 2023
Respiratory – <ul style="list-style-type: none"> Restarting spirometry in primary care Reviewing the data further to explore other opportunities to do things differently 	May 2023
Clinical Psychology – <ul style="list-style-type: none"> Review existing data & compare data with comparable cities, including number of referrals received, waiting time for assessment & treatment, psychological modality that is accessed, split between group and 1:1 treatment & length of time in treatment Work with GMMH clinical psychology leads to scope out existing pathways, treatment options available, compliance with NICE guidance & understand threshold for accessing step 3+ and step 4 service & discharge planning, impact of waiting times for access to CMHT support Understand split between f2f and online activity and rationale 	May 2023

Risk or Issue

Potential for some opportunities to be overstated (e.g. consideration of Manchester's population complexity) so further work required to understand the data

Additional Support Required

Further detail/information required from PWC to support better understanding of the data
 Further liaison throughout the locality (with provider colleagues) to prioritise and work up plans
 The commissioning of maternity services is delineated – further engagement required with the Strategic Clinical Network
 Clarity on whether there will be any funding available – e.g. for spend to save initiatives

Manchester Locality: A&E Attendances



Describe the areas identified as opportunities

3 cohorts/specialties for A&E attendance.

- Frail patients over 65s (some younger frail adults also included as part of Manchester population.)
- Heart Failure
- Respiratory.

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Delivery Programmes	Start Date
Enhanced Community offer including hospital at home supporting the three target cohorts to be supported in their own home (Data driven) Step up pathway	July 2023
Manchester Acute Respiratory Illness Service, increase in same day appointments in primary care, patients do not present into acute setting.	TBC

Risk or Issue

Additional Support Required

Manchester Locality: Non-elective Admissions



Describe the areas identified as opportunities

3 cohorts/specialties for non-elective admissions.

- Frail patients over 65s (some younger frail adults also included as part of Manchester population.)
- Heart Failure
- Respiratory.

Delivery Programmes	Start Date
Enhanced Community offer including hospital at home supporting the three target cohorts to be supported in their own home (Data driven) Step down and A&E pathway.	July 2023
Maximising the use of SDEC services	July 2023
Streaming to alternative pathways at the front door (internal and external) including learning from the current best practice.	August 2023

Risk or Issue
Being able to split the delivery programmes by A&E attendance and A&E admission as they are linked. This could be referral route via A&E or step up. This should be reflected in the ambition of opportunity.

Additional Support Required
Sign off via system UC Board.

Manchester Locality: No Criteria to Reside



Describe the areas identified as opportunities

- Targets by provider have already been set as part of the planning process.
- These targets are based on hospital sites
- Localities will be responsible for discharge of their patients from all hospital sites. Locality figures will be provided or agreed with Trusts.
- In order to prepare for winter and as this is a pre-existing objectives target a trajectory reducing to target levels by September.

Locality	Acute Site	2022/2023 (COO Elective Restart)	2023/2024
Bolton	Bolton	60	58 (↓2)
Bury	Fairfield	40	39 (↓1)
Oldham	Oldham	35	34 (↓1)
Rochdale	Rochdale	2	2
Salford	Salford	127	122 (↓5)
Manchester & Trafford	MRI	80	77 (↓3)
	NMGH	50	48 (↓2)
	Wythenshawe	80	77 (↓3)
	Trafford	30	29 (↓1)
Stockport	Stockport	50	48 (↓2)
Tameside	T&G	60	58 (↓2)
Wigan	Wigan	60	58 (↓2)
Greater Manchester		674	650 (↓24)

- Absolute NC2R numbers don't take into account the length of delay and, therefore, bed days lost. It would be advantageous for localities to target longer delays. See info below.

PATIENT STATUS

Pathway	Threshold			
0	1 Day	2- 4 Days	5 Days	
1	1 Day	2 - 3 Days	3 - 19 Days	20 Days
2	2 Days	3 - 5 Days	5 - 19 Days	20 Days
3	2 Days	3 - 5 Days	5 - 19 Days	20 Days
Unknown	1 Day	2 - 4 Days	5 Days	

https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/views/PathwayPatientJourney-AwaitingDischarge_16590007042050/About?.iid=1

Delivery Programmes	Start Date
Back to Basics – full ward rollout supporting Home First (MFT)	Ongoing
Home First – Comms and Engagement	Ongoing
D2A Blocked Beds Capacity	
System Discharge Policy (Processes and standards)	June 2023
Transfer of Care (OOA, IDT roles and responsibilities)	Ongoing
Community capacity delays	Ongoing

Risk or Issue
<ul style="list-style-type: none"> • Ongoing operational pressures will reduce capacity of key stakeholders to participate in the programme and reduce the opportunity for impact. • System complexity • Maintaining pace of delivery

Additional Support Required
System oversight and support for these priorities

No Criteria to Reside

Opportunity	Data Source	Baseline data	Baseline period	Target	Trajectory										
					May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
No criteria to reside - MFT Total	GM Tableau	305	Apr-23	240	294	283	272	261	250	240	240	240	240	240	240
No criteria to reside - Manchester (Resident)	GM Tableau	144	Apr-23	113	139	134	129	124	119	113	113	113	113	113	113
No criteria to reside - Trafford (Resident)	GM Tableau	76	Apr-23	60	73	70	67	64	61	60	60	60	60	60	60

Manchester Locality: Mental Health OAPs and Clinically Ready for Discharge



Greater Manchester
Integrated Care

Describe the areas identified as opportunities

- The NHS Operational Planning objective is to reduce OAPs. The aim is to have no OAPs by the end of March 2024.
- Reduction in MH inpatients who are clinically ready for discharge will support mental health Trusts to manage overall capacity. There will be an indirect benefit to reducing out of area placement levels and urgent care access.
- GMMH will average 25% reduction in clinically ready for discharge numbers. PCFT to be confirmed. Locality specific figures will be provided as soon as possible. These will be reported on a consistent 'pathway basis' across NC2R
- The current Out of Area placement trajectories in the GM plan as submitted to NHSE are as follows. The planning target is for zero so GM should set more ambitious targets internally. These figures will be broken down by locality and will represent a minimum ambition for localities.

	Q1	Q2	Q3	Q4
PCFT	2425	2413	2172	1690
GMMH	2200	1700	1300	1113
ICB	4625	4113	3472	2803

Delivery Programmes	Start Date
GMMH Discharge Fund Schemes to improve patient flow, bed capacity and reduce OAPs	ongoing
Daily panel meetings (LA/GMMH/Locality ICB) to support timely discharge of patients	ongoing
Weekly Multi-agency Discharge Event (MADE) where system partners come together to identify and unblock any delays to discharges.	ongoing
Re-establishment of GMMH Review Team - reviewing all MH patients in supported accommodation, residential and nursing home placements with the aim to move on from these settings, creating capacity and improving flow from inpatient settings	April 23
Alternative to Crisis – Listening Lounge in North (GMMH) and Central Manchester (Turning Point) and 7 crisis beds provided by Turning Point.	Aug 21
Implementation of Living Well Community Transformation Models (longer term impact)	April 24

Risk or Issue

Ongoing workforce challenges, particular around recruitment and retention of care coordinators who are key to supporting patient discharges.
 Funding for GMMH Discharge Fund Schemes are not renewed
 North-West Bed bureau is not funded at current capacity
 Closure of nursing home beds in South Manchester
 Lack of supported accommodation/housing that meets the needs of MH patients.
 Closure and/or pause on admissions to independent sector beds due to patient safety concerns
 Risk or issues for some projects e.g., Intensive supported accommodation, may need invest to save model
 Increased acuity impacting on length of stay

Appendix 1, Item 8

Additional Support Required

Better coordination of discharge funds across GM/Locality ICB/Provider/Council

		Quarter 4 2022/23	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24	
Number of inappropriate OAP bed days		2941	2200	1700	1300	1113	
Reduction compared to Q4 2022/23 position			-25%	-42%	-56%	-62%	
		Q4 position	Reduction required				
Locality split based on actual Q4 OAP usage	Manchester	72%	2110	-532	-890	-1177	-1311
	Salford	8%	241	-61	-102	-134	-150
	Bolton	9%	251	-63	-106	-140	-156
	Trafford	6%	163	-41	-69	-91	-101
	Wigan	4%	130	-33	-55	-73	-81
	<i>Other locality</i>	2%	46	-12	-19	-26	-29
Total reduction required (compared to Q4 2022/23 position)				-741	-1241	-1641	-1828

Clinically Ready for Discharge

Number of bed days lost due to external delays for patients Clinically Ready for Discharge	Quarter 4 2022/23	In quarter reduction needed by quarter 3 2023/24
Manchester	2096	-524
Salford	504	-126
Bolton	450	-113
Trafford	161	-40
Wigan	570	-143
Total reduction required (compared to Q4 position)		-945

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Manchester Partnership Board	
Report of:	Joanne Roney Chief Executive Officer – Manchester City Council (MCC) and Placed Based Lead – Manchester Integrated Care Partnership (MICP)
Paper prepared by:	Sharmila Kar - Joint Director Equality, Inclusion, and Engagement - NHS GM integrated Care (Manchester locality) and MCC
Date of paper:	7 June 2023
Subject:	Strengthening our Approach to Equality, Inclusion and Engagement in the Manchester Locality
Recommendations:	The Manchester Partnership Board is asked to comment on and support the paper.



1.0 Introduction

Manchester has been at the forefront of championing equality and diversity for decades, we have had an ongoing commitment to equality and making services, facilities, and opportunities fair and inclusive. Our diversity has made us a successful, growing, connected, and buzzing city and it is important that our workforce; many of which are Manchester residents; reflects the rich diversity of our great city at all levels. Equally, we need to ensure that our services meet the needs of our increasingly diverse city and that we take action to address known inequalities for different people in our city.

1.1 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 is highlighted below. On each of these categories, the Census demonstrates the further increases in the diversity of the city's population during a decade of rapid change and unprecedented challenges. For example;

- Ethnicity: The non-white population has 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 have at least one person who can speak English as their main language. Around 4% (21,400) of residents said they cannot speak English well or very well. Across the city, 94 languages are spoken with the highest numbers being Urdu, Arabic and Polish
- Religion: The Christian population has 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 asked about sexual orientation and gender identity for the first time. Nationally, 89.4% of respondents identified as straight or Heterosexual and around 3.6 % identified as LGBTQ+, in Manchester that figure was c 6%. The Census data will be used alongside our own intelligence to help plan services, better understand our population, and use Our Manchester approaches to align services with the communities that they serve.

1.2 With the creation of the ICS and Manchester Integrated Care Partnership we can further build on integration by drawing collective strengths together. There is ample evidence of how policies and practices can inadvertently adversely affect the health, well-being and outcomes for communities that experience discrimination and disadvantage. We therefore need 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 sits at every level across the system. The

appointment of the Joint Director of Equality, Inclusion and Engagement across health and the council provides the opportunity to champion and embed a human rights based and anti-discriminatory approach across the Manchester system.

Collaboration between partners in a place across health, care services, public health, and voluntary sector can and should overcome competing objectives and separate funding flows to help address health inequalities. Our approach needs to be rooted in;

- Strong leadership, commitment to and investment in advancing equality
- Effective patient engagement and community involvement
- A person-centred and co-creative approach
- Developing an in-depth understanding of local needs particularly within communities that experience racism and discrimination
- Connecting with communities to build trust
- Collectively focusing on the wider determinants of health
- Mobilising local communities and building community leadership
- Harnessing the local economic influence of health and care organisations

- 1.3 As a statutory organisation, NHS Greater Manchester Integrated Care and localities will be subject to the Equality Act 2010 and the Public Sector Equality Duty provisions. In the exercising of our functions, we need to have due regard to the three tenets of the Public Sector Equality Duties which means 1) the removal or minimising of disadvantages experienced by people due to their protected characteristics 2) taking steps to meet the needs of people from protected groups where these are different from the needs of other people, and 3) encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Sections 2-4 provide 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.

2.0 Manchester Patient and Public Advisory Group (PPAG)

In Manchester, we are invested in continuing the facilitation and development of patient leaders by ensuring lived experiences continue to inform and influence our work. The Patient and Public Advisory Group forms part of the governance structure for Manchester Integrated Care Partnership. The group is made up of Manchester residents, registered with a Manchester GP, who provide assurance and feedback on patient and public involvement across all aspects of work of the organisation. They are a dedicated team of volunteers who provide their time, knowledge and experiences to improve health and care services for people and communities across Manchester. They work with patients, people who access services, carers, charities, community groups and others to bring diverse perspectives into our work.

During 2022/2023 Patient and Public Advisory Group members have provided patient representation and used their lived experiences to provide feedback by participating in several groups and committees, including:

- Manchester Area Prescribing Group
- Healthy Lungs Steering Group
- Manchester Primary Care Commissioning Committee
- Community Health Equity Manchester (CHEM)
- Carers Learning and Development Board
- Community Diagnostic Centre (CDC) Equalities Group
- Manchester Quality, Performance and Safety Advisory Group

PPAG members have provided input across the Manchester system on a range of subjects over the past year. These have included:

- Manchester Integrated Care Partnership Operating Model
- Community Diagnostic Centres business case
- Winter Vaccination Plan
- Manchester Local Care Organisation (MLCO) - transformation of community services review programme
- Disaggregation of North Manchester General Hospital services between Manchester University Hospitals NHS Foundation (MFT) Trust and Northern Care Alliance
- MFT - Patient Initiated Follow Up (PIFU) appointment system
- Making Manchester Fairer action plan
- Manchester City Council Population Health team – support for the National Institute for Health Research bid
- Healthwatch – their statutory role in Manchester

2.1 Understanding patient experiences of using their GP Practice

The Patient and Public Advisory Group developed a patient survey to understand the lived experiences of people using their GP Practice following the pandemic. This was based on PPAG members' own experiences of using their GP practices, which varied considerably. Over 300 responses to the survey were obtained by PPAG members sharing the survey with their networks, coffee mornings and friends and family. PPAG members were involved in the analysis of the findings and the engagement team drafted the final report including the recommendations as follows:

- Raise awareness of how patients access services and create resources to help patients understand what to expect from their GP practice
- Patients need to understand what to expect when managing diabetes or other long-term conditions
- To promote the role of local pharmacists and how they can support patients



- Raise awareness of the NHS Accessible information standards
- Raise awareness of digital training in the city for patients who may be digitally excluded.

PPAG would like to work collaboratively with primary care colleagues to develop resources to support and empower patients to understand what to expect when using their GP practice. There is a need for further engagement with ethnically diverse communities where response rates are particularly low. We will be developing an action plan from the recommendations within this report to inform the work plan for PPAG for 2023/2024.

2.2 **Manchester and Trafford Long COVID Peer Support Group**

The Long Covid Peer support group provides understanding of living with a long-term condition, managing recovery for some of the members and provides information and skills to empower them to have a voice and influence commissioners and providers. It also provides validation to the person, tackles social isolation, and enables peer support and the development of a network of people who share experiences.

The on-line group has over 200 people on a mailing list that receive an information email each week, around 30 people join the call each week and attendance varies depending on how they are feeling. There is also a WhatsApp group where members can keep in touch with each other, recognising that not everyone likes to use online services.

As of the 31 March and after three years support and development, the Manchester and Trafford Long COVID Peer Support Group was set up as charitable organisation. The new patient-led organisation is called Greater Manchester Long COVID Support and people living with Long COVID have become trustees and helped develop this new charity. Further details of the work undertaken by PPAG can be shared with the board.

2.3 **Recruitment of PPAG members**

The Equality and Engagement Team are developing resources to actively recruit additional PPAG members with a focus on increasing our membership particularly within ethnically diverse communities to ensure that we have a good breath of representation from across the city of Manchester. PPAG currently has 14 members, and with a review being undertaken to grow the membership.





3.0 Community (previously Covid) Health Equity Manchester (CHEM)

CHEM was originally set up in 2020 to inform our response to COVID-19, and the widening impact gap on different black and minority ethnic communities. Members are now having broader discussions around the indirect consequences of the pandemic and broader social, health and wellbeing priorities for their communities. They have been and will continue to be vital in delivering our vaccine equity commitments.

3.1 The main purpose of CHEM is to;

- Building TRUST between communities and statutory organisations.
- Share and amplify community VOICE and to provide INSIGHT.
- Be led by the DATA.
- Work in Collaboration and Partnership

The strategic group achieves its objectives through collaborative whole system working, influence and advocacy as well as direct actions through its programme of work. CHEM is a good example of where these improvements have built critically important trust with our communities and key stakeholders realising positive results. The CHEM programme through targeted engagement grants and the Sounding Boards have become a critical part of our system infrastructure for addressing health inequalities, even more so in light of 2021 census data for Manchester.

Examples of some of the work delivered is outlined below;

- Networks of chat champions/ volunteers to extend the reach of the programme
- Improved cultural and accessible reach of public health guidance
- Removal of barriers to services due to lack of access to digital services preventing access to healthcare and wider support and advice services
- Safe and accurate trusted pathways to COVID vaccination and self-care information
- Encourage increased take up of preventative measures including short film/ peer group imagery

3.2 Representation covers groups and communities; disabled people including people with learning disabilities, communities experiencing racial inequality, which include Pakistani, Bangladeshi, Black African and Caribbean sounding boards, Inclusion Health group and people or groups that experience multiple forms of discrimination that intersect or combine (intersectionality). This will be kept under review based on emerging and evolving understanding of our communities. It is important to note that whilst needs of other at-risk groups e.g., people who are homeless, older people, are being addressed through other work streams we will continue to share the learning and good practice.



- 3.3 The main functions of the Sounding Boards are to:
- Bring together a group of people that can act as a voice for their communities.
 - Give the communities they represent a voice in the development and delivery of CHEM's programme of work.
 - Identify and share what the priority issues and concerns are for the communities they represent.
 - Share their views on statutory sector initiatives and activities that impact their communities based on their first-hand experiences and the experiences of people that they connect with.

The work of CHEM has been alongside the valuable localised work that has taken place with community groups through the MCC and MLCO neighbourhood teams who deliver much of the face-to-face engagement work in the city.

This engagement work also requires its own bespoke communications support to provide messaging in the right way, for the right audiences, so that we help people to live well, where they live. This has been a large part of our approach, where there has been a very successful cycle of listening to community feedback to create communications that complement and help with engagement work.

4.0 Strengthening our approach to Equalities and Inclusion

4.1 Community Diagnostic Centre programme (CDC)

Whilst the CDC programme is a national one, at locality level it was recognised from the start that equalities and engagement were embedded throughout the development and now delivery of the programme in order to ensure that the programme met the needs of our unique and diverse population and reduced demand on acute services. Collaborative working between the MFCP locality lead, MFT, MLCO and enabling support from the locality Equalities and Engagement leads has been critical in ensuring that access, experience, and outcomes are equitable for communities and groups who experience known health inequalities.

Through early production of an Equality Impact Assessment (EIA), mitigating actions were identified to address known and anticipated inequalities and built into the development and governance of the programme with a clear reporting line to the programme board. Key to this was MFT's clear commitment to resourcing this work with support from the locality team, including the creation of a Community Engagement Lead and care navigator roles, equalities fund and transport fund to address the significant gap in CDC provision for North Manchester residents.

The Equalities and Engagement function was able to support with the EIA by connecting the CDC team to existing data and intelligence as well as training such as the locality work on digital exclusion and the LGBT Foundation's Pride in Practice

training. Continued involvement in the programme governance has ensured that as other initiatives such as the locality response to the cost-of-living crisis was developed, we have been able to align resources, avoid duplication and ensure that the access needs of people who experience barriers to health services are addressed throughout the CDC programme. The opportunities to connect the CDC to other locality programmes such as CORE20PLUS5¹ initiatives delivered across the locality and the connection to CHEM and PPAG will continue throughout the lifetime of the programme as we recognise that structural inequalities will not be reversed in just one part of the system.

4.2 **Improving data collection and use of intelligence**

There has been a clear focus on improving our data collection to address inequalities across the locality, supported by the locality Equalities function. The collection of data on protected characteristics through the locality primary care system was critical to improving COVID vaccination coverage for those at highest risk of infection and mortality. Having the data enabled the vaccination team to work across the system with partners including the VCSE to deliver vaccination pop ups in trusted locations such as Manchester Deaf Centre and to work with specialist teams such as MLCO's Community Learning Disability team and Neighbourhood teams.

In order to support improved collection of data and to support implementation of the Accessible Information Standard, the Equalities function has worked across primary care, the VCSE, CHEM and other system partners such as MLCO, MFT and GMMH to support frontline staff to collect the data with guidance and training. We have been able to share learning on what works and to address common barriers to implementation such as ensuring that we are able to put in place adaptations and ensure that people can book and attend appointments. Critically, we have developed a shared data collection template to ensure that we have asked for consistent demographic and other data to allow for comparison with the ONS and Census data. The learning from this has informed further work with primary care and wider partners to deliver targeted support to meet local needs and address inequalities through national requirements such as the Primary Care Network (PCN) Tackling Neighbourhood Health Inequalities.

4.3 **Equality Impact Assessments**

The Equality Impact Assessment (EIA) framework we have developed and are using already has socio-economic disadvantage embedded as a prerequisite to ensure we are addressing socio-economic deprivation despite the socio-economic duty; section 1 of the Equality Act 2010 not yet being enacted in England.

In addition, our assessment requires consideration for potential breaches of human rights and requires proportionate consideration of 'inclusion health' groups, for

¹ <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

example, people experiencing homelessness, care leavers, veterans etc. We also have plans to extent the framework to include sustainability impacts.

Critically, we have worked across the locality to change the culture around the use of EIAs to ensure that they are carried out as early as possible in the development, design, and commissioning of services and that equally importantly, actions to mitigate against anticipated and known inequalities are built into programme and service management with regular reviews. The Equalities and Engagement function has ensured that programme and service leads base their EIAs on local and national intelligence and feedback through CHEM and PPAG to inform service design. A good example is the recent development of spirometry services. The function has supported action to ensure that where demographic and other data has not previously been collected, it is a key delivery priority. Underpinning this has been the commissioning of training on EIA completion and the embedding of EIAs within risk management approaches.

4.4 **Anchor Work**

A key priority in the transition into the ICS has been the requirement for ICBs to use their role as Anchor institutions to address the wider determinants of health, including employment. Learning from the pandemic, The Health Foundation has identified the building blocks that organisations should have in place to enable Anchor action – leadership, vision, partnerships, momentum, scale and spread, shared insights, metrics, and evaluation – underpinned by the guiding principles of purposefully tackling inequalities and co-producing with communities.

MICP organisations in Manchester are committed to improving the outcomes and life chances of people in the city through the Making Manchester Fairer plan. In the context of inequalities, the impact of the Covid-19 pandemic, poverty, and the rising cost of living, this requires creative and collaborative action. Anchor approaches to social value offer a way to join up and maximise the collective impact of partners' efforts. As reported to the April '23 Strategy and Planning Board, a coordinated mapping of Anchor work across a number of domains has been undertaken, using the Health Foundation's framework to inform the locality plan for this work. We recognise that many of the barriers to addressing inequalities and advancing equalities are in part linked to the need to better reflect our diverse population at all levels of our organisations. Equally, we know that some ethnically diverse communities and disabled people are much more likely to be in insecure and low paid work or on health-related unemployment benefits which has a detrimental impact on health. We have therefore agreed as a locality to focus on collaboration on targeted recruitment and progression initiatives to address known workforce inequalities and embed an equalities approach within the MPB local recruitment priority.



5.0 Next Steps

- 5.1 In Manchester there is a clear locality commitment to taking a system wide approach to addressing inequalities with shared ownership across system leaders including our VCSE partners. Further development will take place over the next few months to ensure that all of our locality resources support a common framework to take this work forward in collaboration with partners, so we are advancing and embedding equalities across the system level and providing the locality with the expertise to deliver its equality priorities aligned to the Manchester Partnership Board (MPB). For example, our Race and Health equity educational programme which is part of Theme 7 (Tackling structural racism and discrimination) within Making Manchester Fairer will be part of our toolkit to help us maintain our focus along with strengthening our approach to engagement and community involvement through the work of Community Health Equality Manchester (CHEM), our Patient and Public Advisory Group (PPAG) and other initiatives over the next 12 months.

6.0 Recommendation

The Manchester Partnership Board is asked;

- To support the work of the locality Equality and Enagement team with MPB partner organisations to ensure we continue to build community and patient voice into our approach to engagement and involvement across the system
- To support the opportunity to work work with partners to strengthen our approach to embedding equality, and inclusion accrss the locality to enable delivery on our ambitions by scaling up and accelerating action to reduce inequality.



Manchester Partnership Board	
Report of:	<p>Julia Bridgewater – Deputy Chief Executive (MFT)/Chair of Manchester Provider Collaborative Board</p> <p>Cllr Thomas Robinson – Executive Member for Healthy Manchester and Social Care/Chair of Manchester Provider Collaborative Board</p>
Paper prepared by:	Julie Taylor – Locality Director of Strategy/Provider Collaboration (MICP)
Date of paper:	7 June 2023
Subject:	Provider Collaborative Board (PCB): Update
Recommendations:	<p>The Manchester Partnership Board is asked to: -</p> <ul style="list-style-type: none"> • note the discussions at the Provider Collaborative Board (PCB) meetings held in April & May; • note the PCB forward programme of work for 2024/25, noting the alignment with MPB Priorities and delivery plan; • note the proposed changes to the PCB meeting format going forwards; • note the proposal to expand the Resilient Discharge Programme to include the Admissions avoidance work and Urgent Care more generally.

Provider Collaborative Board: Update

1.0 Executive Summary

- 1.1 The purpose of this briefing paper is to update the Manchester Partnership Board (MPB) on the work of the Provider Collaborative Board, as part of the agreed reporting cycle to MPB. This report covers the outputs of the meeting held 20th April 2023 and 18th May 2023.
- 1.2 The key discussion points from the two meetings are detailed below: -
- the PCB forward programme of work for 2024/25, including the alignment with MPB Priorities and delivery plan;
 - the proposed changes to the PCB meeting format going forwards;
 - the proposal to expand the Resilient Discharge Programme to include the Admissions avoidance work and Urgent Care more generally.

2.0 Provider Collaborative Board meeting: 20th April 2023

2.1 Primary care

Feedback was provided from the Task & Finish Group on a number of areas identified by PCB at its meeting on 16th February 2023. It was noted that the new GP Board Executive Group would take responsibility for considering the emerging PCB programme of work through a primary care lens, in order to enable proactive representation of General Practitioners' views.

2.2 Mental Health: CMHT Recovery monitoring

PCB received an update on the monitoring of the CMHT Recovery and the further steps being taken to gain assurance in respect of workforce, safeguarding and IT, with leadership support requested from GMMH's corporate centre. From a Director of Social Services perspective, it was noted that a collective approach was being taken across GMMH's geographical footprint and a meeting was planned with the NHS GM Executive Director of Quality & Nursing. It was also noted that a joint audit of the CMHT was being planned between MCC's internal audit team and Mersey Internal Audit Agency (GMMH's auditors).

Data had not been made available to assess progress against the Improvement Plan and John Foley committed to sharing the relevant information as soon as possible.

2.3 PCB work programme 2023/24

This was a key focus of the April meeting, supported by presentations on the MPB Priority Plan and the outputs of the PCB development session. In depth discussions enabled the development of 6 key areas of focus for PCB in 2023/24, which expand on current programmes of work and deliver against MPB's priorities. These are as follows: -

- Urgent care (including Resilient Discharge programme and Admissions Avoidance);
- Long-term conditions (including Population Health management, preventable deaths and Core20Plus5);
- Mental Health (with a focus on GMMH's Improvement Plan);
- Children & Young People (including the CYP Reform programme plus key outputs from the Children's Health Summit);
- Primary Care (Demand & capacity work led by GP Board);
- Community Bed Capacity (care market sustainability).

Further work is now underway to more clearly define the scope and expected outcomes of the 6 focus areas and these are being scheduled into PCB's Forward Plan for 2023/24.

3.0 **Provider Collaborative Board meeting: 18th May 2023**

3.1 Forward Plan

PCB received the updated Forward Plan and noted the following changes to the meeting format: -

- The move to meeting 'in person' on alternate meetings;
- The introduction of a 2-part meeting, to include urgent/reactive items in part 1 and planned/deep dive items in part 2;

The Forward Plan for 2023/24 and the new meeting format were approved.

3.2 Manchester's Expression of Interest to be a Regional Expert Partner with the Department for Education for SEND

PCB noted that Manchester had been invited to submit an expression of interest to lead a Regional Expert Partnership with the Department for education for SEND (special educational needs and disabilities) for the north west. Lead local authorities will work in partnership with the Integrated Commissioning Board, Parent Carer Forum, schools, colleges and two or three other authorities in the region. Each

Regional Expert Partnership will receive £5.8m over two years (April 2023 to March 2025) and the change programme will be delivered between September 2023 and August 2025. The outcome is expected week commencing 29th May.

3.3. Urgent Care

PCB received a comprehensive presentation that covered 3 key areas: -

- A progress update on the Resilient Discharge Programme;
- The new Admissions Avoidance Programme;
- The proposed Urgent Care locality governance.

The presentation generated a rich discussion, bringing together perspectives and contributions from all parts of the Manchester health and care system. There was a commitment from programme leads to ensure that all of the input was captured, follow-up conversations undertaken and future plans enhanced.

In summing up, it was recognised that a bold and innovative approach would be needed but there was a strong commitment to delivering urgent care differently in the future, recognising that a step change is needed to get different results.

4.0 Recommendations

4.1 The Manchester Partnership Board is asked to: -

- note the discussions at the Provider Collaborative Board (PCB) meetings held in April & May;
- note the PCB forward programme of work for 2024/25, noting the alignment with MPB Priorities and delivery plan;
- note the proposed changes to the PCB meeting format going forwards;
- note the proposal to expand the Resilient Discharge Programme to include the Admissions avoidance work and Urgent Care more generally.

Julia Bridgewater & Cllr Thomas Robinson
May 2023



Manchester Partnership Board	
Report of:	Manchester General Practice (GP Board)
Paper prepared by:	Vish Mehra, GP Board Chair
Date of paper:	7 June 2023
Subject:	Update on the work of Manchester GP Board
Recommendations:	Manchester Partnership Board is asked to note the report.



1.0 Update on the work of General Practice (GP) Board

Manchester GP Board meets on a monthly basis to discuss a range of current and future priorities relevant to primary care. At the meeting in May 2023 the Board focused on the following areas:

- **GM Primary Care Blueprint:** GP Board Members made aware of engagement process for GM Primary Care Blueprint, and asked members to read and contribute to the consultation.
- **Urgent & Emergency Care/Winter Pressures:** Board Members discussed the GM ICB allocation to Manchester and Trafford for winter schemes across primary, secondary, mental health and social care. The bids being prepared for primary care focusing on MARIS, and current evaluation work underway on effectiveness of 2022/3 scheme with Health Innovation Manchester. This will remain a standing item on GP Board agenda.
- **Manchester Partnership Board Priorities:** GP Board discussed the proposed priorities for adults and children, the role of GP Board in the Primary Care Access workstream working as part of Provider Collaborative, and the connection to Making Manchester Fairer.
- **Workforce and Additional Roles Reimbursement Scheme (ARRS):** The Board discussed Manchester's high performance in utilisation of roles and the development of GMMH proposals for the Band 5 Mental Health roles recruitment.

2.0 GP Board Development and future priorities

Since the Manchester Partnership Board last met, GP Board has been implementing the development plan it agreed at the February 2023 meeting. Work that has taken place includes

- Election of GP Board Chair by General Practice members for a further two-year term.
- Establishment of a GP Board Executive Group to provide a smaller working group to drive, organise and co-ordinate the Board's workplan
- Commencing work to strengthen the connection and engagement with practices and two way communication.
- Progression of Declarations of Interest process.

Forthcoming areas of focus over the coming months will include detailed development of



the GP Board lead areas within MPB Delivery Plan Primary Care Access programme; collaborative work with system partners to co-design effective schemes in relation to the GM Locality finance and performance requirements alongside Provider Collaborative; a revised Terms of Reference to align with emerging GM GP Board governance; further Workforce/ARRS development and design of 2023/4 winter schemes.

As part of the management of GP Board the Chair and Executive Group note and reflect the key issues and risks arising from Board discussion which may impact on development of the role and effectiveness of the Board. Currently the key risk to GP Board members being able to operate effectively to support the MPB priorities and delivery plan is the lack of infrastructure and capacity to be able to lead and contribute to priority work areas. Additionally, the 2023/4 GP contract changes and national messaging regarding access to primary care services may lead to a mismatch between available capacity and ability to meet patient expectations despite ongoing intensive work regarding expanded access plans. These areas are subject to ongoing dialogue with system partners.

3.0 Recommendation

Manchester Partnership Board is asked to note the report.



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Manchester Partnership Board

Report of:	Tom Hinchcliffe Deputy Place Based Lead, Manchester
Paper prepared by:	Sarah Griffiths Policy and Programme Manager (Manchester) NHS Greater Manchester Integrated Care
Date of paper:	7 June 2023
Subject:	Delegated Assurance Board Update, reporting on the meetings of 13 April and 10 May 2023
Recommendations:	Manchester Partnership Board is asked to note the report.

1.0 Introduction

The Delegated Assurance Board (DAB) provides the means by which the Place Based Lead gains support and assurance in discharging their delegated responsibilities within the GM Integrated Care System arrangements. This report provides an update from the DAB meetings held on 13 April and 10 May 2023.

2.0 DAB Update – 10 May 2023

Finance

- The Locality financial position as at Month 12 was presented. This confirmed that the Locality had achieved its control total
- NHS Greater Manchester Integrated Care (NHS GM) has submitted an agreed plan to NHS England for 2023/24. In the context of the risks in the 2023/24 plan, delivery of Locality efficiency targets will be key. Of the c.£6m target for the Manchester Locality the Locality has identified c.£3.1m to date.

Safety, Quality and Nursing

- The system is continuing to work with partners in support of quality. This includes working with Manchester University NHS Foundation Trust (MFT) with a particular focus on maternity and midwifery services and in relation to the NHS System Oversight Framework; working with mental health providers to understand the impacts of long lengths of stay in mental health settings; and highlighting areas for action identified by the Patient Safety Panel, including missed follow up actions from cancer multi-disciplinary meetings; and assurance of quality when using temporary workforce
- As part of Quality Innovation Productivity and Prevention (QIPP) planning, the Locality will review the highest cost placements for continuing healthcare, mental health, learning disability and neuro-rehabilitation
- At Greater Manchester (GM) level, the Quality Strategy is due to be presented to the NHS GM Quality Committee in June 2023. Locally, work is taking place for the Manchester System Quality Group to be convened from late May / early June

Patient and Public Involvement

- The Patient and Public Advisory Group (PPAG) reported on its two meetings in April 2023. The first focused on an application to the National Institute for Health Research to fund research with communities in Manchester. PPAG provided a statement of support and two PPAG members have acted as co-applicants
- The second meeting included a presentation on the role of Healthwatch in Manchester; and a focus on the development of the Manchester Partnership Board

(MPB) priorities and the planning approach for 2023/24 onwards. PPAG supported the priorities and noted that improving access is presently the main concern. PPAG fed back that further detail is required on the delivery plan, and this will be shared with PPAG as it is developed, to inform a discussion about how PPAG can support the delivery of the priorities. PPAG raised concerns about the changing balance of finance and influence resulting from the Integrated Care System arrangements and queried whether some activity may need to stop as a result of resources being limited

- As part of its 2022/23 workplan, PPAG undertook a patient survey about experience of general practice in Manchester. Over 300 responses were received and the report is now available. It recommends improving awareness of how to access services and what to expect from them (general practice and pharmacy); improving understanding of what to expect when managing diabetes and other long term conditions; raising awareness of the NHS Accessible Information Standard; and improving awareness of the availability of digital training for those who may be digitally excluded

Governance

- Work is taking place to ensure that good governance is in place across the Locality arrangements, including the management of conflicts of interest and strategic risks
- NHS England has issued guidance on business continuity and action will be coordinated at GM level. Interim assurance of Locality team / directorate plans is being undertaken
- The Locality has contributed to the NHS GM Annual Report, with information relating to the former Clinical Commissioning Group for the first quarter of 2022/23 submitted on 25 April 2023. The next stage will provide Locality achievements and challenges for inclusion in the overall NHS GM report for the remainder of the 2022/23 year
- As of the end of April 2023 the management of Freedom of Information requests has been centralised within NHS GM

Migrant Health

- DAB received a focused report on healthcare provision within temporary hotel accommodation for refugees and asylum seekers as part of the National Asylum Seeker Contingency scheme and Afghan Relocations and Assistance Programme / Afghan Citizens Resettlement Scheme programmes. This appraised the current offer in Manchester; the commissioning and clinical oversight arrangements; the wider governance arrangements; and the risks and issues associated with this provision and the complex landscape in which it is operating
- Manchester is advocating for a GM approach to migrant health to enable collaborative action, assurance and improvement across the city-region, and to influence regional and national bodies regarding service issues and funding arrangements

Community Mental Health Teams

- DAB received an update on the ongoing challenges relating to the provision of community mental health services in Manchester, in the context of the wider



improvement plan that Greater Manchester Mental Health NHS Foundation Trust (GMMH) is now delivering. Issues relating to workforce continue to be particular challenges, such as recruitment and retention, turnover and sickness levels

- Work is taking place with GMMH to ensure that information is available to show the progress that is being made against the improvement plan. It was noted that a focus on mental health services would be taking place at Health Scrutiny Committee on 24 May 2023

Locality Management Team Update

- The Locality Management Team (LMT) update covered the period from 13 April to 4 May 2023 and gave an overview of the key issues considered by LMT and the decisions taken. Topics included asylum seeker hotels; community mental health; Locality resourcing and governance; the Annual Report; and system pressures

3.0 DAB Update – 13 April 2023

Finance

- It was reported that the Locality achieved a net improvement in its month 11 position and that draft Locality Plans had been submitted and gone through a GM finance check and challenge process
- It was reported that there is a significant financial gap across the GM system and Localities have draft efficiency targets to work to, with Manchester having identified around a third of its goal to date
- Two pieces of commissioned work at GM level have explored the drivers of the financial position and looked at the leadership and governance arrangements in the conurbation. Further collaboration, integration and whole system working will have an important role to play in achieving system sustainability and system leaders support the Locality model as the appropriate mechanism to deliver this

Safety, Quality and Nursing

- It was reported that the system is working with MFT in relation to the NHS System Oversight Framework and its maternity and midwifery services. A focus on the latter is due to take place at Health Scrutiny Committee in June.
- In safeguarding, the Locality is supporting the ongoing work in respect of the Edenfield Unit, where this pertains to the care of Locality patients
- The ongoing issues around community mental health services were reported, including in respect of performance and waiting times. Work is underway to analyse the data in relation to any patient harm that may be associated with these issues.

Patient and Public Involvement





- It was reported that PPAG had received updates on MFT's Patient Initiated Follow Up appointment system and on the Making Manchester Fairer action plan
- The Manchester and Trafford Long Covid peer support group has become a patient-led charitable organisation and is now called GM Long COVID Support
- Findings from the British social attitudes survey were shared, showing that public satisfaction with the NHS is at its lowest level. This may affect how people use services and patient experience, for instance as a result of waiting times
- The importance of the work of PPAG in raising the patient voice in Manchester was discussed, with a view to highlighting its work and the intelligence arising to MPB

Governance

- It was reported that all Locality Boards are expected to be sub-committees of the GM Integrated Care Board from April 2023. Work is progressing to ensure that all Locality Boards have the required systems and processes in place to operate accordingly, for example to meet in public and publish papers on the NHS GM website

Primary Care Commissioning Committee (PCCC)

- The PCCC meets in two parts – a meeting in public and in private
- At the meeting in public the PCCC received updates on the Primary Care Quality, Recovery and Resilience Scheme (PQRRS) and the PCCC agreed to the implementation of year 2 (2023/24) of the scheme. The PCCC also agreed the extension of a small number of expiring primary care contracts to ensure continuation of service delivery and received an update on the Burnage branch practice closure of Ladybarn Group Practice. It was noted that there is pressure in relation to demand and capacity across general practice and primary care as a whole

4.0 Recommendations

The Manchester Partnership Board is asked to note the report.



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Manchester Partnership Board

Report of:	Dr Sohail Munshi, Chief Medical Officer, Manchester Local Care Organisation & Chair CPAG
Paper prepared by:	Dr Sohail Minshi, Chief Medical Officer, Manchester Local Care Organisation & Chair CPAG
Date of paper:	7 June 2023
Subject:	Update on the work of the Manchester and Trafford Clinical and Professional Advisory Group
Recommendations:	Manchester Partnership Board is asked to note the report.



1.0 Introduction

The role of the Manchester and Trafford CPAG is to provide a single point of strategic co-ordination for clinical and professional leadership involved in community-based health and care provision. The group works to ensure there is 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.

2.0 Current work programme (23-24)

- 2.1 MPB annual priorities – Vascular / MARS programme, Respiratory disease (adults and children / young people), Cardiovascular disease.
- 2.2 Population Health Management Board priorities – Hypertension, Diabetes and Bowel Cancer screening.
- 2.3 Programmes in development – Digital enablers to care and wellbeing.
- 2.4 Supporting role – Hospital at Home, Community Diagnostic Centres, Children's phlebotomy and virtual wards, interface work between GPs, Community and Secondary Care.
- 2.5 Supporting the strategic planning of MCC public service reform and MFT pillar strategy to optimise patient and resident health and care outcomes.

3.0 Recommendation

- 3.1 Manchester Partnership Board is asked to note the repor

