



Manchester Partnership Board	
Report of:	Tom Hinchcliffe Deputy Place Based Lead, Manchester
Paper prepared by:	Owen Boxx – Senior Planning and Policy Manager (Manchester) NHS Greater Manchester Integrated Care
Date of paper:	29 February 2024
Subject:	Delegated Assurance Board Meetings Update Report, reporting on the meetings of 17 January 2024 and 7 February 2024.
Recommendations:	Manchester Partnership Board is asked to note the report including the items for escalation.





1.0 Introduction

- 1.1 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.

2.0 DAB Update – 17 January 2024 & 7 February 2024

The DAB met on 17 January 2024 and 7 February 2024, and discussed the following key areas:

2.1 Items for Escalation

Two risks have been agreed to be escalated by the DAB to Manchester Partnership Board. These risks relate to the Mental Health and Quality resource which is available within the locality. The details of these risks are contained within the risk escalation forms that are included in the Appendix at the end of this report.

2.2 Finance & Contracts

- The locality reported a £11.946m forecast outturn overspend as at month 9, which is a reduction of £3k from month 8.
- The full year Quality, Innovation, Productivity and Prevention (QIPP) efficiency programme is forecasting an overachievement of £1.325m for 2023/24.
- A review of all Section 75 agreements is being undertaken by NHS GM. The locality / MPB will be informed if any changes to the agreement are needed.
- A review of contracts has commenced for contracts expiring in March 2024, with action being taken to renew contracts as required through the NHS GM procurement processes, including the need to complete the System for Thorough Assessment of Resources (STAR) procurement process.

2.3 Safeguarding, Quality and Nursing

- DAB members were updated on the plans to address the backlog of CHC annual reviews, which included three additional agency staff contracted for 12 weeks.
- The Joint Targeted Area Inspection (JTAI) for Serious Youth Violence has been completed for Manchester, and an action plan is being developed in line with recommendations.





- Patient Safety themes: suicide and self-harm is the largest serious incident category recorded by Greater Manchester Mental Health (GMMH). GMMH are progressing changes to their incident management process, with the aim being that care groups will have greater oversight. Panels will be based on specific service areas in order that specialist assurance can be provided.
- Each of the 10 GM localities have been asked to complete a self-assessment to test whether statutory duties relating to CQC expectations are being met. The initial Manchester locality self-assessment has been submitted to NHS GM.

2.4 Patient and Public Involvement

The Patient and Public Advisory Group (PPAG) met on 4 January 2024.

- PPAG raised concerns about how service changes are communicated to the public.
- PPAG acknowledged and thanked staff for the hard work that has gone into the disaggregation of North Manchester General Hospital (NMGH) to NHS Manchester University Foundation Trust (MFT).

2.5 Primary Care

- A paper was presented to DAB that recommended approval of the preferred option for Withington Medical Practice to relocate to Withington Clinic.
- An update was provided on the Recovering Access to Primary Care delivery plan. The plan aims are to tackle the early morning rush for patients to try to access primary care and for patients to have a better understanding of how their requests for access are managed. A key focus is for patients to manage their own health more - including the use of the NHS App, to implement Modern General Practice Access, to deliver more appointments and to improve the interface between primary and secondary care.
- The Locality Management Team (LMT) were informed that a Quarter 3 Primary Care Quality Recovery Resilience Scheme update had been provided to Primary Care Commissioning Committee on GP practice progress against the Manchester scheme for 2023/24. The current data shows some variation in achievement. Support is to be provided to GPs to maximise achievement and reduce unwarranted variation.

2.6 Right to Choose Autism and ADHD Children and Young People (CYP) & Adults

- Information was provided about the Right to Choose which gives a patient the option to go anywhere in the country to access services from consultant-led or Mental Health practitioner-led services. Manchester has seen a marked increase in referrals requesting an assessment for Attention deficit hyperactivity disorder (ADHD), which is driven in part by increased awareness.





- GMMH is commissioned to deliver ADHD assessments, but at levels which are not currently sufficient to meet demand. Greater Manchester approaches to address the long waiting times for assessment were discussed which include the adoption of a risk stratification approach, although further assessment of this approach is required.





Appendix 1 – Items for Escalation

Locality Risk Escalation Form

Date:	23/01/2024
Locality Governance approval	07/02/2024 – Delegated Assurance Board (DAB) meeting
Risk Function area/s	Mental Health
Form completed by:	Fiona Meadowcroft - Associate Director, Integrated Care Team – Manchester Locality
Next update expected:	06/03/2024 - Delegated Assurance Board (DAB)

Risk Reference (Taken from Risk Register)	Rationale for Escalating to ICB	Desired outcome of escalation (Please indicate any action you would like from the Committee)
Datix ID 1115	<ul style="list-style-type: none"> • Risk unable to be managed entirely in place • Awareness • Intervention 	Escalation to GM ICB to secure funding. CMHTs have no operational mitigating actions that can be taken at locality level. GM must also be aware of potential impact on performance & patient safety.
	<ul style="list-style-type: none"> • Risk unable to be managed entirely in place 	
	<ul style="list-style-type: none"> • Awareness • Intervention 	

*A full copy of the risk is also needed from the relevant risk register should also be included to enable full details to be shared with the relevant committee



Risk Title	Description	Locality Risk Lead	Inherent (Unmitigated) Risk Rating (Likelihood x Consequence)	Controls in place	Sources of Assurance	Current (Mitigated) Risk Rating (Likelihood x Consequence)	Target Risk Rating (Likelihood x Consequence)	Gaps in Controls	Mitigating Action(s)	Date by which target rating is expected to be achieved?
<p>Reduction in anticipated MHIS Funding Datix ID 1115</p>	<p><i>There is a risk that patients in the community will deteriorate as a result of this lack of support and this is further compounded by a lack of care coordinators in the Manchester community.</i></p> <p><i>Additionally, there is both a financial risk to the system (increased admissions) and a reputational risk as a result of the impact of gaps in community mental health provision.</i></p> <p><i>Expanding Living Well would improve opportunities for people being treated more effectively in the community - the impact of not expanding the programme would be worsened outcomes for the population and would result in widened inequity across GM.</i></p> <p>Since 2015/16, NHS in England has met its commitment that the increase in local funding for mental health (excluding learning disabilities and dementia) is at least in line with the overall increase in the money available to integrated care boards (ICBs). This is called the Mental Health Investment Standard (MHIS). From 2019/20 onwards, as part of the NHS Long Term Plan, the NHS has made a renewed commitment that funding for mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. The MHIS also includes a further commitment that local funding for mental health will grow by an additional percentage increment to reflect additional mental health funding being made available to ICBs (previously CCGs).</p> <p>The Manchester locality's request for £2million in 2024/25 (Manchester's anticipated share of the MHIS monies) to roll-out Living Well across Manchester has not been approved to date; we are currently piloting in 3 areas only & as a result of this decision we cannot roll out in any other Primary Care Networks (PCNs). This will mean that the Living Well approach will not be able to alleviate the pressure on Community Mental Health Teams (CMHTs) or improve the working relationship between Primary Care & Greater Manchester Mental Health (GMMH). Other GM localities were progressed in earlier waves of the programme and have received full funding required for Living Well provision and an inflation uplift.</p>	<p>Fiona Meadowcroft</p>	<p>20 (5x4)</p>	<p>Existing CMHT & Primary Care Services</p>	<p>Mental Health Performance & Quality monitoring - will demonstrate impact of gap in service and pressures on related services</p>	<p>20 (5x4)</p>	<p>16 (4x4)</p>	<p>Funding decisions lie outside of the control of the locality Controls in place have limitations & challenges (800+ patients awaiting allocation of care coordinator)</p>	<p>Action 1 Description: Escalation to GM ICB to secure funding. Synopsis: CMHTs have no operational mitigating actions that can be taken at locality level. GM must also be aware of potential impact on performance & patient safety. Action Due Date: 01/02/2024</p>	<p>31/03/2024</p>

Locality Risk Escalation Form

Next update expected:	06/03/2024 - Delegated Assurance Board (DAB)
Locality:	Manchester
Date:	12/02/2024
Locality Governance approval	07/02/2024 – Delegated Assurance Board (DAB) meeting
Risk Function area/s	Quality
Form completed by:	Carolina Ciliento - Associate Director of Safety, Quality & Nursing (Manchester)
Next update expected:	06/03/2024 - Delegated Assurance Board (DAB)

Risk Reference (Taken from Risk Register)	Rationale for Escalating to ICB	Desired outcome of escalation (Please indicate any action you would like from the Committee)
Datix ID 1116	<ul style="list-style-type: none"> • Risk unable to be managed entirely in place • Awareness • Intervention 	Escalation to GM ICB to secure additional Quality staff for Manchester. There are no operational mitigating actions that can be taken at locality level. GM must also be aware of potential impact on quality assurance as well as oversight of patient safety.

*A full copy of the risk is also needed from the relevant risk register should also be included to enable full details to be shared with the relevant committee.

Title	Description	Risk Owner	Inherent (Unmitigated) Risk Rating (Likelihood x Consequence)	Controls in place	Sources of Assurance	Current (Mitigated) Risk Rating (Likelihood x Consequence)	Target Risk Rating (Likelihood x Consequence)	Gaps in Controls	Mitigating Action(s)	Date by which target rating is expected to be achieved?
Quality Datix ID 1116	6 pan-GM staff originally allocated to Manchester. Only 2 are in place, timeline of how further appointment of staff will occur is unclear. What this means is that many elements of the GM Quality Strategy will not be implemented in Manchester until capacity is resolved. This is a significant risk leaving gaps in oversight (e.g. Mental Health, Independent Sector, Community services, etc) and patient safety. This is also placing substantial pressures on existing Quality staff as well as staff in other functions within locality. There is a reputational risk in not meeting competing locality as well as GM priorities.	Carolina Ciliento	16 (4x4)	Prioritisation of work on a weekly basis for existing Quality staff - no other controls available at this time	Delegated Assurance Board receive regular reports of gaps	16 (4x4)	6 (3x2)	Due to lack of Quality staff unable to establish relevant quality oversight of many parts of the system Lack of available resources from other parts of the organisation.	Description: Escalation to GM ICB to secure additional Quality staff for Manchester. There are no operational mitigating actions that can be taken at locality level. GM must also be aware of potential impact on quality assurance as well as oversight of patient safety.	01/04/2024