

## **Manchester Partnership Board**

### **Minutes of the meeting held on Friday, 10 November 2023**

#### **Present:**

Councillor Craig, Leader MCC (Chair)  
Councillor Robinson, Executive Member for Healthy Manchester and Adult Social Care, MCC  
Joanne Roney, Place-Based Lead and Chief Executive MCC  
Katy Calvin-Thomas, Chief Executive Manchester Local Care Organisation  
Tom Hinchcliffe, Deputy Place-Based Lead NHS GM (Manchester)  
Dr Vish Mehra, Chair Manchester GP Board  
Dr Sohail Munshi, Chair of Clinical Professional Group  
Simone Spray, VCSE Representative  
Prof Manisha Kumar, Chief Medical Officer, NHS GM  
David Regan, Strategic Director - Public Health, MCCaig (Chair) – in the Chair

#### **Also present:**

Mark Cubbon, Group Chief Executive, MFT  
John Foley – Greater Manchester Mental Health Foundation Trust  
Julie Taylor, Director of Strategy and Provider Collaboration, NHS GM (Manchester)  
Leigh Latham, Associate Director of Planning, NHS GM (Manchester)  
Damien Heakin, Associate Director of Finance, NHS GM (Manchester)  
Warren Heppolette, Chief Officer for Strategy and Innovation Strategy and Planning  
Sharmila Kar, Joint Director – Equality & Engagement (Manchester)

#### **Apologies:**

Julia Bridgewater, Group Deputy Chief Executive, MFT  
Jan Ditheridge, Interim Chief Executive, GMMH

#### **CPP/19/22 Welcome, Introductions and Apologies**

The Chair opened the meeting by welcoming everyone.

#### **CPP/19/23 Minutes of the previous meeting**

#### **Decision**

The Board approved the minutes of the previous meeting held on 15 September 2023 as a correct record.

#### **CPP/19/24 ICB/ICP Updates**

The Deputy Place Based lead provided an update from the Integrated Care Partnership Board which had met on 29 September 2023. He reported that there had been discussions around priority actions sitting under Mission 2 (Integrated Care Partnership Strategy) which was around the strategic shift towards prevention with

positive examples being provided at the meeting of what was happening across Greater Manchester, including mental health and smoking cessation. In addition the ICB agreed the Primary Care Blueprint for Greater Manchester and the overall Greater Manchester Mental Health Strategy.

The Chief Medical Officer (NHS GM) reported that the Finance Committee had met to consider the significant challenges that were being faced as an integrated care system and Board, the amount of work that was taking place in terms of financial recovery and the how things could be done differently and make savings to support winter and the coming months.

The Place Based Lead reported on the Executive Committee meeting, which was made up of all Place Based Leads from across Greater Manchester and the ICB Executive Board. It was reported that a new provider selector regime had been agreed which would enable work through commissioning in localities in a streamlined provider network that was created at the ICB. The role of the voluntary sector and its ability to commission quickly and efficiently was also discussed. Feedback from the Executive Group insofar as the financial strategy was a need to move to longer term thinking not just in relation to the funding envelope but also the organisational form. The Committee also discussed the winter vaccination and preparedness programmes as well as the announcement of some additional funding for local authority (winter pressures), hospices and assisted conception discussion.

## **Decision**

The Board note the update.

## **CPP/19/25 Strategic Financial Framework**

The Board considered a report of the Chief Officer – Strategy & Innovation, NHS Greater Manchester, which considered the Financial Framework. The Greater Manchester (GM) Integrated Care Partnership (ICP) had approved its 5-year strategy in March 2023. At the end of June 2023, the Partnership agreed and submitted the Joint Forward Plan (JFP) as the delivery plan for the ICP Strategy. It set out the key actions to deliver their ambition against each of the six missions and drew on a range of existing plans developed across the system and each GM locality. When submitting the JFP to NHS England, it was recognised that further work was needed to strengthen delivery plans to provide much greater detail on the approach to delivering the mission on financial sustainability.

The JFP recognised, therefore, the need for a Strategic Financial Framework (medium term financial plan). The analysis informing the Strategic Financial Framework underpinned the JFP and provided the economic detail and mechanics for action for delivery.

Greater Manchester ended 2022/23 with a reported underlying financial deficit of £570m after removing nonrecurrent items. This would grow to £1.9b in 2027/28 based on expected funding growth compared to activity growth and inflation. To understand the health needs of the population the Advanced Data Science Platform (ADSP) had been used to access linked patient-level data on the GM population and

developed a segmentation of the population. This showed that 29% of people in GM were not in good health and account for 79% of total costs. Three opportunities had been explored to address the growing needs for healthcare:

- reducing prevalence growth,
- optimising models of care, and
- addressing inequalities in access.

The feasibility of these opportunities is tested in two ways: by validating the scale of the opportunity externally and by testing the achievability of the opportunities with analysis of quality indicators and to translate opportunities into potential spend/cost avoidance, each opportunity area had examined the evidence base for return on investment and timing.

Additional work would need to be done to determine the level of provider efficiencies achievable and ensure alignment with the outputs of the current financial recovery work. On completing the final outputs for the Financial Framework, the findings would be used initially to support the engagement and understanding across GM. This discussion and engagement would confirm the priority and phasing of initiatives. This in turn, would drive the development of Operational Plan for 2024/25.

The Leader noted that prevention had long been the fundamental tenet of what Manchester was trying to achieve, which was illustrated in how money had been invested in programmes developed through Making Manchester Fairer. There would be an offer from Manchester as a locality to help populate aspects of the Operational Plan with more localised data.

The Chief Medical Officer, NHS GM commented that unless drivers of demand were addressed health services would always be behind the curve in how they can be delivered. She commented that the data now presenting across GM was the same that had been present in Manchester for the last five years were a large amount of work had already taken place in reducing variation across primary care.

The Director of Population Health commented that one of the challenges would be where investment was coming from. He reported that as a Local Authority funding of £929,000 would be made available by Government to tackle smoking cessation which was welcomed. There had also been similar investment in drug and alcohol treatment services, however as this was grant funded there would be a need for greater joined up working across GM to accelerate change.

The Chair of Clinical and Professional Advisory Group commented that historically Manchester had a strong business intelligence team presence both from the former CCG and the Council and consequentially, for the last few years there had been a deep level of involvement of population health management across the 14 PCNs. He reflected that it would be important to build on practical lessons learnt and mistakes made to drive improvements.

The Group Chief Executive, MFT commented that it was reassuring to hear that there would be a further iteration of this work to ensure that there was a whole system view

rather than just costs to providers, and where savings could be made to support movement of resources.

The VCSE Representative commented on what assumptions and data was being used in relation to Children's Mental Health and how much VCSE data was included. She also commented that the VCSE sector was also really keen to be involved with some of the solutions to cost effective approaches.

The Place Based Lead commented that the framework currently omitted how local authority funding had been utilised, such as in relation to early years for children, investments made through public health and adult social care, which all fed into the Making Manchester Fairer approach.

In concluding the Leader commented that there needed to be some consideration to the framing of future conversations insofar as the document being framed as a Strategic Financial Framework, which potentially set a focus on money as opposed to what needed to be done and how things could be changed. In addition she commented that there was a need for mature conversations around how space was created for invest to save and the programme management structure that sat behind this. Finally she commented that there was as an opportunity to use the examples of good practice to demonstrate progress and promote the right kind of working.

## **Decision**

- (1) The Board note the contents of the report.
- (2) The Board commits to engaging on the transition of the analysis into local and system wide activity.

## **CPP/19/26 Admissions Avoidance**

The Board considered the report of the Chief Executive, Manchester Local Care Organisation (MLCO), Chief Medical Officer (MLCO) and Deputy Place Based Lead that stated that over the past five years, the development of integrated health and social care working in neighbourhoods had been a key strategic goal to support prevention and care closer to home.

It was reported that there had been significant progress in rolling out the admission avoidance model since the paper presented to the Partnership Board in July. Evidence from the pilot had been reviewed and incorporated into a high-level outline business case to secure funding so that a City-wide Hospital at Home offer could be in place for Christmas 2023.

The Hospital at Home roll out would bring together existing virtual wards with the community based pilot in central Manchester, creating a consistent city-wide offer. These existing services typically aimed at preventing readmissions following a spell in hospital by using remote monitoring technology to enable a proactive response when a patient is at risk of an acute emergency.

The community-based pilot in central Manchester tested an enhanced Hospital at Home model. This model was based on creating a workforce and infrastructure in the

community, which enabled the safe care of frail patients who had not been medically optimised. The pilot had run for twelve months and there had been significant learning from this period. The evidence suggested that the Hospital at Home model was capable of supporting frail and elderly people who could currently only be supported by admission to hospital and inpatient stay.

Patient safety would guide the roll out and expansion of Hospital at Home. The process would be cautious so that system partners can learn from and understand the full implications of the model before taking further steps. There would also be specific communications to GPs in each locality as Hospital at Home rolled out to their localities.

During 2024/25, Hospital at Home capacity would be built into the MFT's annual plan so that the capacity could be used to offset demand for hospital beds in the acute sites. Incorporating Hospital at Home into the planning process would mean that there was an opportunity to create a sustainable funding mechanism for the service. The implications of this would be worked through as part of the annual planning process.

## **Decision**

The Board:-

- (1) Note the elements of the work being undertaken across the Manchester system on prevention and admission avoidance.
- (2) Considered the initial feedback from Newton Europe's diagnostic work and considered the further steps that followed from this.
- (3) Endorsed the continued work on the admissions avoidance component of the Keeping Well at Home Programme, and the further rollout of Hospital at Home.

## **CPP/19/27 Strengthening our approach to Patient & Public Engagement in Manchester**

The Board considered the report of the Chief Executive and Place Based Lead which set out the opportunities for optimising the potential of Manchester's Patient and Public Advisory Group (PPAG) for the wider locality, drawing on the lived experience and knowledge of patients. Manchester has some of the most challenging health inequalities in the country yet has the greatest assets in its diversity of communities. The aim is to optimise those assets by addressing the unwarranted systemic and structural discrimination that impacts those communities access, experiences, and outcomes for better health.

During the past year Patient and Public Advisory Group members had provided patient representation in several groups and committees, led by different MPB organisations including:

- Manchester Area Prescribing Group
- Healthy Lungs Steering Group
- Healthy Hearts Steering Group
- Manchester Primary Care Commissioning Committee

- Community Health Equity Manchester (CHEM)
- Carers Learning and Development Board
- Community Diagnostic Centre (CDC) Equalities Group
- Manchester System Quality Advisory Group

PPAG members had also provided feedback and lived experiences by participating in the Manchester system on a range of subjects over the past year.

In Manchester, there is a commitment to invest in continuing the facilitation and development of patient leaders by ensuring lived experiences continues to inform and influence our work. Regular PPAG meetings were supported by the MICP locality engagement lead with agenda items decided by the membership which often included recent patient experiences (their own or others relayed to them) and discuss opportunities for improvement where it was felt it was needed.

There was discussion about how patient and public engagement will be used to support the work underway on the Strategic Financial Framework, and how the impact of this engagement will be evidenced.

## **Decision**

The Board:-

- (1) Note the report.
- (2) Support the work of the locality Equality and Engagement team with MPB partner organisations and GM Integrated Care to ensure they continue to build patient voice and experience into our approach to engagement, involvement, and quality improvement – to inform decision making to improve services.

## **CPP/19/28 System Finance Update**

The Board considered a presentation from the Associate Director of Finance NHS GM (Manchester) which provided an update on the financial position of all localities across GM.

It was reported that all localities were predicting a deficit position, totalling circa £16m by the end of the financial year, with £10m relating to Manchester. Manchester had been asked to formulate a financial recovery plan along with three other Local Authorities (Bury, Stockport and Wigan). It was reported that recovery actions were now taking place.

In terms of providers, there was a £84m deficit being reported at month 6. Consequently a £122m deficit plan had been set which the ICS planned to balance this with £122m surplus, but there was risk of slippage in these rates.

In terms of MFT, the most recent figure reported was £50m deficit and there was significant pressures in adult social care.

In relation to the locality, the main financial pressures were being felt in prescribing, migrant health, mental health, and individualised packages of care.

The Deputy Place Based Lead assured the Board that work was being done across all parts of the system to address recovery measures. He noted that a lot of the financial pressure being felt were arising from demand led services such as increasing costs for prescribing and increasing numbers of complex placements (Mental Health).

The Chief Medical Officer signalled that continued support from the locality would be needed for the work that is underway around Mental Health discharge, and to address the numbers of Mental Health Out of Area placements.

The Group Chief Executive, MFT commented that it was important that of the £800m government had allocated nationally, Greater Manchester received its fair share and that it went towards the financial recovery plans it was intended for and not to offset other deficits being incurred elsewhere.

## **Decision**

The Board:-

- (1) Noted the financial position at Month 6 across the system.
- (2) Noted the allocation for UEC capacity funds.

## **CPP/19/29 Date of next public meeting**

The Board agree the date of its next public meeting.

## **CPP/19/30 Manchester Provider Collaborative Board**

The Board considered the report of the Chair of Manchester Provider Collaborative Board and Executive Member for Healthy Manchester and Social Care that updated the Board on the work of the Provider Collaborative Board as part of the agreed reporting cycle to MPB. The report covered the outputs of the meetings held 21<sup>st</sup> September and 19<sup>th</sup> October 2023.

The key discussion points from the meetings were:-

- Summary of escalations from GMMH;
- Approval of the updated Terms of Reference;
- Healthy Lungs programme – update on actions agreed at the June meeting of the PCB;
- Update on the progress of the Manchester Children and Young People's Reform Programme led by the Strategic Director – Children and Education, Manchester City Council (MCC) and the outputs and next steps from the Children's Health Summit held on the 20th July 2023;
- Update on the on-going work in respect of Admissions Avoidance, including the mobilisation of Hospital@Home;

- The approach to tackling health care inequalities and inclusion through the work of PCB, including endorsement of the 'Plus' groups as part of the work developing on Manchester's Core20Plus5 framework;
- Update on the Manchester system's Winter Resilience Plan and discussion/agreement on the allocation of Manchester's Urgent & Emergency Care funding between Primary Care, GMMH and MFT.

### **Decision**

The Board note the report.

### **CPP/19/31 GP Board Update**

The Board considered the update report of the Chair of Manchester GP Board. Manchester GP Board meets monthly to discuss a range of current and future priorities relevant to Primary Care.

At the meetings in September / October 2023 the Board focused on the following areas:

- Primary / Secondary Interface
- Urgent & Emergency Care (UEC) / Winter Update
- NHS GM Quality Scheme Review
- Primary Care Health Infrastructure
- Workforce and Additional Roles Reimbursement Scheme (ARRS)
- Hospital at Home
- Winter Vaccination Programme
- Spirometry

### **Decision**

The Board noted the report.

### **CPP/19/32 Clinical Professional Advisory Group**

The Board considered the report of the Chief Medical Officer (MLCO) that provided an update on the work of the Clinical and Professional Advisory Group.

### **Decision**

The Board note the report.

### **CPP/19/33 Delegated Assurance Board**

The Board considered the report of the Deputy Place Based Lead which stated that the Delegated Assurance Board (DAB) formed 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. The report provided an update from the DAB meeting held on 6 September 2023 and 4 October 2023. No issues or risks were identified that required escalation to the Manchester Partnership Board.

### **Decision**

The Board note the report.

### **CPP/19/34 System Urgent Emergency Care**

The Board considered the report of the Deputy Place Based Lead which gave an update on winter planning for 2023/24. In line with previous years, the Manchester and Trafford System Resilience Team were to lead and co-ordinate on all aspects of winter planning and the lessons learnt from winter 2022/23 had been incorporated into the organisational delivery plans.

### **Decision**

The Board note the report.

### **CPP/19/35 Manchester Local Care Organisation Accountability Board**

The Board considered the report of the Chief Executive (MLCO) which provided Manchester Partnership Board with an MLCO progress update for October 2023. The MLCO Accountability Board met on Thursday 19th October 2023 to consider papers that provided updates against core operational delivery and performance. As a reminder the MLCO Accountability Board was re-established in June 2023 and is co-chaired by Julia Bridgewater, Deputy Chief Executive, MFT and Councillor Tom Robinson, Executive Member for Healthy Manchester and Adult Social Care.

### **Decision**

The Board note the report.