



Manchester Partnership Board

Date: Friday, 15 September 2023

Time: 2.30 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

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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** 5 - 14
To agree as a correct record the minutes held on 7 June 2023
4. **Matters arising (if any)**
5. **ICB Executive update**
Verbal Update
6. **Winter Planning** 15 - 26
Report of the Deputy Place Based Lead attached
7. **Measuring progress against MPB priorities** 27 - 42
Report of the Deputy Place Based Lead attached
8. **Any Other Business (if any)**
9. **Date of next public meeting**
To note that the date of the next public meeting of the MPB will be 10 November 2023 at 3:00pm

Reports for Noting (comments by exception)

10. **Manchester Provider Collaborative Board update** 43 - 46
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
11. **Delegated Assurance Board** 47 - 50
Report of the Deputy Place Based Lead 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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This agenda was issued on **Thursday 7 September 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Manchester Partnership Board

Minutes of the meeting held on Wednesday, 7 June 2023

Present:

Councillor Craig, Leader MCC (Chair)
 Councillor Robinson, Executive Member for Healthy Manchester and Adult Social Care, MCC
 Joanne Roney, Chief Executive MCC and Place-Based Lead
 Katy Calvin-Thomas, Chief Executive Manchester Local Care Organisation
 Tom Hinchcliffe, Deputy Place-Based Lead

Dr Vish Mehra, Chair Manchester GP Board
 Dr Sohail Munshi, Chair of Clinical Professional Group
 Tom Rafferty, Director of Strategy, MFT
 David Regan, Strategic Director - Population Health, MCC
 Simone Spray, VCSE Representative
 Neil Thwaite, Chief Executive, Greater Manchester Mental Health Trust

Also present:

Warren Heppolette, Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care (in place of Manisha Kumar)
 Sharmila Kar, Joint Director Equality, Inclusion, and Engagement (NHS GM) and MCC
 Leigh Latham, Associate Director of Planning (MICP)
 Zoe Mellon, Performance Lead (NHS GM)

Apologies:

Mark Cubbon, Group Chief Executive, MFT
 Julia Bridgewater, Group Deputy Chief Executive, MFT
 Prof Manisha Kumar, Chief Medical Officer, NHS GM

CPP/19/1 Welcome, Introductions and Apologies

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

CPP/19/2 Minutes of the previous meeting

Decision

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

CPP/19/3 Matters arising (if any)

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

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

CPP/19/4 ICB Executive update

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

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

- That work was ongoing to establish new staffing structures across the ICB as part of Phase 7 of the ICB's transition programme. This would result in revised structures being implemented across the ICB including in localities;
- The work in response to the 'Carnall Farrar' Leadership and Governance review, with particular focus on bringing clarity on how the system will deliver the ICP Strategy, through establishing a revised Operating Model, which will bring greater clarity to the role of locality boards and place-based partnerships;
- That work was also ongoing to develop a Joint Forward Plan that would support the delivery of the ICP Strategy, and would recognise the financial challenges faced by the ICB.

The VCSE representative commented that the Carnall Farrar review did not provide as much depth as was hoped in relation to the involvement of the VCSE sector. The Chief Officer for Strategy and Innovation gave a commitment to engage with all parts of the system as part of the response to the recommendations arising from the review.

The Place Based Lead advised that it was expected that localities would have a voice in shaping the responses to the recommendations.

The Chief Officer for Strategy and Innovation clarified that work was underway with a full range of system partners to respond to the eight recommendations. A whole system leadership event was planned to discuss the way forward.

Decision

The Board noted the update.

CPP/19/5 ICB Strategy and Joint Forward Plan

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

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

- The first draft was complete and was with key system leads for comments and to address any gaps;

- A proposed delivery and system leadership for each of the six missions had been set out; and
- A model for the Performance and Accountability Framework to track delivery of the strategy and plan had been developed.

The Chief Officer for Strategy and Innovation advised that it would be critical to set out delivery leadership for each action including the responsibilities of different parts of the system. This should include a clear articulation of the responsibilities of locality boards.

In addition, it was reported that the ICB would provide a summary of each Locality Plan as part of the JFP and wrap in the work to recover finance and performance, recognising the focus on reducing admissions, improving flow, reducing the elective backlog and improving productivity.

The ICB also planned to develop a three-year roadmap to system sustainability, drawing on the recovery programme.

The Deputy Place-Based Lead welcomed the comments that were made around delivery being taken forward at place level but was mindful that this needed to be accompanied by a clear operating model, and that commensurate resources were available for localities to drive delivery.

The Place-Based Lead commented on the need to be data-led in understanding the challenges, and that it would be important to involve the Provider Collaborative in discussions to shape delivery plans.

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

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

The Chair of the Clinical Professional Advisory Group commented that the voice for children and young people did not appear to be captured strongly enough in the Plan and should be strengthened.

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

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

The Chief Officer for Strategy and Innovation welcomed and noted the comments that had been made.

Decision

The Board noted the update.

CPP/19/6 MPB Delivery plan /priorities

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

This had been an iterative process over a long period of time and drew of the challenges and priorities of the Manchester system that had been refined over a number of years. Following the approval of the Locality Plan on a Page in April, focus had now moved into the development of the delivery plan, and the approach that would be used to track progress.

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

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

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

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

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

The priorities and programmes within the delivery plan were those which required a partnership or collaborative approach across the system. The plan did not list all the activity which partners would be responsible for in the locality. This was particularly

relevant when considering the NHS GM Five Year Forward Plan in which the accountability for delivery across the majority of missions may fall to localities. Given that the two plans were being developed in parallel, an iterative approach to both would be needed.

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

It was explained that the delivery plan would be underpinned by specific targets and outcomes which would clearly identify benefits to local people and how inequalities would be addressed.

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

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

The Executive Member for Healthy Manchester and Adult Social Care commented on the importance of ensuring the Assurance Boards for each of the programmes and workstreams within the delivery plan were correct as this would help to drive effective delivery.

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

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

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

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

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

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

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

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

Decision

The Board:-

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

CPP/19/7 Locality Performance and Outcomes Standards

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

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

The Manchester locality would work with its partners to develop the framework. There was also a push at GM level to set out clear metrics around admissions avoidance and flow of patients out of hospital settings.

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

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

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

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

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

Decision

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

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

The Board considered a report of the Place-Based Lead, which set out the work being undertaken to ensure the MICP met its public sector equality duty and its approach to embedding equality and engagement into our ways of working.

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

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

The 2021 census in England and Wales also asked about sexual orientation and gender identity for the first time. Nationally, 89.4% of respondents identified as straight or heterosexual and around 3.6% identified as LGBTQ+, in Manchester that figure was c6%.

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

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

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

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

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

was being received as to where it would be considered as there might be other appropriate avenues that issues could be addressed by rather than the MPB.

Decisions

The Board:-

- (1) Supported the work of the locality Equality and Engagement team with MPB partner organisations to ensure it continued to build community and patient voice into its approach to engagement and involvement across the system
- (2) Supported the opportunity to work to embed equality and inclusion across the City and to scale up and accelerate action to reduce inequality.

CPP/19/9 Date of next public meeting

Decision

The Board agreed that its next meeting would be Thursday 13 July 2023 at 11.30am, with the next public meeting to take place in September.

CPP/19/10 Manchester Provider Collaborative Board update

The Board received a report of the joint chairs of the Provider Collaborative Board, which provided an update on the work of the PCB, as part of the agreed reporting cycle to MPB.

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

Decision

The Board notes the report.

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

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

Decision

The Board notes the report.

CPP/19/12 Delegated Assurance Board update

The Board considered a report of the Deputy Place-Based Lead which provided an update from the Delegated Assurance Board (DAB) meetings held on 13 April and 10 May 2023.

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

Decision

The Board noted the report.

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

The Board received a report of the Chair of the Clinical and Professional Advisory Group (CPAG), which provided an update on the work of that Group.

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

Decision

The Board noted the report.

Manchester Partnership Board	
Report of:	Tom Hinchcliffe - Deputy Place Based Lead
Paper prepared by:	Paul Thomas - System Resilience Urgent Care Manager
Date of paper:	29/08/2023
Item number:	6
Subject:	Winter planning 2023/24
Recommendations:	<p>The board is asked to:</p> <ul style="list-style-type: none"> -note the contents of the report. -Approve the winter planning process proposed and the role of the Provider Collaborative and Urgent Care Board in developing the winter plan further. -Provide any comments on the emerging winter plan.

1.0 Introduction

- 1.1 This paper gives an overview of the key elements of the Manchester system's proposed approach to winter planning for 2023/24, alongside updates setting out what will be delivered by partner organisations over winter.
- 1.2 A full system winter plan will be developed through our two urgent care system boards – Manchester and Trafford Operational Delivery Group (ODG) and Urgent Care Board (UCB). A first iteration of the system plan will be shared at the September Urgent Care Board, with a further update in October, and then as required throughout winter.
- 1.3 In line with previous years, the Manchester and Trafford System Resilience Team will lead and co-ordinate on all aspects of winter planning and the lessons learnt from winter 2022/23 have been incorporated into the organisational delivery plans.
- 1.4 The Winter plan will also be considered by the MCC Health Scrutiny Committee and the MCC Exec. The Provider Collaborative will consider the system plan in October and will have an important role in helping to shape the final plan.

2.0 Delivering operational resilience across the NHS this winter

- 2.1 On 27 July 2023, NHS England published the national approach to winter (<https://www.england.nhs.uk/long-read/delivering-operational-resilience-across-the-nhs-this-winter/>), alongside winter roles and responsibilities guidance, which provides clarity on actions and deliverables from system partners.

Four areas of focus were highlighted as follows:

- Continuing to deliver on the Urgent and Emergency Care (UEC) Recovery Plan by ensuring high-impact interventions are in place
- Completing operational and surge planning to prepare for different winter scenarios
- Ensuring effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector
- Supporting our workforce to deliver over winter

And the two key metrics for UEC recovery are:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25. A full description of category response times is provided in Appendix 1.

- 2.2 NHS England has requested the first iteration of winter plans from Integrated Care Boards (ICBs) by 11 September 2023. Key Lines of Enquiry (KLOEs) have been

issued to localities to complete and return ahead of this deadline. This will ensure Manchester's plans have adequately considered and addressed the four priority areas of focus.

2.3 In May 2023, Greater Manchester ICS was formally placed into Tier 1 for urgent care emergency care. The tiering was based on an aggregate score weighted on the following key performance metrics:

- Ambulance Category 2 response mean
- 4 Hours in Department
- 12h in Department from time of arrival
- Proportion of beds occupied by long stay patients (14+ days)

As a Tier 1 system, GM will receive additional bespoke support designed to aid the system's recovery. The Place-Based Lead and MFT Group Chief Executive are invited to monthly assurance meetings with regional colleagues to progress this support ahead of winter.

2.4 NHS GM is also taking forward a 'No Criteria to Reside (NCTR) Sprint' to help improve the overall position across the conurbation. This will involve a six-week period of focussed work to reduce the numbers of patients in hospital beds that are medically fit for discharge. Through the LCO, we have developed an agreed recovery trajectory and action plan, which builds upon the work delivered through the Resilient Discharge Programme. This sets out a two phase approach of achieving sub-300 NCTR by end September, followed by sub-240 by end December.

Urgent and Emergency Care System Plan

2.5 Through the Manchester and Trafford Urgent Care Board and Operational Delivery Group, locality partners have collaborated to create a system urgent care action plan, which aligns to the 2 year recovery plan published by NHS England in January of 2023. The new system plan identifies key workstreams and actions across five topics:

- Flow
- Workforce
- Discharge
- Community
- Access

2.6 To ensure that progress is being made in each of the workstreams, named leads have been identified and updates are reported with key deliverables and risks identified. In preparation for winter, workstreams with key deliverables across Q3 (October – December)/Q4 (January – March) will be identified for incorporation into organisational and system winter plans.

Urgent and Emergency Care Recovery Funds

2.7 In March 2023, GM Integrated Care System (GM ICS) informed localities of

recovery/winter funding available for 2023/24 to help plan in a more coordinated way. This funding allocation sits across several separate workstreams supporting virtual wards, discharge and securing additional capacity.

- 2.8 System partners are working to prioritise this funding across primary and community care, the acute and the mental health systems. Further discussions will be needed as part of the winter planning process to agree the schemes that will be prioritised for funding. Discussions are also underway with GM ICS on how this funding should be utilised to greatest effect. The final agreement will be made by the locality, through the Manchester and Trafford locality boards, alongside system partners.

Operational Pressures Escalation Levels (OPEL) Framework

- 2.9 On 8 August 2023, NHS England issued new guidance on the reporting of Operational Pressures Escalation Levels (OPEL). This new guidance provides standardised metrics for the reporting of acute OPEL. The focus is on acute hospitals as the area of system health provision that often carries the highest risk from operational pressure. This new process will ensure that acute OPEL can be measured at a site, trust, Integrated Care System, regional and national level. It also outlines the interaction between OPEL and the national Emergency Preparedness, Resilience and Response (EPRR) framework. There are four levels of OPEL – Level 1 where services are operating within normal parameters up to level 4 where pressure in the local health and care system continues to escalate leaving organisations unable to deliver comprehensive care.
- 2.10 Manchester Foundation Trust (MFT) along with system partners will ensure that regular reporting of metrics is in place for winter. System resilience will engage with system partners on ensuring a full refresh of OPEL action cards is in place before winter, to ensure that this is reflective of recent updates to services and standards. These action cards will clearly set out the roles and responsibilities of individuals and organisation.

Winter Communications Plan

- 2.11 As with previous years, the locality winter communications plan will be led by the overall GM ICS winter strategy and NHS GM winter communications and engagement plan. There will be an integrated communications and marketing campaign approach that uses engaging content across multiple channels including social media, website, internal and stakeholder, outdoor media and digital channels at both a GM and locality level.
- 2.12 While the GM approach will allow for consistency across the region, we will have additional activity across Manchester that reflects our diverse population and the health inequalities that we know exist. This will include additional communications and engagement activity relating to vaccination programmes (see 3.10) and the cost of living crisis with both translated materials and easy read materials.

3.0 Organisational Winter Deliverables, by Organisation

- 3.1 This section of the report sets out organisational plans which are being built around delivery of the four priority areas highlighted in section 2.1. The plans are being developed considering lessons learned from last winter, aligning with the system's urgent care recovery goals and with the core principle of working together as partners to keep people well at home. Each of the organisations have provided the narrative and information for their sections.
- 3.2 Plans are built on comprehensive analysis of historical data to forecast peaks in demand. The priority remains on maintaining patient safety throughout, especially at times when demand surges. It is important to note that there are risks to delivering these plans. These include, securing the required funding and workforce, ensuring the wellbeing of staff, levels of COVID-19 and flu, the social care market, demand, extreme cold weather and cost of living challenges.
- 3.3 As was the case during winter 2022/23, the Deputy Place Based Lead will provide weekly updates to the Executive Member for Healthy Manchester and Social Care and the Place Based Lead. This will also ensure that effective dialogue with Elected Members can be maintained to support any communication efforts with local residents about the appropriate use of services. This is most likely to happen in the December/January period when services are usually stretched in the build up to Christmas and afterwards.

3.4 GM Integrated Care Board - System Control Centre

- 3.4.1 The Greater Manchester System Control Centre (GM SCC) was established in December 2022 and it brought together existing functions, such as the Greater Manchester Urgent and Emergency Care Operational Hub (GM UEC Operational Hub), the Greater Manchester System Operational Response Task Group (GM SORT), and the existing Emergency Preparedness, Resilience and Response (EPRR), as well as the many data feeds to ensure a consistent and collective approach to managing system demand and capacity as well as mitigation of risks.
- 3.4.2 Revised guidance for a System Coordination Centre (in place of a Control Centre) was published in August 2023, alongside the revised framework for the Operational Pressures Escalation Levels (OPEL) Framework (referred to in 2.7), and work has commenced to meet the minimum standards outlined in this revised guidance prior to the deadline of the 1st of November 2023.

3.5 North West Ambulance Service (NWAS)

- **Ensure a greater number of deployed hours on the road over winter in line with agreed recruitment and resourcing plans** - Introduction of a 24/7 Duty Officer role, facilitating operational delivery of ambulances through overcoming

internal challenges around staffing and logistics and external constraints associated with delays and difficulties with handover.

- **Direct investment into GM paramedic emergency services** - creating the equivalent of 1008 additional emergency ambulance hours per week. This will increase emergency ambulances on the road by 11 every day at peak times.
- **Increase the clinical assessment of calls in every emergency operations centre to deliver the navigation and validation of Cat 2 calls, as well as increasing clinical input to Cat 3 and 4 calls (see appendix 1)** - recruiting an additional 75 clinicians into its emergency operations centres to focus on telephone triage and the introduction of category 2 call validation
- **Establish sufficient call handling capacity and finalise arrangements for the use of the 'Intelligent Routing Platform' in times of surge** - recruiting a further 41 emergency medical advisors (999 call handling) to ensure resilience in call taking over winter. The introduction of NHS Pathways into our 999 environment last year means that more callers can now be redirected to community alternatives.
- **Ensure mental health professionals are embedded in all emergency operation centres ahead of winter** - an embedded model of mental health clinicians into its Emergency Operations Centre (EOC) in Manchester.

3.6 Manchester Foundation Trust (MFT)

3.6.1 MFT commenced their winter planning in July and have held a series of engagement sessions with staff across the hospitals and community services within Manchester and Trafford.

3.6.2 Focusing on the four areas highlighted earlier there is a commitment to:

- **Deliver the UEC Recovery plan ensuring high impact interventions are expedited at pace** - across our acute adult and paediatric hospitals, we have either already implemented or are making substantial progress against the nationally recognised high-impact interventions with the Hospital at Home programme is at the forefront of plans. These interventions have already contributed to a reduction in patient wait times in our A&E Departments over recent months. Our objective is to ensure that when patients attend our departments, we can promptly direct them to the appropriate care. However, we know that winter brings many challenges, and we want to ensure that we are well prepared to manage those peaks in demand that we experience each year and these interventions are being accelerated to improve our resilience this winter. Measuring the impact of the interventions will be through delivering on our four-hour A&E performance and reducing the number of patients in our beds waiting for on-going care outside of a hospital setting.
- **Ensuring operational and surge planning is robust to prepare for different winter scenarios/peaks in demand** - all hospitals have developed surge

capacity plans to manage peaks in demand, this means opening of additional beds. However, at the forefront of our winter plan is our hospital at home programme which will enhance and expand our virtual ward capacity. Our main area of focus as a whole system is to avoid admissions, reduce bed occupancy and release bed capacity across the hospital to avoid opening additional beds when demand increases.

- **Robust escalation processes in place with roles and responsibilities clearly defined, working across group and in partnership with the System Co-ordination Centre (SCC)** - To gauge pressures on the system the national team look at a number of measures, which are:-
 - Mean ambulance handover times
 - Emergency Department (ED) four hour performance
 - ED attendances
 - Majors and resuscitation occupancy
 - Median time to treatment
 - % of patients spending >12 hours in ED
 - % General and acute beds occupied
 - % of open beds that are escalation beds
 - % of beds occupied by patients no longer meeting the criteria to reside

Each hospital across MFT carries out daily assessments against these metrics and have operational policies in place to manage periods of escalation. All efforts across the system need to have an impact on these measures. Day to day operational accountability rests with the Group Chief Operating Officer (COO) who will enact an MFT wide tactical command cell at times of heightened escalation aligned to our Patient flow and Escalation Policy. The COO will liaise with the System Coordination Centre that is responsible for the coordination of an integrated system response and which will support interventions when providers are challenged.

- **Having robust workforce plans in place to support the health and wellbeing of our staff** - all hospitals have workforce escalation plans in place for tracking absence levels to maintain safe staffing levels. Our staff matter to us and '*Our People Plan*' details the mechanisms we use and offers we provide to support staff to look after each other. It is important that our staff have access to the right support and across MFT we have many health and well being programmes in place. Last winter we saw flu return at scale and it is important that we protect the public and staff and our vaccination programme will do this.
- **Additional improvement support to limit the number of people in MFT beds without criteria to reside** - NHS England has a process in place to identify systems and organisation who would benefit from additional support, it is referred to as tiering. The Greater Manchester Urgent Care System has been placed in tier one which gives us an opportunity to access additional resources to help address

specific challenges. There is a long-standing improvement programme in relation to reducing the number of people in hospital that do not meet the criteria to reside definition, we are maximising the use of this additional support to build on this work by enabling clinicians, professionals, managers and patients within the locality to design and trial solutions that lead to improved outcomes. The focus initially will be on the central Manchester footprint, particularly around MRI, but is envisaged the agreed model that can be applied across the whole of Manchester.

3.7 Manchester Local Care Organisation (LCO)

- **Hospital at Home / Admission Avoidance** - There is a delivery plan in place to roll out a Hospital at Home offer across the City of Manchester by December 2023. This will be a critical milestone on our journey to achieving our target of 320 virtual community beds by the end of March 2024.
- **Manchester Community Response (MCR)** - Manchester Community Response (MCR) consists of health and social care integrated services that keep people well in their own homes through preventive measures or support timely flow out of our acute hospital sites. Follow a period of assessment and intervention MCR handover to our neighbourhoods teams for continuation of support in the community.
- **Improving acute inpatient flow and length of stay** - to support improvement in acute flow, a recovery trajectory and plan has been agreed with system partners to reduce the number of patients with No Criteria to Reside (NCTR) to 240, by December 2023
- **Transfer of Care Hub** - The Transfer of Care Hub (ToCH) is a virtual network focused on supporting discharge and system communication. ToCH supports mutual aid, system escalation, locality and regional assurance, and improvements in discharge processes.
- **Home First Discharge Policy Review** - The aim is to have the refreshed discharge policy in place by October and will provide discharge planning tools and resource for staff and patients across the system.

Adult Social Care

- **Home from Hospital** – VCSE collaborative to support people who have low or no social care needs, leaving on pathway 0 (more straight forward discharges) to enable them to settle in and prevent readmission or being discharged on pathway 1 (support required to recover at home with input from health, social care and VCSE).
- **Improving flow through Discharge to Assess beds** – a specialist Social Work team has been created to manage and support the flow through these beds increasing capacity.
- **Increasing flow in reablement** – additional flow co-ordinators have been put in place to increase capacity within reablement supporting discharge from hospital and stepping up from community to support admission avoidance.

- **Supporting flow in Intermediate care units** – continued funding of Senior Social Worker to monitor and maintain flow in the intermediate care units, reducing delays due to social care.
- **Integrated Control Room** – Additional resources invested into the Control room to maintain oversight of flow from the acute hospitals, and commissioning provision and care finding to support discharge in a timely manner.
- **Social Care support to Greater Manchester Mental Health NHS Foundation Trust (GMMH)** – developing an urgent action plan to support flow in acute and mental health beds to free up capacity and reduce delays in these beds.

3.8 Greater Manchester Mental Health NHS Foundation Trust (GMMH)

There is a focus on crisis pathways as an alternative to admission - the aim is to ensure people get to the right clinician or team at the right time. These include:

- **Implementation of the Crisis pathway model** - including Home Based Treatment Teams that adhere to national models, and offer a Home First option. Access to crisis cafés and overnight crisis beds that are accessible outside office hours and mental health practitioners within North West Ambulance Service (NWAS). Emergency Operations Centre as precursor to the GM mental health triage service, in partnership with Greater Manchester Police and NWAS
- **Clear escalation processes for A&E** - GMMH has escalation procedures that are followed, in cases of increased pressure.
- **Access to Child and Adolescent Mental Health (CAMHS)** - teams in place across Manchester to support assessment of Children and Young People (CYP) attending A&E in crisis. Young people are assessed at the point of presentation in A&E, with pathways to access CYP Home Based Treatment Teams (HBTT) and CAMHS beds.
- **Accessing help in a Mental Health Emergency** – ensuring places of Safety/Section 136 Suites where there is 24-hour staffing provision to support service delivery for services users who are over the age of 16 years old.
- **Homelessness** - GMMH specialised homeless services do not operate an out of hours service, however, they will follow up all referrals the following working day. GMMH have engaged VCSE partners to develop and communicate pathways for people experiencing crisis and access to services out of hours.
- **Emergency resettlement schemes** - supports refugees including those placed through centralised resettlement schemes and those temporarily living with friends and families via its 24/7 helpline and existing pathways via primary, community and crisis care services.
- **Mental health inpatient discharge and flow** - the clinically led GMMH patient flow service (PFS) ensures that a standardised approach is delivered across all GMMH services with practitioners available 24/7 to support system flow to all GMMH beds.

3.9 Manchester Primary Care

- **Manchester Acute Respiratory Infection Service (MARIS)** - additional capacity for same-day respiratory appointments.
- **Additional Primary Care Resilience Same Day Access** - additional clinical and non-clinical sessions and GP surge hubs for adults and children. This will provide additional clinician time face to face, telephone or virtual.
- **GP Federation Resilience Hubs** – additional appointments in local hubs, these appointments can be booked by all practices.
- **Improving access to General Practice** – implementation of a modern model of general practice. These plans include objectives around working towards improving online access, including website improvement, use of the NHS App and supporting patients to become more digitally enabled.
- **Personalised Care** - work to shift the focus of healthcare delivery from a reactive, episodic model to a proactive preventive approach. The focus is on three high impact cohorts: dementia, frailty and patients who regularly attend A&E (usually more than five times a year).
- **Increasing support for self-directed care** - Funding has been secured from the GM 'Access and Inclusion' resource for winter vaccination. This includes 'English for Health' which has a strong focus on vaccination and self-care.

3.10 Manchester Public Health

3.10.1 The Department of Public Health at Manchester City Council and the NHS Manchester Locality Team co-ordinates the planning process for the system-wide winter vaccination programmes across Manchester and these are now underway in accordance with national guidance.

- Preparations to ensure a comprehensive vaccination offer for care home residents, housebound patients and other at risk cohorts will be put in place following confirmation of sign up to the Enhanced Service contractual arrangements relating to Primary Care.
- The programme timeline is as follows:-
 - From 1st September 2 and 3 year old children will be invited for flu vaccination alongside opportunistic Measles, Mumps and Rubella (MMR) vaccination
 - From 4th September the school flu programme commences
 - From 2nd October care home residents and staff for flu and Covid
 - From 7th October the start date for all other eligible cohorts, however, where flu clinics have been prebooked for September it has been confirmed that these may go ahead
 - The 15th December will be the end date of the main programme
 - The 31st January 2024 will be the end date for the Manchester targeted health equity approach and outreach offers any equity/pop up or outreach offers
- Manchester Foundation Trust will deliver a Covid, flu and pertussis vaccination service to pregnant women accessing their services. Further plans for other in-patients cohorts and staff vaccination are currently being finalised by MFT.



- Work is underway with Intrahealth, the school flu service provider, to ensure comprehensive plans are in place to deliver to school-aged children with a greater focus on areas where uptake was low in 2022/23
- Data analysis over the last two years shows a decline across all cohorts for both flu and Covid vaccination coverage, with the gap widening most for those from particular ethnic groups. Therefore, the communities we will focus on for our integrated neighbourhood approach and mobile targeted vaccination work will be the Pakistani, Bangladeshi, Black Caribbean and Indian populations.
- A bid for GM Access and Inclusion funds has been approved and will support targeted winter vaccination work at neighbourhood level and to a range of inclusion health groups in order to address health inequalities.
- Local bespoke communication planning is underway through a collaborative partnership approach and as stated earlier will include translated and easy read materials.





Appendix 1 – Category response times

Calls to 999 are categorised into four basic categories. These categories are assigned following a system called NHS Pathways, which our call assessors use to clinically determine the needs of the patients. The categories are:

C1: Category one is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of 7 minutes and at least 9 out of 10 times within 15 minutes

C2: Category two is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least 9 out of 10 times within 40 minutes

C3: Category three is for urgent calls. In some instances, you may be treated by ambulance staff in your own home. We aim to respond to these within 120 minutes at least 9 out of 10 times.

C4: Category four is for less urgent calls. In some instances, you may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least 9 out of 10 times within 180 minutes.



Manchester Partnership Board

Report of:	Tom Hinchcliffe, Deputy Place-based Lead
Paper prepared by:	Dr Leigh Latham, Associate Director of Planning Owen Boxx, Senior Planning and Policy Manager Zoe Mellon, Performance Lead Darren Wagstaff, Performance Manager
Date of paper:	15 September 2023
Item number:	7
Subject:	Measuring success and progress of the MPB Priorities.
Recommendations:	<p>The Manchester Partnership Board is asked to: -</p> <ul style="list-style-type: none"> • Note the progress that has been made to identify metrics against the MPB delivery plan • Note the draft Place-Based oversight of national NHS objectives for 2023/24. • Agree the suggested approach to monitoring progress.

1.0 Background

- 1.1 In June 2023, MPB received a paper that set out the MPB priorities and associated delivery plan, showed the high level outcomes that the programmes were seeking to achieve, and indicated that further work needed to take place to identify progress measures. This paper provides an update of the work which has taken place over the summer to define the success measures and key performance indicators for the MPB priorities.
- 1.2 These locality priorities will be assessed alongside the wider NHS GM performance framework, and in particular those elements where responsibility will sit at place level. At the June MBP meeting, whilst an update on the developing GM performance framework was provided, it was not clear at this stage what the role and responsibilities of the locality were relation to this. The work on the ICB Operating Model, through the Carnall Farrar Review of Leadership and Governance has provided further clarity on this. This paper also provides further detail for 23/24.
- 1.3 Whilst the NHS GM Operating Model is awaiting final approval by the NHS GM Board later in September, this paper provides the latest position.

2.0 The MPB Priorities and Delivery Plan

- 1.1 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.
- 2.2 The programmes of work that comprise the delivery plan have been agreed with MPB and the Manchester Provider Collaborative Board (PCB). Work has taken place through the summer to identify the overall aims and key milestones that are expected to be achieved for the year, along with key performance indicators and success measures. This has resulted in a long list of metrics that will be used to monitor progress of the delivery plan, which is shown in Appendix 1. Generally, several metrics will be tracked for most programmes to provide the best opportunity to demonstrate progress overall, although further work is taking place to see if a set of 'priority' indicators can be identified by leads.
- 2.3 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. To progress this element of the plan, and create a single version of the truth, we will work

with Making Manchester Fairer (MMF), the Population Health and Equality and Inclusion teams to draw on the data available to system partners and identify measures that will demonstrate improvements towards health equity for certain demographic groups.

- 2.4 A mapping of the MMF plan to the MBP Delivery Plan shows that there is synergy between the MPB priorities and all of the MMF themes to a degree, although the clearest links are in relation to Long Term Conditions, and ‘prevention of ill health and preventable deaths’. Where they map, the indicators that have been identified in MMF will be included, however experience from MMF shows that this approach does take time, and therefore the focus for this year will be to work with leads to identify the gap metrics across the whole delivery plan so that a baseline to be developed.

3.0 NHS GM operating model – Place based responsibilities for monitoring progress

- 3.1 NHS GM established a Greater Manchester Operating Model, which set out the overall vision and objectives for the GM Integrated Care Partnership, the GM ‘system architecture’, governance arrangements, and the features and characteristics of the GM system. After 12 months, NHS GM then commissioned an independent review (the Carnall Farrar review) of Leadership and Governance within the GM system to ensure that it was working efficiently and effectively. The Carnall Farrar review made eight recommendations, which NHS GM is in the process of implementing, including changes to the Operating Model. The Operating Model is a fundamental building block that governs how NHS GM works as an integrated care system – between localities, Greater Manchester, and health and care providers.
- 3.2 The revised Operating Model is designed to bring much more clarity about how NHS GM intends to work together as a system, notably: -
- Being much more explicit about how our vision and missions translate into how we are organised as a system to ensure we deliver a high level of ambition for our residents;
 - Being much clearer about where decisions sit, and under what authority key meetings take place;
 - A clearer description of the roles of each partner in the system. This is explicit about the role of NHS Greater Manchester, the role and remit of Locality Boards and Place Based Leads, the focus and contribution of provider collaboratives, and the role of the Integrated Care Partnership;
 - A clear description of how every function of the Integrated Care System is discharged and who is responsible for what.
- 3.3 The revised NHS GM operating model more clearly defines the functions that are to be carried out at a GM-wide level and those that will be led at place level. Current thinking is that commissioning would be led at GM level for all diagnostic services, all secondary acute physical health care, all acute inpatient mental health care and some

public health services (including vaccination and immunisation, health check programmes, hospital smoking cessation services and at scale prevention such as air pollution reduction). Whereas it is proposed that commissioning will be led at place level for GP services, community services, community mental health, learning disability and autism services (including adult, CAMHS and IAPT services, and some public health services (including social prescribing, diabetes prevention and local smoking cessation). Work remains ongoing to finalise this split of responsibilities and this is yet to be signed-off by the NHS GM Board.

- 3.4 The proposed GM Operating Model also sets out the NHS objectives for which Place-based Leads, working together with members of place-based partnership committees, will be responsible. These are summarised in Appendix 2, although it should be noted that this approach is still draft. We are bringing together Manchester system partners to agree how we will plan, oversee and evaluate the activity for which responsibility is to be held at place level, and are working with GM to ensure that the list of metrics for which the locality is held accountable matches those over which we have influence.
- 3.5 The intention is for the MPB delivery metrics to come together as a single MPB dashboard along with the NHS GM performance metrics. The NHS GM Data, Insight and Intelligence team will be responsible for producing this dashboard, however resourcing constraints have resulted in a delay to their publication, with bespoke data collection and reporting being used in the interim. We plan to provide an initial dashboard in advance of the next public MPB meeting.

4.0 Reporting

- 4.1 MPB will receive a progress report against the locality dashboard on a six-monthly basis, the first of which will come to MPB in October. This is intended to give MPB a sense of the overall direction of travel, with a six month time interval giving programmes time to progress whilst maintaining a grip on delivery. The dashboard will present KPIs with direction of travel arrows and RAG ratings once trajectories and local targets have been more widely agreed. This will enable MPB to see how progress is being made, with 2023/24 largely used as a baseline from which future targets can be set.
- 4.2 There will also be an accompanying six-monthly narrative update which explains the progress that has been made against key programme milestones as well the direction of travel of the KPIs. Any issues or risks linked to the delivery of MPB priorities will also be identified through the six-monthly narrative reporting, or as necessary if attention is required by MPB outside of this reporting cycle.
- 4.3 Further work will take place with NHS GM to understand whether a more frequent level of reporting will be expected for any of the national NHS objectives, and if so,



this will be built into the locality monitoring and reporting cycle, using the relevant governance groups within the locality structure.

5.0 Recommendation

The Manchester Partnership Board is asked to: -

- Note the progress that has been made to identify metrics against the MPB delivery plan;
- Note the draft Place-Based oversight of national NHS objectives for 2023/24;
- Agree the suggested approach to monitoring progress.



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MPB Priorities Delivery Plan: How we will measure progress

September 2023

Manchester

Integrated Care Partnership



Manchester's plan on a page for 2023 to 2026



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:

Page 34

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 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

Programme	Overall Aim of programme	How we will measure progress
<p>Long term conditions management</p> <p>Established programme with workstreams in delivery stage, and others newly developed to be refined.</p> <p style="text-align: center;">Page 36</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</p>	<ul style="list-style-type: none"> • Reduction in A&E attendances for people with respiratory conditions • Flu vaccination uptake (2022/23) • Prevalence of Asthma per 1000 people • Prevalence of COPD per 1000 people • Prevalence of Smoking per 1000 people • Percentage of asthma & COPD patients who have not had a review • Respiratory non elective admissions • Deliver primary prevention / increased update of physical activity • Referral rate for patients to Post Covid clinic • Long Covid referral rates by ethnicity • Number of new people identified with prediabetes • 75% of people with diabetes to have annual health check • Increase in % of patients who receive all 8 checks • Overall achievement of multi morbidity reviews (as per PQRRS) • Overall achievement of multi morbidity review in chosen cohort as defined by plan • Work towards achievement of bowel cancer screening acceptable standard of 60% take up • Overall achievement of Bowel Screening Uptake aged 60 – 74 • Overall achievement of Bowel Screening Uptake aged 60 – 64
<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>	<ul style="list-style-type: none"> • SMI health checks • COPD annual health checks • Hypertension annual health checks • Diabetes annual health checks

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

Programme	Overall Aim of programme	How we will measure progress
<p>Healthcare-led regeneration in North and South Manchester (Established programme)</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.</p>	<ul style="list-style-type: none"> • Monetary value of social value activity • Number of jobs created • % of jobs secured by NM residents • Number of apprentices employed
<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>	<ul style="list-style-type: none"> • 12 Neighbourhood plans in place • Hypertension annual health checks • Diabetes annual health checks • Bowel cancer screening take up

Page 7

Appendix 1, Item 7

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



Programme	Overall Aim of programme	How we will measure progress
<p>Primary Care Access (Established programme)</p> <p style="text-align: center;">Page 38</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) 	<ul style="list-style-type: none"> • Improve the delivery of Advice and Guidance towards national target of 26% • Proportion of regular general practice appointments delivered within 14 days of request • Utilisation of Additional Roles Reimbursement Scheme (ARRS) funding allocation (minimum 95%) • Number of new ARRS roles recruited to.
<p>Mental Health access and quality (Established programme)</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 in Personal Health Budgets (for people with Mental Health conditions) • % of routine referrals seen by Community Mental Health Teams (CMHT) in 28 days (95% target) • Care Programme Approach (CPAs) compliance over last 12 months

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



Programme	Overall Aim of programme	How we will measure progress
<p>Children and Young People’s (CYP) Reform programme (Established Programme)</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>	<ul style="list-style-type: none"> • Paediatric inpatient activity - day case. • Paediatric outpatient activity • Identify the number of families that are being case managed as part of Confident Parents
<p>Locality urgent care strategy, resilient discharge and admissions avoidance (Established programme with expanded scope in development)</p>	<p>The locality strategy includes the Resilient Discharge Programme (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.</p>	<ul style="list-style-type: none"> • 16 Back to Basics wards operational • Reduction in average length of stay for patients on complex care wards (where Back to Basics in operation) – up to 8 days • Reduction in length of stay on targeted wards (average 8-day reduction) • >75% of discharges home from target wards on back to basics • Increase in Hospital at Home activity in line with locality trajectory • Reduction in average bed days (LoS) to patients discharged to Virtual Wards (compared to control) • Reduction in delays in accessing Pathway 2 • 60% reduction in delays to accessing P3 • Increase in % of P2/P3 discharges which are to P2 • Reduction in Length of Stay (LoS) within Intensive Care Units • Reduction in No Reason to Reside on ICT units • Increase in % of people discharged to bedded care able to return home • The number of patients with no reason to reside (NRTR). • Average Length of Stay • Bed days lost by patients who have No reason to Reside • Patients NRTR with no discharge date • Number of out of area delays • Reduced time from referral to transfer to Pathway 3 beds • Reduce D2A average LoS

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 (continued)

Programme	Overall Aim of programme	How we will measure progress
<p>Aligning demand and capacity in bed-based provision</p> <p>(Established programme)</p>	<p>Developing 10 year care home capacity strategy to meet the needs of residents with complex needs.</p>	<ul style="list-style-type: none"> • 5-10% reduction in demand for care home provision compared to 2021. • 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
<p>Enabling self care and promoting independent living</p> <p>(New programme to be developed)</p>	<p>A framework will be developed to provide an understanding of the overall contributions and intended outcomes of the established programmes and measures agreed.</p>	<ul style="list-style-type: none"> • Increased access to clinical assessment - 50% of 111 traffic to be online • Increase in virtual ward beds • Virtual ward beds - measure to view increase in activity • Proportion of virtual ward beds occupied • Non-elective admissions • Monitoring of failed discharges • Monitoring of 2-hour crisis response rates
<p>Local workforce recruitment</p> <p>(New programme to be developed)</p>	<p>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.</p>	<p>Number of Manchester residents employed by system partners across the Manchester Health and Care system.</p>

Appendix 2: Draft Place-Based oversight of national NHS objectives for 2023/24

Manchester

Integrated Care Partnership



Commissioning of NHS services at place comes with associated oversight of national NHS objectives for 2023/24

Place-based Leads will be the responsible NHS GM executives for overseeing the delivery of several NHS objectives at place-level. Working together with members of place-based partnership committees, they will coordinate and align efforts GM-wide as required with NHS GM's Chief Operating Officer

Primary care

- Patient access:
 - Ensure that everyone gets an appointment within 2 weeks and urgent contacts are assessed same or next day
 - Deliver 50 million more appointments in general practice by the end of March 2024
 - Continue on trajectory to deliver appointments & recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles
 - Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
- Prevention and health inequalities:
 - Increase treated hypertension patients to 77% by March 2024
 - Increase percentage of 25-84 year olds with a CVD risk score > 20% on lipid lowering therapies to 60%
 - Deliver on Core20PLUS5 approach

Community services

- Urgent community response – meet or exceed the 70% 2-hour urgent community response standard
- Access to community services – reduce unnecessary GP appointments, streamline direct access and direct referrals pathways

Mental health, LD and autism

- Recover dementia diagnosis rate to 66.7%
- Improve access to perinatal mental health services
- Improve access to mental health support for children & young people
- Increase the number of adults and older adults accessing IAPT treatment
- Increase number of adults and older adults supported by community mental health by 5% yearly
- Ensure 75% of people over 14 with an LD receive an annual health check

Secondary care

- Improve A&E waiting times (no less than 76% of patients are seen within 4 hours by March 2024)
- Reduce adult G&A bed occupancy to 92% or below
- Increase % cancers diagnosed in stage 1 and 2 in line with the 75% early diagnosis ambition by 2028

(Although secondary and acute services are commissioned at GM-level, the ability to impact on these objectives requires the action of multiple partners at place)

Use of resources

- Deliver the financial plan for services in scope of place-level planning and delivery



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:	15 September 2023
Item number:	11
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) meeting held 20th July; • note that PCB members will be contributing to the finalisation of the outcome measures for the Keeping Well at Home programme; • note the progress update on the GMMH Improvement Plan and the remaining system challenges, particularly relating to workforce.

Provider Collaborative Board: Update

20 July 2023

1. 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 July 2023.

1.2 The key discussion points from the meeting are detailed below: -

- Keeping Well at Home (Hospital@Home);
- GMMH Improvement Plan.

2. Provider Collaborative Board meeting: July 2023

2.1. Keeping Well at Home (Hospital@Home)

Dr Sohail Munshi provided a briefing on the work underway to establish the Keeping Well at Home programme, including the key purpose of the programme, expected outcomes and proposed measures of success. PCB colleagues recognised the importance of partnership working across the Manchester system in support of the programme, ensuring patient safety and equity whilst managing potential risks and issues. PCB members agreed to support further work on finalising the outcome measures for the programme.

From a governance perspective, it was agreed that this programme of work should sit under MPB's Urgent & Emergency Care priority, alongside the Resilient Discharge Programme and Winter Resilience.

2.2. GMMH Improvement Plan

John Foley and Sian Wimbury presented an update on GMMH's Improvement Plan, noting the progress made since the last discussion at PCB in January '23. JF advised that GMMH had a full understanding of the scale and complexity of the challenges that they face, but recognised that there were no easy fixes, with insufficient workforce being a key issue.

PCB members acknowledged the challenges and offered further support, wherever possible, in finding shared solutions. However, a number of concerns were also shared in respect of GP referrals and shared care protocols, the capacity of



Community Mental Health Teams and the number of patients not allocated to a care coordinator, long waiting times in A&E for MH patients awaiting transfer and the number of interim executive team members.

It was noted that the latest CQC report was due to be published the following day and that a Stakeholder Briefing would be shared, with additional explanations where required.

JB and TH both thanked JF/SW and their colleagues for their ongoing commitment to the improvement work and reiterated the offer of system support. Further updates will be scheduled in to the PCB Forward Plan.

3. Recommendations

The Manchester Partnership Board is asked to: -

- note the discussions at the Provider Collaborative Board (PCB) meeting held 20th July;
- note that PCB members will be contributing to the finalisation of the outcome measures for the Keeping Well at Home programme;
- note the progress update on the GMMH Improvement Plan and the remaining system challenges, particularly relating to workforce.

Julia Bridgewater & Cllr Thomas Robinson
July 2023



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Manchester Partnership Board	
Report of:	Tom Hinchcliffe Deputy Place Based Lead, Manchester
Paper prepared by:	Owen Boxx Planning and Policy Manager (Manchester) NHS Greater Manchester Integrated Care
Date of paper:	15 September 2023
Item number:	12
Subject:	Delegated Assurance Board Meetings Update Report, reporting on the meetings of 7 June 2023 and 10 July 2023.
Recommendations:	Manchester Partnership Board is asked to: 1. Note the report.





1.0 Introduction

The Delegated Assurance Board (DAB) forms a key element of the governance structure for the Manchester Locality, as part of NHS Greater Manchester Integrated Care (NHS GM). The DAB is a sub-group of the Manchester Partnership Board (MPB) and is a means for the Place Based Lead (PBL) to gain support and assurance in discharging their responsibilities. This report provides an update from the DAB meetings held on 7 June 2023 and 10th July.

No issues or risks were identified that require escalation to the Manchester Partnership Board.

2.0 DAB Update – 7 June 2023 & 10 July 2023

The DAB met on 7 June 2023 and 10 July 2023, and discussed the following key areas:

Finance

- The 2023/24 locality finance plan overview was presented in June.
- Mitigations were provided against the 2023/24 financial risks at the June meeting. This included a planned review of high-cost placements to mitigate against high placement costs, developing a QIPP programme to offset the higher prescribing costs and there being a system agreement on the financial risk related to the delivery of the D2A programme within the financial envelope. Some GM ICS QIPP programmes are still to be identified.
- The locality reported an overspend as of Month 2. This was due to an additional Mental Health high cost placement and Primary care pressures related to asylum seekers and Afghan refugee costs.

Quality, Performance and Safety

- Key updates included the Continuing Health Care (CHC) team delivering its 28 day key performance indicator (KPI) for decisions to be made on whether patients are eligible for a full CHC assessment in May and June. Rapid review meetings have taken place in relation to Willow Green Independent Hospital following the CQC rating of Inadequate and St Mary's Maternity Services Improvement Plan is being delivered via the GM Maternity Network.
- The System Quality Group was launched on 29th June 2023, which will report directly to MPB.
- A key risks paper was presented in June, describing the risks and related actions for quality management and oversight.

- In July, a summary of recent serious incidents was discussed.

Patient and Public Involvement

- The Patient and Public Advisory Group (PPAG) met on 25 May, when the group approved the locality engagement approach.
- PPAG members commented on their experience of using NMGH, with feedback being passed on to MFT.
- PPAG also met 3 times in June and commented that they felt that the Manchester locality needed to strengthen its relationship with both PPAG and Healthwatch particularly relating to tackling inequalities in Manchester.

Governance

- Key highlights included the submission of the 2022/23 Q1 Annual Report, the locality contribution to the ICB 2022/23 Annual report, and the submission of the end of year Better Care Fund (BCF) return to NHS England.
- Work is continuing across the locality to ensure that good governance is operating across the locality groups supporting MPB. This includes ensuring that all Declarations of Interest are up to date, an attendance and assurance tracker is in use for Manchester Locality meetings, and all Terms of Reference for Groups within the Locality Governance Structure are reviewed by September 2023.
- The locality will need to provide a 6 monthly governance update to the ICB in November. The update will cover locality governance arrangements and any updates that have taken place since the establishment of locality boards.
- Work to develop a Strategic risk register for MPB is ongoing.
- No issues for escalation were raised.

Primary Care

- Updates from the Manchester Locality Primary Care Commissioning Committee (PCCC) were presented in June.
- Two key risks were raised. Firstly, workforce resilience and capacity remain an issue, due to staff shortages. The ARRS programme is being actively recruited to and regular meetings are taking place with practices to support them with the challenge.
- Secondly, General Practice demand is outstripping capacity. The locality team are working with practices, PCNs and NHS GM to look at how the access requirements which are part of the PCN DES Investment and Impact Fund can be met.
- A locality task and finish group is being set up to undertake a review of existing Locality Commissioned Services (LCS).
- In July, an update of future and proposed programmes of work was presented. This



included an overview of GP responses against the PQRRS scheme. The evaluation report details are to be with the Provider Collaborative and MPB.

- No issues/risks for escalation were raised.

End of Year locality Operational Plan

- The 2022/23 end of year Operational Plan report was presented in June. The report demonstrated that key progress had been made in the areas of the plan where there was locality responsibility. This included the primary care ARRS programme, PQRRS and estates. It also included effective delivery of the vaccination programme and in setting up new locality governance and assurance arrangements.
- In July, the 2023/24 MPB priorities delivery plan was presented. It was suggested that this should also be presented to the Manchester Provider Collaborative Board.

Manchester Locality Team Move

- Plans were discussed in relation to the move of the Locality Team to Manchester Town Hall. It was felt that this would support a more collaborative way of working with both Manchester City Council and Manchester Local Care Organisation. A task and finish staff engagement group has been established to work through the future arrangements with staff and a formal 30 day consultation period will be required prior to the move taking place.
- It was suggested that future DAB meetings take place at the Town Hall.

