Greater Manchester Health and Care Board

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Date: 14 September 2018

Subject: Chief Officer's Report

Report of: Jon Rouse, Chief Officer, GMHSC Partnership

SUMMARY OF REPORT:

This report provides the GM Health and Care Board with an update on activity relating to health and care across the Partnership. It includes key highlights relating to performance, transformation, quality, finance and risk.

The report also provides a summary of the key discussions and decisions of the Partnership Executive Board.

PURPOSE OF REPORT:

The purpose of the report is to update the GM Health and Care Board on key items of interest across the GMHSC Partnership.

RECOMMENDATIONS:

The GM Health and Care Board is asked to note and comment on the content of the update report.

CONTACT OFFICERS:

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1.0 KEY UPDATES AND ISSUES

1.1. People

1.1.1 Stuart North will be retiring at the end of September after 6 years in his role as Chief Officer at Bury Clinical Commissioning Group. During this period he has provided strong leadership and ensured that the organisation performs at a high level. We want to place on record our sincere thanks to him for his leadership within Bury and also at a GM level as well. Noreen Dowd began her new role as interim Accountable Officer for Stockport Clinical Commissioning Group in August following the changes in the constitutional model at the CCG.

1.2. GM Health and Care Partnership Future Operating Model

1.2.1 The GM Health and Care Partnership is now in its third year of an ambitious five year transformation programme to deliver the greatest and fastest improvement in the health and wellbeing of the GM population and we have made significant inroads into delivering that ambition. Whilst we continue to deliver against the ambition in Taking Charge, we need to also start thinking about the future model of the Partnership and how we want to take this forward after this current five year period. This will be influenced not only by what is happening in Greater Manchester but also key national events, not least the forthcoming publication of the 10 year NHS Plan and the Social Care Green Paper, the conduct of the Spending Review and the proposed changes to the relationship between NHS England and NHS Improvement.

1.2.2 The Partnership is holding an engagement session, to bring together the members of the Board on 2 October. The event will be an opportunity to help shape our collective thinking around the future model and the direction of the Partnership. An invitation to this event has already gone out to Board members.

1.3 Communities at the Heart of Health and Wellbeing Event on person and community-centred approaches

1.3.1 On 19 July Andy Burnham and I were both keynote speakers at an event attended by around 300 colleagues from across the health, care and wider public sector, the VCSE and people with lived experience – Communities at the Heart of health and Wellbeing. We both spoke about the wider determinants of health and the crucial role the communities play in supporting people's wider wellbeing.

1.3.2 I outlined the four key elements of the GM Person and Community-Centred Approaches (PCCA) programme:

I. **Listening to what matters to people** – leading to a person-centred care and support plan that takes a holistic approach to health and wellbeing, and is based on an individual's goals and motivations, drawing on support from friends, family, carers and community as well as health and care services;

II. **Solutions that are more than medicine** – connecting people to non-medical care, support, information, advice and activities in the community through social prescribing;

III. **People designing their own support** – using integrated personal budgets, where their needs are more complex or round the clock, to ensure they are tailored to the individual

IV. **Recognising the strength of communities** – and being pro-active in developing community-based assets, groups and organisations so that they have the capacity to provide the support people need.

1.3.3 Our focus now is to support all GM localities with implementing these four key components of PCCA, building on the many good examples we are already have in GM. In addition, as outlined in my July update, we are working with localities to support people through PCCA with particularly complex needs. This includes:

- Working with four localities (Bolton, Rochdale, Salford and Wigan) around people with learning disabilities;
- Inviting two localities to focus on people approaching the end of their life;
- Developing approaches for older people with multiple long-term conditions as part of the Living Well at Home initiative.

1.4 Pride in Practice

1.4.1 Pride in Practice is continuing to work as a co-designed, co-produced, multi-disciplinary and multi-sectorial innovation project strengthening the relationship between Primary Care Services and their lesbian, gay, bisexual and trans (LGBT) residents within the local community.

1.4.2 The Pride in Practice award is now fully trans inclusive and is given to practices demonstrating both sexual orientation and trans status monitoring in practice. A Trans Guide for GPs and Patients has been developed to better support the provision and knowledge of trans-specific healthcare needs within primary care. This is now being adapted to meet the requirements of Dental, Pharmacy, and Optometry services and their users.

1.4.3 The Pride in Practice Team has engaged with 250 GP practices, covering £1.5 million patients, trained 1701 professionals and is ensuring staff are aware of and have access to information on issues such as: screening for LGBT people, HIV testing in primary care, implementing current equality laws to support LGBT patients. By using the Social Prescribing Model, Pride in Practice has enabled primary care services to refer patients to appropriate local, non-clinical services including other LGBT voluntary and community sector organisations.

1.4.4 Commitment to continue to fund the programme for a further three years from March 2019 has been agreed, which will enable us to expand on the benefits of the existing programme and further engage with our other contractor areas using the learning and experience gained whilst working with our Medical Practices.

1.5 Salford Royal – Care Quality Commission report

1.5.1 Salford Royal has again been rated an 'Outstanding Trust' by the Care Quality Commission (CQC). Salford Royal is the only NHS Acute and Community Trust to be rated as Outstanding on two consecutive occasions, recognising the high levels of care provided by staff throughout the organisation. Building on this achievement, significant improvements are well underway at Pennine Acute Hospitals NHS Trust following support from Salford Royal over the last 18 months under the leadership of Sir David Dalton as part of new Northern Care Alliance NHS Group.

1.6 NHS 111 online

1.6.1 The GM implementation of NHS 111 online was completed on time, going live on 23rd July. The original predicted demand of between 500 and 600 patient episodes per week was initially accurate, however the service has increased significantly in popularity, now attracting around 1000 patients a week. The streaming of patients to primary and urgent care services is driven entirely by the Greater Manchester Directory of Services, which was reviewed and updated in preparation for the 111 online launch.

1.6.2 In keeping with the NHS 111 telephony service, the majority of patients are directed to a primary care service. The 15 to 40 age groups are the predominant users of the service, with the most common reasons for clinical assessment being dental problems, abdominal pain and breathing problems.

1.6.3 The successful implementation of the new service will have a positive impact on patient care and experience, and will be a key part of our GM winter message, helping to stream patients with lower acuity urgent care needs to the right place of care.

2.0 SYSTEM PERFORMANCE

2.1 There are a number of performance measures that the GM Health and Social Care Partnership are monitored against. Current performance against these is outlined in appendix 1. Some of the key performance measures within this set are outlined in more detail below:

- **Urgent Care 4 hour standard (National standard is 95% with higher being better performance) –** The published 4 hour performance position for all attendance types across Greater Manchester for July 2018 was 87.2%, compared with a May 2018 position of 90.3%. GM performance is below the North Region's performance at 89.1% and England overall which is 89.3%. Performance for August is still to be validated but will be close to 90%. An Urgent and Emergency Care (UEC) Service Improvement Plan has been written covering the following four areas: Stay Well; Home First; System Flow and Discharge and Recovery. This is overseen by the GM UEC Delivery Board and is covered in more detail under a separate item of this agenda.

- **Delayed Transfer of Care (There is currently no national standard for DToC) -** Published data for NHS England shows that there were a total of 6723 beds occupied by DToC during June 2018, an average 224 beds per day. This is compared with a total of 7326 beds in May 2018, an average 236 beds per day demonstrating improving performance. Within the overall figure 5238 of the beds occupied by DToC or around 174 patients per day were in Acute Trusts, with an average rate of 11.0 per 100,000 beds compared with a regional position of 11.2. DToC is part of the UEC Service Improvement Plan under the "Discharge and Recovery" section.

- **Emergency acute activity levels –** A key premise of the GM Transformation Plan is to seek to reduce the level of required urgent hospital care over time by looking after people better in the community. Encouragingly, we experienced a reduction in emergency bed days in quarter 1 of this year compared to quarter one last year. This was a consequence of management of non-elective admissions to plan in some localities and reduced average length of stay in most localities.

- **Referral to Treatment (National Standard is 92% of patients should wait less than 18 weeks for treatment with higher performance being better by March 2019) -** The published data for June 2018 shows GM missed the 92.0% standard with a performance of 90.3%. Although this is a slight deterioration of 0.6% on the May reported position GM performance is high than the North Region at 89.1% and England 87.8%. GM is working to improve this position by investigation of increasing capacity by specialty across GM. This may include new ways of working and any changes will be monitored to view their effectiveness and impact.

- **Elective Waiting List Growth (National Standard is there is no increase at March 2019 on the number on the waiting list as at the end of March 2018) -** At June 2018 GM was 1.7% above the March 2018 position. Performance is however significantly better than both the North Region and England, which are 3.0% and 7.0% respectively compared to their March 2018 figures. There is focused recovery on elective waiting list grow for those localities where waiting lists are showing an increase from the March 2018 position. Consideration will be given to sharing capacity across GM and use of the independent sector where strictly necessary to deliver a 'no growth' position by March 2019.

- **Diagnostic Waiting Times (National standard is for no more than 1% of people waiting 6 weeks or more with lower performance being better) -** The published data for June 2018 shows that GM's performance in diagnostics waiting time is 1.4%, which is a slight deterioration of 0.2% on the May 2018 position. Whilst this does not achieve the national standard of 1% it compares favourably to both the North Region, at 2.6% and England at 2.9%. There are still pressures across GM for endoscopy services though Salford FT performance indicates issues in Cystoscopy and Non-Obstetric Ultrasound services. Salford FT have recently appointed additional sonographers and additional posts are out to advert. They have also recently approved a new MRI scanner onsite, and are

utilising the independent sector to provide additional MRI capacity in the meantime.

- **Cancer –** Performance on cancer waiting times has deteriorated in Q1, with only four of the eight cancer standards in June 2018 being met. This is the same as we have seen across both the North Region and England as a whole. The areas where we didn't meet the standard are: "Seen within 2 weeks of referral" – 89.1% against a national standard of 93%; "Seen within 2 weeks – referred for breast symptoms" with a performance of 88.8% against a standard of 93%; "62 day referral to treatment (including rare cancers)" with a performance of 81.4% against a standard of 85% and "62 day wait for treatment following a referral from a screening service" with a performance of 87.0% against a target of 90%.

  Performance in cancer waiting times is being supported through a focused piece of work led by the Performance and Delivery team and through the recently approved cancer transformation fund. The outcomes of this work will include reducing the need for follow-up appointments; improving pathways for lung, urological and colon cancer and reducing admission rates and mortality from smoking-related cancers.

  More encouragingly two of our CCGs, Stockport and Bolton, have been rated as 'outstanding' in terms of overall cancer performance in 2017/18, taking into account smoking prevalence, waiting times, diagnosis, survival rates and patient experience.

- **Improving Access to Psychological Therapies recovery rate (IAPT) (National standard increased in April 2018 and is now 53% with higher being better performance) –** GM has missed the IAPT Recovery rate standard in the published April 2018 data with 49.7% rolling quarter figure against a standard of 53%. This is a slight deterioration of 0.2% on the March position and below the standard achieved by the North Region (50.8%) and England (52.1%).

- **Improving Access to Psychological Therapies access rate (National Standard 4.2%) -** GM was below the rolling quarter standard for IAPT access in April with a performance of 4.16%, marginally better than the North Region (4.09%) and England (4.13%) but a deterioration of 0.33% on the March position.

  The GM IAPT Steering Group will monitor the Improvement and Delivery plan and associated risk log on a monthly basis. An IAPT workshop was held on 13th August to develop an improvement plan to tackle the challenges and explore opportunities throughout Greater Manchester. The workshop covered:

  - Current performance against the IAPT standards
  - Best practice examples from Greater Manchester Mental Health and Pennine Care.
  - VCSE IAPT infrastructure
  - Data capture and analysis
  - Workforce implications

- Implementation of the LTC models and potential impact on recovery rates
- Parent Infant Mental Health
- Outcome based payment model

3.0 QUALITY

3.1 General Practice Nursing

3.1.1 In July 2017 NHS England launched the 'General Practice – Developing confidence, capability and capacity' which outlines its 10 point plan for general practice nursing development. Key outputs from the launch of the GPN 10 point plan in GM have been:

- Practice Nursing featured in the wider GMN Nurse recruitment campaign with bespoke videos aimed at raising GPN profile as a first choice career. From June 2018 six primary care nursing videos will be showcased by our communications team. They will sit on GMHSCP website too (as part of wider campaign), and will used by a variety of local and national organisations to support workforce development, recruitment and retention initiatives.

- Launch of marvellous mentorship programme in GM with Pumping Marvellous to promote the early detection of heart failure and associated symptoms; provide appropriate patient information, education and self-care tools to enhance knowledge in the primary care nursing community. An on line learning tool open to all health professionals will be developed that will be case study based and have a tool for reflective practice.

3.2 Improving Acute Based Care

3.2.1 The Partnership and NHS Improvement are working closely with a number of provider organisations to support them with continuously improving the quality of services people receive.

3.2.2 For Acute and Community Providers the work includes:

- Supporting with action plans and improvement programmes following CQC and other professional or regulatory inspections

- Oversight of any Serious Untoward Incidents and HM Coroner recommendations ensuring any learning is shared and relevant improvements made

- Ensuring any improvements identified from Safeguarding Reviews are shared and embedded into practice

- Undertaking Quality Risk Profiles for any services where significant risks have been identified, ensuring actions are in place to mitigate these

- Sharing learning from improvement collaboratives

- Working together on improvement initiatives such as clinical service reviews

3.2.3 For Mental Health Providers, the work also includes:

- Improvements in Accessing services
- Ensuring parity of esteem is embedded into practice

3.3 Quality Board

3.3.1 The Quality Board continues to work across the Greater Manchester Health and Social Care system supporting improvements in the quality of care provided to our residents. The board are currently focused on the following areas:

3.3.2 The Board has recently had a focus on sepsis. This has a high mortality rate and therefore must be identified and treated swiftly. After a patient story on the effects of sepsis was shared and an outline of the main issues surrounding sepsis diagnosis and treatment was considered, a number of
suggestions for improvement work that could be adopted across the GM system have been identified, including;

- Focus on early diagnosis of sepsis in primary care
- The appointment of sepsis leads in each locality
- Potential application of NEWS2 type observation standards in primary care.

3.3.3 The Quality Board is also supporting the development of a GM approach to patient safety and patient safety dashboard. The aim of the dashboard is to provide data that identifies early triggers to overall safety and quality within a locality, leading to improved services for residents. Further work is ongoing to finalise the dashboard which we are looking to have completed in the Autumn.

4.0 FINANCE – UPDATE AS AT QUARTER ONE 2018/19

4.1 GM has set a deficit plan of £66m for 2018/19 as shown in the table below setting out the position as at May 18 and the forecast position for 2018/19. The table shows the financial performance against Plan for each of the sectors within GM. The plan has been updated at Quarter 1 due to further agreement of provider control totals

4.2 We expect 2018/19 to be a challenging year given the savings targets required across all sectors within GM.

Sector	Financial plan 18/19	2018-19 financial performance surplus / (deficit)			
		Performance at Q1		Forecast position	
		Actual	Variance on plan	Forecast at month 3	Variance on plan
	£'m	£'m	£'m	£'m	£'m
GM H&SCP direct funding	0.0	0.3	0.3	0.0	0.0
Clinical Commisisoning Groups (CCGs)	0.0	0.0	0.0	0.0	0.0
NHS Providers (acute and MH)	(66.0)	(47.4)	(0.5)	(70.1)	(4.1)
Local Authorities	0.0			0.0	0.0
Total GM position	**(66.0)**	**(47.1)**	**(0.2)**	**(70.1)**	**(4.1)**

4.3 The key points to note in relation to the financial position are:

- **NHS Provider sector** – of the 10 Providers Trusts within GM, eight had agreed a Plan figure in line with their NHSI control total and are therefore eligible to receive Provider Sustainability funding of c£94m which is recognised within the £66m plan deficit.

  Trust plans include a savings target of c£178m. The current financial forecast shows a deficit of £4.1m on plan which reflects a movement by three Trusts.

- **CCGs** – all CCGs within GM, with the exception of Trafford CCG, have planned to meet business rules in 2018/19 i.e. deliver a minimum of 1% cumulative underspend. GM CCGs collectively have a cumulative surplus of 2.1%, access to this by CCGs is subject to national drawdown policy set by NHSE.

  Whilst all our CCGs have agreed plans showing break-even and forecasting on this basis, it should be noted that this relies on the delivery of c£141m QiPP savings target. CCGs have identified net risks of c£23m which require mitigations to be put in place. CCG improvement plans are in place where required, and GMHSCP will monitor progress routinely at both locality and sector level.

- **Local Authorities** – all our Local Authorities have set 'break-even' plans and are forecasting on this basis. As in previous years, this is reliant on the requirement to achieve efficiency savings and planned use of reserves which for 18/19 are £63m and £21m respectively.

5.0 TRANSFORMATION PORTFOLIO

5.1 Transformation Fund submissions were approved at the July Partnership Executive Board for:

- **Standardising Acute & Specialist Care Programme £3.79m** – This programme builds on previous hospital based transformation activity, responding to the changing needs of our population. It is focused on making the best use of resources and complimenting the shifts in community and locality level services.

- **Transforming Care £0.85m** – The Transforming Care Programme is improving care for people with a learning disability and / or autism through improved quality of community services, enabling more people to live in the community and reducing the number of people cared for in inpatient settings particularly on a long-term basis.
- **Pennine Acute NHS Trust - up to £8.54m** - GM is currently working with Northern Care Alliance (who are currently running Pennine Acute under a management contract), NHS improvement and commissioners across the North East sector of GM to develop a long term proposal for transforming services at Pennine Acute and alignment with other acute trusts within GM.

5.2 Work has also now been undertaken across all localities to ensure Operating Plans (a national requirement) are aligned to local transformation plans and funding agreements. These revised plans will all have clearly defined measures so we can monitor the use of the Transformation Funding and identify the improvements delivered as a result. Partnership Executive Board will be asked to approve these revised plans at their meeting in September.

6.0 MANAGING OUR RISKS

6.1 Key risks for the portfolio and the actions being taken to mitigate those risks are outlined below:

- **Locality plans do not deliver activity shifts and financial shifts as intended**: The refreshed activity levels for the period 18/19 to 20/21 have now been received from localities. This provides both a new activity profile and a new financial profile. New reporting processes have been put in place from April 18 to assure implementation at locality level, with further refinements to be made over the next 3 months.

- **GM programmes do not deliver quickly enough to release intended benefits**: Clear descriptions of projects already in implementation for 18/19 have been provided to the system. To determine the possibility of timely implementation for those projects to be considered for acceleration into 18/19, as well as delivery of the national planning requirements, the programme SROs have been asked to provide confirmation that the programmes will deliver and identify any gaps to be addressed.

- **GM and locality programmes do not connect effectively to deliver collective benefits relating to quality, experience and outcomes**: GM and locality programmes have been providing details of how they will contribute to deliver constitutional and outcome targets. This information is being shared with the programme SROs alongside the requests for delivery confirmation, as described above.

- **How we rapidly progress programmes that have had a strategy agreed, but do not have a fully funded route to implementation identified:** The prioritisation process for 19/20 projects will be taken forward by the Joint

Commissioning Board to ensure ownership and understanding across the GM system this will occur during the summer/autumn.

- **Ensuring robust measurement systems are in place to assure transformation delivery.** The highlight reports have been modified to include national planning requirements so that these can be tracked alongside the transformation programmes.

- **Lack of available capacity and resources to prioritise and deliver the totality of the Portfolio across the system.** Completion of the prioritisation exercise will inform this, including a review of programme governance arrangements which need to be supported.

7.0 GOVERNANCE

7.1 Strategic Partnership Executive Board Decisions

7.1.1 The Health and Care Board is asked to note the recommendations supported by the Partnership Executive Board at the meeting on 21 June. These are outlined in more detail the decision log in Appendix 2.

7.1.2 21 June 2018 Partnership Executive Board:

- **Transformation Fund update –** Support was given by the Partnership Executive Board to the process of allocating remaining funds within the Transformation Fund and specific recommendation for investment in the GM Cancer Programme.

- **GM Learning Disability Strategy** - PEB supported the GM Learning Disability Strategy which is the first strategy written by people with a learning disability for people with a learning disability, setting out a specific ambition to support people to live independently.

- **GM Estates Strategy** – the draft Estates Strategy was presented to PEB along with the development of a pipeline of activity for capital funding

- **East Cheshire –** The board were updated on potential changes to East Cheshire NHS Trust as part of the wider work on the Cheshire and Mersey Acute Sustainability Programme. As proposals become clear it will be important to evaluate the impact of changes on GM.

- **Digital Fund Delegation** – An update was given on the expected future years process around digital funds and the approval process for allocating funds, with particular support for the Local Health and Care Record Exemplar.

- **Developing the employment offer and brand** – A proposition for developing a consistent employment offer and brand across GM Partnership organisations, recognising the challenges of alignment with individual organisations and

locality brands, the GM Good Employer Charter and a particular focus on nursing.

8.0 RECOMMENDATIONS

8.1 Greater Manchester Health and Care Board is asked to:

- Note and comment on the contents of the update.

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Appendix 1: GM System Performance Dashboard

Greater Manchester

Greater Manchester	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Standard	North	England
Percentage Of Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	90.2%	89.4%	89.1%	89.6%	86.7%	81.5%	83.8%	83.7%	82.4%	87.4%	90.3%	91.0%	88.4%	95%	89.1%	89.3%
DTOC - Delayed Bed Days Per Day	264.9	298.3	290.0	296.1	279.2	270.4	290.5	294.9	274.3	237.0	236.3	224.1			1,228.1	4,477.5

Greater Manchester	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Standard	North	England
Referral to Treatment - 18 weeks	92.4%	92.0%	92.0%	92.0%	91.9%	91.1%	90.8%	90.6%	90.4%	90.6%	90.9%	90.3%		92%	89.1%	87.8%
Diagnostics Test Waiting Times	1.7%	2.6%	2.1%	1.6%	1.5%	2.1%	2.3%	1.1%	1.4%	1.3%	1.2%	1.4%		1%	2.6%	2.9%
Cancer - Two week wait from cancer referral to specialist appointment	93.5%	92.4%	93.8%	93.8%	96.7%	95.4%	94.8%	95.5%	94.7%	89.5%	90.7%	89.1%		93%	90.8%	91.1%
Cancer - Two week wait (breast symptoms - cancer not suspected)	91.9%	85.8%	86.6%	85.9%	95.1%	96.0%	92.4%	94.9%	90.2%	74.8%	82.4%	88.8%		93%	84.3%	83.5%
Cancer - 31-day wait from decision to treat to first treatment	98.3%	98.3%	98.1%	98.9%	98.3%	99.0%	97.7%	98.3%	97.7%	98.2%	98.2%	98.6%		96%	97.4%	97.3%
Cancer - 31-day wait for subsequent surgery	99.1%	97.7%	96.9%	97.4%	97.6%	99.4%	95.4%	98.4%	97.5%	96.9%	98.5%	98.2%		94%	96.4%	94.2%
Cancer - 31-day wait for subsequent anti-cancer drug regimen	100.0%	99.6%	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%		98%	99.7%	99.4%
Cancer - 31-day wait for subsequent radiotherapy	99.7%	100.0%	98.9%	100.0%	99.4%	100.0%	99.4%	100.0%	99.7%	99.7%	99.7%	99.7%		94%	98.6%	96.9%
Cancer - 62-day wait from referral to treatment	85.3%	86.7%	84.2%	86.7%	85.2%	86.4%	81.6%	82.8%	89.3%	83.5%	78.5%	81.4%		85%	80.4%	79.2%
Cancer - 62-day wait for treatment following a referral from a screening service	88.8%	96.7%	88.3%	80.0%	89.7%	92.6%	91.7%	82.7%	91.5%	91.9%	84.6%	87.0%		90%	89.7%	89.3%
Cancer - 62-day wait for treatment following a consultant upgrade	86.8%	89.8%	91.2%	88.5%	88.3%	85.9%	85.6%	82.3%	86.7%	79.5%	84.8%	86.6%			88.4%	86.5%
MRSA	3	2	4	2	1	4	5	4	4	6	6	2		0	13	55
C.Difficile (Ytd Var To Plan)	9.0%	12.9%	14.0%	10.3%	8.4%	7.5%	7.5%	3.8%	3.8%	3.6%	-0.4%	-3.3%		0%		
E.Coli	182	175	180	187	149	173	172	150	137	146	180	194			1,163	3,673
Estimated Diagnosis Rate For People With Dementia	77.0%	77.2%	77.3%	77.4%	77.6%	77.3%	76.7%	76.6%	76.4%	76.4%	76.3%	76.7%	77.2%	66.7%	72.7%	67.8%
Improving Access to Psychological Therapies Access Rate	4.39%	4.28%	4.20%	4.25%	4.46%	4.25%	4.40%	4.16%	4.49%	4.16%	4.29%			4.20%	4.15%	4.22%
Improving Access to Psychological Therapies Recovery Rate	49.7%	49.2%	49.3%	48.6%	47.5%	47.2%	48.0%	49.4%	49.9%	49.7%	49.5%			50%	51.0%	52.4%
Improving Access to Psychological Therapies Seen Within 6 Weeks	85.2%	82.8%	82.2%	82.9%	82.2%	81.6%	82.1%	81.7%	81.8%	81.4%	81.3%			75%	90.1%	89.6%
Improving Access to Psychological Therapies Seen Within 18 Weeks	98.6%	98.4%	97.8%	97.6%	97.3%	97.4%	96.6%	96.9%	96.8%	97.1%	97.4%			95%	99.1%	99.0%
Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral (rolling quarter)	65.9%	62.2%	60.7%	63.5%	62.7%	63.5%	61.0%	60.1%	58.0%	58.4%	63.9%	68.8%		53%	70.1%	75.6%

Appendix 2 – GMHSC Partnership Decision Log

Report summary	Recommendations	Outcome
GM HSC Partnership Executive Board – 21 June		
Transformation Fund update The report outlined the current position with the GM Transformation Fund including an analysis of the commitments to date. An approach for allocating the remaining funds was proposed. A specific request to approve the TFOG recommendation to allocate £10m over three years was included in the report.	The Partnership Executive Board were asked to: • Note the commitment of £445m of the full £450m fund • Agree the level of commitment of £25m and the mitigations to this additional commitment • Agree the proposed approach to the allocation of remaining funds • Note the work to be undertaken in relation to ongoing commitments and interdependencies • Agree to the £10m investment in Cancer	The report was approved with a specific request to bring a progress report on mental health outlining emerging additional needs to a future meeting of the board.

Report summary	Recommendations	Outcome
GM Learning Disability Strategy The report outlined the GM Learning Disability Strategy, written by people with a learning disability. The strategy sets an ambition to enable people with a learning disability enjoy independence, live as close to home as possible in communities where they feel valued and can contribute to their local neighbourhood. The report also set out the recommendations following the Shared Lives Readiness Assessment, including expanding Shared Lives to reach 15% of people with a learning disability and supporting localities to reach the target of 7% in employment.	The Partnership Executive Board were asked to: • Review and support the new Greater Manchester Learning Disability Strategy • Support the recommendations following the Shared Lives Readiness Assessment	The report was approved with a request that the delivery plan was progressed without delay and that examples of where change had occurred be shared with the Board in order for systematic implementation across GM
GM Estates Strategy The report updated PEB on the work being undertaken on estates with a particular focus on: • The production of an updated GM Estates Strategy • The development of the GM capital pipeline and capital financing strategy • The GM submission as part of the STP Wave 4	The Partnership Executive Board were asked to: • Feedback on the draft estates strategy and delegate final approval to the GMHSCP Chief Officer and the GM STP Chair • Note the developments in relation to the GM capital pipeline • Support the ongoing work to develop the capital financing strategy • Support the process established to	The recommendations were approved with the following comments: • It was recognised the changes required at North Manchester General Hospital would require service transformation along die investment • A request for further representation to the DoH,

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Capital Bidding process	finalise the prioritised submission from GM to the wave 4 STP capital bids and delegate final sign off to the GM HSCP Chief Officer and STP Chair	Treasury, NHSE and NHSI be made in connection to the release of wave one funding which had still not been received • Suggestion that the 5 % reduction target could be increased • Any bid submissions were required to demonstrate a strategic business case rather than just financial sustainability
East Cheshire update The paper updated PEB on the potential changes at Est Cheshire as a result of the Cheshire and Mersey Acute Reconfiguration Programme. The proposed changes at East Cheshire have not yet been worked through. However given the potential impact on GM, a work programme has been established to feed into the East Cheshire work and modelling. A governance group has also been established in order to oversee this work and feed the	The Partnership Executive Board were asked to: • Note the programme of activity underway • Discuss the potential risks and agree actions for how they should be addressed	The recommendations in the report were agreed. It was noted that a further review of risks would be required as options became clear and that modelling of the potential changes to patient flows would be required.

Report summary	Recommendations	Outcome
GM perspective into the East Cheshire Board.		
Digital Fund Delegation The report providing an update on the future years process for digital funds specifically in relation to the approval process. The report also highlighted the importance of supporting the Local Health and Care Record Exempla as part of this process.	The Partnership Executive Board were asked to: • Delegate approval for digital fund to the GM HSC Digital Board • Note the outline plan for the digital fund process • Support the recommendation for an allocation of digital funds to be proportioned to the LHACRE programme • Support the work taking place to develop prioritised use cases for the LHCRE memorandum of understanding	The proposals in the paper were agreed
Developing the employment offer and brand The paper provided an outline of the employment offer and brand workstream, identifying the key elements, establishing workstreams and exploring links with other workstreams. The paper recognises the challenge of developing an	The Partnership Executive Board were asked to: • Support the principle of a GM employment offer and brand • Agree the governance structure and work programme including the	PEB agreed with the recommendations in the paper. In particular they commented on the need to evidence the intentions to offer the living wage which would help with employee retention and demonstrate commitment to

Report summary	Recommendations	Outcome
overarching employment proposition across multiple organisations ensuring alignment to individual employer's brand and locality identities.	establishment of a steering group drawn from representatives of partner organisations • Note the challenges with the workstream relating to engagement, managing overlaps and interactions with other accreditations • Note the work programme set out in phase one to include a guaranteed employment scheme for student nurses • Note the development of the Phase Two work plan	providing social value. The Board also recognised that improved terms and conditions for the primary care workforce should be used as an enabler to recruit across the sector. It was highlighted that GMCVO could assist in working with leads to support the campaign to reach voluntary sector organisations.