



Manchester Partnership Board	
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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

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- Agree the suggested approach to monitoring progress.

