Greater Manchester Health and Care Board

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Date: 9 November 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:

Vicky Sharrock, Deputy Director Strategic Operations, GMHSC Partnership
Vicky.sharrock@nhs.net

1.0 KEY UPDATES AND ISSUES

1.1 People update

1.1.1 Donna Hall has announced her retirement early next year from the dual roles of Chief Executive of Wigan MBC and Accountable Officer of Wigan Clinical Commissioning Group. Donna has worked tirelessly in Wigan to reform public services and has been a huge asset to the devolution work in Greater Manchester both on health and social care and wider public services. Donna will be greatly missed.

1.2 National update

1.2.1 Budget

1.2.2 The Autumn 2018 Budget Statement reiterated the funding plan for the NHS in England announced in June. This will take the national NHS budget from £114.6 billion in 2018-19 to £147.8 billion in 2023-24 – with an average real growth rate of 3.4% per year. The detail behind the multi-year settlement will be confirmed in the 2019 Spending Review, following the agreement of a new long-term plan for the NHS due out at the end of this year.

1.2.3 GM has consistently made the case for a multi-year capital settlement to support transformation in health and care. The Budget Statement highlighted that Government is considering proposals from the NHS for a long-term capital plan – but this will not be confirmed until the Spending Review 2019. A multi-year funding plan for clinical training places will also be confirmed in next year's Spending Review.

1.2.4 There were positive announcements for Mental Health which will grow as a share of the overall NHS budget over the next 5 years. Investment will focus on new crisis services, children and young people's crisis teams, mental health support in A&E, more community-based services and schools-based mental health support. These align with the existing GM programme of reform and investment across mental health. The announcement therefore opens up the opportunity for dialogue with Government to use this investment to drive further reform of mental health services in GM.

1.2.5 The abolition of the use of PFI deals for future projects is a significant announcement for the health and care sector. In terms of existing PFI contracts, the Budget announced a new centre of best practice in the Department of Health and Social Care (DHSC) will be created to improve the management of these.

1.2.6 It was disappointing there was no announcement on a long-term settlement for Public Health. This is something GM has frequently made the case for and will continue to do so in the run up to the 2019 Spending Review where spending plans will be confirmed.

1.2.7 GM has also consistently made the case that the long-term funding settlement for the NHS is at risk of being undermined without a similar settlement for social care.

Although there was reference to the Green Paper for Adult Social Care in the statement there was no firm date given for when this would be developed.

1.2.8 In the short term, the Budget provides an additional £240 million in 2018-19 and £240 million in 2019-20 for adult social care, with a further £410 million for 2019-20 but for both adults and children's social care (making the total additional investment in 2019/20 £650m). The Budget also provided councils with an additional £55 million in 2018-19 for the Disabled Facilities Grant to provide home aids and adaptations for disabled children and adults on low incomes. £84 million over 5 years is also available for up to 20 local authorities to help more children to stay at home safely with their families.

1.3 GM System updates

1.3.1 Greater Manchester Mayor's Speech

1.3.2 The Mayor of Greater Manchester gave a keynote speech on 9th October at the NHS Providers Conference where he set out Greater Manchester's vision of a 21st century NHS as part of a new model of public service within the city-region. He described the "Greater Manchester model" and outlined the 'unique opportunity' we have had to integrate health with all public services, such as early years, education, community safety, housing and employment.

1.3.3 He made a number of key announcements including Greater Manchester being the first place in the country to start collating and publishing waiting time data for children and young people's mental health services. He also made a commitment to a new mental health service for university students in Greater Manchester, ensuring it's easier to get referred, regardless of where someone studies or lives and that young people are supported through the transition to university. Students will also be able to keep the same GP throughout their student career with the roll-out of a Greater Manchester university-student GP passport

1.3.4 The GM Mayor also announced that all of Greater Manchester's NHS providers and universities have backed plans to introduce a guaranteed employment scheme for student nurses. This guarantee will be offered to nurses who complete their studies at any of the four universities within Greater Manchester and will be in place for students who begin their course in early 2019.

1.4 Prospectus for the Further Development of the Devolved System

1.4.1 Whilst we continue to deliver against the ambition in our Greater Manchester plan, 'Taking Charge', we are starting to think about the future model of the Partnership and how we want to take this forward after this current five year period in the context of the national ten year plan due out in December and the upcoming Spending Review.

1.4.2 The Health and Social Care Partnership Executive Board is currently working on a Prospectus that will focus on health creation and our ambition to secure a genuine

population health system in our city region. It will draw out distinctive features of the GM approach that will enable us to deliver this ambition such as our comprehensive, place-based strategy for the future of the city region. It will particularly focus on public health, developing a sustainable health and care system, and the role of that system has in unlocking economic potential of individuals.

1.4.3 In developing the Prospectus the Health and Care Board held an away day on 2 October. This enabled Board members to share their ambitions for GM ensuring the views of the whole Partnership are fed into the Prospectus. In addition views have been sought from the groups making up the wider Partnership governance and stakeholders across GM.

1.6 Christie CQC report

1.6.1 The Christie NHS Foundation Trust has once again been rated Outstanding by the health regulator, becoming the first specialist trust in the country to be given their highest accolade twice. The Care Quality Commission report said that The Christie was 'a leader in cancer care' and are 'pioneers in developing innovative solutions to cancer care.' The Outstanding rating was first awarded to the Trust by the CQC following their inspection in 2016.

1.6.2 The CQC also praised the Trust's staff saying they 'go the extra mile to meet the needs of patients and their families' and that they were 'exceptionally kind and caring.' The positive culture within the Trust was singled out for praise with the CQC finding it to be 'extremely positive' with 'compassionate and effective' leadership, together with 'high levels of engagement with staff and service users.'

1.7 Homelessness update

1.7.1 As part of the commitments made to support the Mayoral agenda on homelessness, GMHSC Partnership has facilitated development of a GM Homelessness Hospital Discharge Protocol. This has involved all of our Local Authority, CCG and Hospital Trust partners across Greater Manchester, alongside a number of other clinical, voluntary sector and housing provider organisations

1.7.2 The Protocol sets out a framework of principles which seek to ensure that colleagues across housing, hospital trusts and a range of supporting organisations, engage with one another with the collective aim of supporting effective discharge for people experiencing homelessness, and where possible not discharging patients onto the streets. It also provides support to Hospital Trusts in delivery of their legal duties in relation to the Homelessness Reduction Act and Duty to Refer.

1.7.3 In addition the Partnership has recognised the requirement to respond to increased levels of mental health need amongst homeless people. As a result the Partnership is working with the GM Mayor to utilise investment from the Homelessness Prevention Trailblazer, match funded from Manchester Health and Care Commissioning (MHCC) and collaborating with Greater Manchester Mental Health Trust (GMMH) to develop

fixed term (2 year) initiatives to improve access to mental health support for people experiencing homelessness; specifically to fund 'Psychologically Informed Environments' and 'Open Access Support'.

1.7.4 The GM Combined Authority and local authority statutory homelessness services are launching enhanced winter provision (1st November – 31st March), which will deliver 'a bed every night of the week for everyone who wants one'. This will be through existing temporary accommodation settings and an increase in beds provided in settings, such as fire stations.

1.7.5 It is envisaged that this will take us some way to delivering the GM commitment to reduce and prevent rough sleeping. It also aims to encourage individuals to maintain access to the same accommodation each night throughout winter, rather than accessing a different setting each night. This provides individuals with the opportunity to access additional services and support.

1.7.6 The GMHSC Partnership has also been working to align existing and new initiatives to this enhanced accommodation offer including:

- GP registration for all individuals that access the winter accommodation
- Flu vaccinations for all individuals accessing winter accommodation
- Communications across the system, with a focus on patient facing provision, to raise awareness of availability of beds and their locations across GM to ensure homeless patients are directed appropriately**.**

1.8 Primary Care Access

1.8.1 All 10 GM localities are now delivering 7 day additional access to general practice, providing 100% population coverage. Across GM there are currently 50 hubs delivering 7 day access. This equates to approximately 1500 additional opening hours being delivered each week. These are pre-bookable appointments with the GPs, Practice Nurses or Health Care Assistants. Work is ongoing to ensure all localities are meeting the national requirements and appropriately advertising / raising awareness of the service.

1.9 Health Innovation Manchester update

1.9.1 Health Innovation Manchester celebrated its first birthday on 2nd October. Some of the more recent highlights delivered during this time include:

- **GM Hepatitis Elimination Programme** - initial point of care testing in eight community pharmacies and an initial three-month trial of point of care testing in one GM prison has been secured. Work towards commissioning increased community pharmacy activity around Hepatitis has commenced.

- **GM Healthy Hearts Programme** – this programme is well under way and consists of several projects which when combined seeks to save 600 lives from cardiovascular disease.

- **Partnerships with Industry** – Partnerships with industry continue to grow and delivery against the Association of Pharmaceutical Industries Memorandum of Understanding is strong with activity focussing on improving health and care outcomes. Industry partnership working, and the opportunities presented in GM have gained national interest. This was illustrated by a recent Financial Times article which emphasised how quickly new drugs are adopted by providers in GM and described the approach in GM as 'unique in its scope and scale, it is attracting attention around the world."

- **Research** - Engagement is underway to align research strengths with the health and social care priorities of GM. Engagement with local universities is identifying areas of research strength that are complementary and provide maximum opportunity to foster new and exciting collaborations to attract further research funding into Greater Manchester.

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 A. 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 September 2018 was 87.6%, compared with an August 2018 position of 90.4%. The North's performance is 89.3% and England overall achieved 88.9%. The GM Urgent and Emergency Care (UEC) Service Improvement Plan continues to focus on the four areas: Stay Well; Home First; System Flow; and Discharge and Recovery. Localities have been requested to base their winter preparedness on these four areas to ensure a clear improvement focus is maintained across GM.

- **Delayed Transfer of Care -** Published data for NHS England shows there were a total of 7409 beds occupied by DToC during August 2018, an average 239.0 beds per day. This is compared with a total of 6952 beds in July 2018, an average 224.3 beds per day, demonstrating some deterioration in performance. Within the overall figure 6034 of the beds occupied by DToC, around 195 patients per day were in Acute Trusts. In total the average rate was 11.1 per 100,000 beds compared with a regional position of 10.4. DToC is part of the UEC Service Improvement Plan under the "Discharge and Recovery" section along with a focus on improving the available bed capacity within GM systems.

- **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 provisional data for September 2018 shows GM has not achieved the 92.0% standard with a performance of 89.4%. This is a small deterioration of 0.5% on the August reported position. GM is supporting localities to improve this position by looking at new ways of working. Changes will be monitored and reviewed to identify their effectiveness and impact. The GM Elective Hub is leading some bespoke programmes of work to better manage referrals into secondary care. Once this work is embedded the next step will be to look at how capacity could be shared across the GM.

- **Elective Waiting List Growth (National Standard is for no increase at March 2019 on the number on the waiting list as at the end of March 2018) -** At September 2018 GM was 7.6% above the March 2018 position. 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 is being given to sharing capacity across GM and using the independent sector 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 provisional data for September 2018 shows that GM's performance in diagnostics waiting time is 1.3%, an improvement of 0.3% on the August 2018 position. Although this improvement doesn't achieve the national standard, GM is performing better than the North Region which is currently at 2.0%. There remains pressure across GM for endoscopy services though Salford FT performance has improved dramatically from August.

- **Cancer –** Performance on cancer has improved slightly on the June 2018 position; with six out of eight cancer waiting standards being achieved in August 2018.

  The areas where GM did not meet the standards are: patients seen within two weeks of suspected cancer referral by a specialist, where only 89.0% of patients were seen within 2 weeks compared to a target of 93%; and patients treated within 62 days of their initial referral, where 80.3% of patients were treated within the timeframes compared to the target of 85%.

  Performance in cancer waiting times is being supported through a focused piece of work led by the Performance and Delivery Team. It is understood that the deteriorating performance is being driven by a significant increase in demand in both the number of patients being referred and those being treated for cancer. GMHSCP are working closely with CCGs to develop actions plans to better manage demand and ensure that waiting times are met in hospitals.

  A programme of work is also being delivered through a 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

- **Improving Access to Psychological Therapies recovery rate (IAPT) (National standard is a 50% for a rolling quarter) –** GM achieved the IAPT Recovery rate standard in July 2018 with performance at 50.4% for a rolling quarter against a standard of 50%. This an increase of 0.5% on the June position but remains slightly below the standard achieved by the North Region at 51.0% and England at 52.2%.

- **Improving Access to Psychological Therapies access rate (National Standard 4.2%) -** GM was above the rolling quarter standard for IAPT access in July with a performance at 4.62%, this is an increase of 0.22% on the June position and markedly higher than the North Region at 4.15% and England at 4.27%

2.2 At the end of month 5, across GM level, activity performance is within 5% of the operational plan for all points of delivery with the exception of non-electives. The total figure for non-electives is of limited value because it contains a significant amount of ambulatory care. The measure we are more concerned about at this time is the 1+ day rate of non-elective admissions against plan, both because it is higher than we would like but also because there is significant variation between localities. More encouragingly, emergency bed days are down year on year, mainly due to reduction in average length of stay. Part of the reason is that we have seen a 10% reduction is so-called super-stranded patients, those in hospitals over 21 days.

GM Total	YTD Actual Activity	YTD Planned Activity	YTD % Var. to Plan	Year on Year Growth
Referrals (Total)	**483,502**	**485,689**	**-0.5%**	-2.6%
GP Referrals	283,790	286,644	-1.0%	-3.3%
Other Referrals	199,712	199,045	0.3%	-1.5%
OP (Total)	**1,209,490**	**1,256,822**	**-3.8%**	-3.4%
OP 1st Attendances	402,265	421,609	-4.6%	-2.5%
OP Follow Up Attendances	807,225	835,213	-3.4%	-3.8%
Elective (Total)	**163,212**	**165,996**	**-1.7%**	-2.0%
Elective (Day Case)	139,126	141,493	-1.7%	-1.3%
Elective (Ordinary)	24,086	24,503	-1.7%	-5.8%
Non Elective (Total)	**155,791**	**147,436**	**5.7%**	8.1%
0 day LOS	56,984	52,560	**8.4%**	14.7%
1+day LOS	98,807	94,876	**4.1%**	4.7%
A&E	**514,970**	**506,505**	**1.7%**	2.6%

3.0 QUALITY

3.1 Working with Providers

3.1.1 The GM Quality team are working closely with Providers on a number of key areas that will improve the quality of services experienced by our residents. This includes

safer staffing strategies, retention and reducing the use of agency workers, a focus on mixed sex accommodation, improving the patient experience and reducing waiting times.

3.2 CQC Looked After Children and Safeguarding review in Bury

3.2.1 The Bury Looked After Children and Safeguarding review focused on the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children. The CQC gave feedback and identified areas of good practice such as partnership working and information sharing in a multi-agency setting and areas for improvement such as capacity of safeguarding professionals and access to some services. An improvement / action plan is being developed which will be sent to the CQC on Wednesday. They have put in a weekly review and set up an improvement group to oversee the action plan.

3.3 Red Bag Launch Bury

3.3.1 Bury have now launched their red bag transfer system, this is a way of transferring documentation, vital information and property between healthcare settings, it has been demonstrated that by ensuring the correct information is transferred with the resident when either entering or leaving an acute care setting delayed transfers of care have reduced. The launch was attended and supported by Bury MP, James Frith.

3.3.2 Nine other localities now have plans in place or have already launched the red bag transfer system. In setting up this system for transfer all interested parties need to discuss the core contents of the red bag, so bringing together acute hospitals, care homes, NWAS, CCGs, LAs and primary care which has also improved partnership working across the system.

3.4 Quality Board

3.4.1 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:

- **Out of hospital care -** The over-arching theme of the September Board meeting was ‘out of hospital care’. This decision was taken in light of GM’s whole system approach to care including those areas which the health service would not traditionally have reported on. In particular there were presentations on the Teaching Care Homes pilot that is about to be started and the overall quality of care home provision in GM.

- **Sepsis -** A substantial amount of work is being carried out across GM to try to reduce occurrences of sepsis. Each CCG is assisting their trust, primary care and community providers on quality improvement works in relation to the early identification and treatment of sepsis. These range from virtual sepsis clinics to the introduction of neighbourhood sepsis leads.

GMHSCP has also created a Sepsis proposal that they have asked Board members to commit to. A working group is to be convened to define the common GM wide areas that can be worked on, next steps and areas of good practice that can be shared.

- **Health and Justice -** There will be a focus on Health and Justice at the November 18 Quality Board to update on prisons and offender health in Greater Manchester. The transfer of care between prisons and wider health care and vice versa will form part of this update.

4.0 FINANCE – UPDATE AS AT AUGUST 18 (MONTH 5)

4.1 GM has a revised deficit plan of £62m for 18/19 (improved from a £66m deficit at month 4). Our financial performance as at month 5 at a GM level is as follows:-

- Year to Date (month 5) – an adverse variance of £4.6m compared to month 5 plan.

- 18/19 Forecast – currently forecasting an adverse variance of £24.7m compared to our revised plan.

4.2 The position remains challenging within GM given significant savings targets and inherent risks in some areas. The table below shows the Headline financial performance by sector:

Sector	Financial Plan 18/19	2018-19 financial performance surplus / (deficit)			
		Performance Mth 5		Forecast Position	
		Actual	Variance on plan	Forecast at Mth 5	Variance on plan
		£'m	£'m	£'m	£'m
GM H&SCP Direct Funding	0.0	0.2	0.2	0.0	0.0
Clinical Commissioning Groups	4.0	1.7	0.0	4.0	0.0
NHS Providers (Acute and MH)	(66.0)	(67.4)	(4.8)	(90.7)	(24.7)
Local Authorities	0.0	0.0	0.0	0.0	0.0
Overall GM financial performance	**(62.0)**	**(65.5)**	**(4.6)**	**(86.7)**	**(24.7)**

4.3 Whilst the headline position described above shows a forecast shortfall of £24.7m against plan, there are adjustments to be made when assessing GM performance against the overall financial target set by national NHS bodies for GM, the system control total. Allocations from the Provider Sustainability Fund (PSF) do not count against the system control total and as such any shortfall in those allocations, for performance or financial reasons, is excluded. In addition, NHS England has offered an incentive for CCGs to improve their financial position in 2018/19 in return for access to their historic financial surpluses in 2019/20. We expect this to further improve the 2018/19 forecast as well as creating access to additional funding in 2019/20. The table below shows the impact of these adjustments in assessing GM performance against the system control total (SCT) highlighting performance against the SCT is forecast to be a £15.6m surplus:

Description	2018-19 financial performance		
	Plan surplus / (Def)	Forecast surplus / (Def)	Better / (worse) than plan
	£'m	£'m	£'m
Overall GM financial performance	(62.0)	(86.7)	(24.7)
Adjustments :-			
- Remove PSF	(89.5)	(67.0)	22.5
- Additional CCG Incentive scheme	(17.8)	0.0	17.8
Performance against System control	**(169.3)**	**(153.7)**	**15.6**

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

- **NHS Provider sector** – Providers have a collective plan deficit of £66m and forecasting a deficit of £24.7m against plan. There remains inherent risk within Provider positions and risk on CIP delivery of c£12m is forecast. Providers are currently forecasting to receive £67m of the £89.5m eligible PSF in 18/19 although this will be refreshed on a monthly basis. As at month 5 an amount of £5.9m PSF has been foregone in 18/19 reflecting unearned A&E performance PSF.

- **CCGs** – CCGs had planned for a break-even position and performance year to date and forecast has consistently reported delivery of break-even position. However, it must be noted that there remains net risk of c£18.6m within some CCGs which have shared an improvement plan with GMHSCP setting out their mitigating actions. Given the significant financial gap in balancing the NHS books nationally, NHSE central team has introduced an incentive scheme whereby if CCGs can offer surpluses above plan in 2018/19 then CCGs will have guaranteed access to their historic surplus in 19/20, GM supports this as a favourable approach where appropriate and expects a resultant improvement in the final CCG financial position in 2018/19. We are currently forecasting this to be £17.8m.

- **Local Authorities** – our Local Authorities continue to face significant financial challenges, especially around external residential placements for Looked after Children and foster care. In addition, some Authorities are experiencing an increased client need across Adult services. Local Authorities had planned for combined efficiencies and access to reserves of c£85m although at month 5 are forecasting an increased access to reserves of c£28m to ensure a break-even position can be delivered.

5.0 TRANSFORMATION PORTFOLIO

5.1 The Transformation Fund submission for £3.71m for the Clinical and Support Services programme was approved at the October Partnership Executive Board. This will enable the infrastructure to be put in place supporting the further development and delivery of its workstreams.

5.2 There are three main areas of focus that sit under the Clinical element of this programme:

- **Pathology** – the consolidation of Pathology across GM into Hub and ESL model; common systems and processes and productivity and grading
- **Radiology** – collaborative imaging procurement and a new service delivery model with the new system
- **Hospital Pharmacy** – medicines supply chain optimisation review and aseptic review

5.3 The Corporate Services element of the programme focuses on how GM's NHS organisations can modernise, join up and share corporate services such as:

- **Finance –** creation of the new delivery vehicle, on-boarding of new customers, maintenance of existing customer base and transformation & modernisation of existing services
- **Human Resources –** occupational health collaboration, collaborative bank approach, payroll and development of future operating strategy
- **Procurement –** delivery of savings through better procurement (price, volume and supplier management), use of common systems, roles and processes, development of a unified procurement organisation and consolidated supply hub and inventory
- **IM&T –** business case delivery, virtual data centre, collaborative IM&T resource bank, collaborative help desk services and collaborative approaches to emerge from the "shaping cloud" work

6.0 MANAGING OUR RISKS

6.1 Key risks in delivering our GM vision for health and social care 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 alignment of operating plans and investment agreements for 2018/19 should result in lower levels of variation between actual and planned performance. New reporting processes are being developed which will produce Locality Dashboards showing how things are changing at the locality level. These will enable us to understand early if performance is not in line with plan and enable action to be taken quickly.
- **GM programmes do not deliver quickly enough to release intended benefits:** To gain assurance on delivery the senior officers responsible for each programme have provided confirmation on meeting the requirements for 2018/19

and beyond. Work is ongoing to determine whether the mitigations being put in place are sufficient for those programmes with exceptions.

- **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 the delivery of our constitutional requirements and the ambition in vision for health and social care. Senior officers responsible for programmes have been asked to provide assurances on delivery and identify mitigating actions where plans are currently off track.

- **How we rapidly progress programmes that have had a strategy agreed, but do not have a fully funded route to implementation identified:** A process for prioritising these projects has been put in place and project plans for those projects identified for implementation in 19/20 are being taken forward by the Joint Commissioning Board to ensure ownership. These will be shared with the whole GM system through the autumn to develop wider commitment and understanding.

- **Ensuring robust measurement systems are in place to assure transformation delivery.** New reporting processes are being developed and will result in dashboard for each locality that capture activity and outcomes delivered. Transformation metrics have been circulated to localities and will be aligned to highlight reporting once trajectories are agreed.

- **Lack of available capacity and resources to prioritise and deliver the totality of the Portfolio across the system.** We are currently completing a prioritisation exercise that will inform the resources required. This will include a review of programme governance arrangements which need to be supported. Once completed we will be able to understand where we have any shortfalls in capacity and plan for how we manage this collectively across the GM system.

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 meetings on 26 July and 27 September. These are outlined in more detail the decision log in Appendix 2.

7.1.2 26 July 2018 Partnership Executive Board:

- **Target Operating Model** – The Partnership Board supported the establishment of a programme of work to beginning thinking about the Partnership's next phase of development, taking into account external drivers and timescales including the national Spending Review

- **Medicines Strategy Implementation Plan** – Partnership Board was supportive of the overall direction of the plan but requested further discussions with Joint Commissioning Board and Provider Federation Board around the detail of implementation before the plan can be approved.

- **Greater Manchester Mental Health Programme: Green Paper Proposal** – Partnership Board agreed the framework for delivering against the proposals in the Mental Health Green paper which included support to schools, establishment of Mental Health Support Teams and piloting a 4 week waiting time for access to specialist NHS children and young people Mental Health services. The approach was supported with further clarification requested around the involvement of voluntary sector and clarity on how the programme will be governed.

- **Memorandum of Understanding between GM, Health Innovation Manchester and the Health Technology Industry** - the MoU set out shared vision, goals, operating procedures and governance principles for the relationship. The aim of the relationship being the ability to transform the health and wellbeing of the people of GM, the development of adoption and diffusion approaches that will increase pace and scale of change and ensuring optimal take up of technologies and treatments for those eligible. The Partnership Executive Board endorsed the MoU subject to wider consultation across the GM system.

7.1.3 27 September 2018 Partnership Executive Board:

- **Target Operating Model** - An update was given on the programme of work around the next phase of development of the Partnership with a specific focus on the nature of the Partnership as a whole system approach and updates on the individual workstreams: system oversight; financial management; commissioning; infrastructure and leadership and governance. The Partnership Executive Board was supportive of the proposed way forward.

- **Urgent and Emergency Care Winter Plan** – the approach to managing the demand challenges associated with winter was agreed. Specific initiatives include testing an 'air traffic control' type approach to improve management of ambulances, escalation processes, increased awareness of 111 online and triage and streamlining patients into local services and away from hospitals.

- **Acute and Specialist Care Update** – The Partnership Executive Board supported the presentation given on the progress with the Standardising Acute Programme. This stressed the importance of engagement with GM Leaders and the public and the need to link to the Population Health programme in order to support continuous pathways of care.

- **Elective Waiting Times** – The Partnership Executive Board agreed the proposed response to the national planning guidance on elective waiting list growth and 52 week waits for elective care.

- **GM Employment Offer** – Partnership Executive Board noted the progress update on the GM Employment Offer with a specific focus on gaining in principle support for a Guaranteed Employment scheme for student nurses, an annual Health and Care Champion Awards and single brand for the Greater Manchester employment offer across public sector partners.

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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Standard
Percentage Of Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	89.1%	89.6%	86.7%	81.5%	83.8%	83.7%	82.4%	87.4%	90.3%	91.0%	88.4%	90.4%	87.6%	95%
A&E - 12 Hour Trolley Wait	6	5	5	22	59	31	84	11	3	4	3	3	9	0
Cancelled Operations	1.1%			1.5%			1.5%			1.3%				0
DTOC - Delayed Bed Days Per Day	290.0	296.1	279.2	270.4	290.5	294.9	274.3	237.0	236.3	224.1	224.3	239.0		3.5%
Ambulance Handover Delays (>60 Mins)	6.7%	6.0%	8.1%	12.1%	10.4%	9.2%	9.8%	5.9%	3.8%	3.4%	5.3%	3.6%	5.0%	

Greater Manchester	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Standard
DTOC per 100,000	13.7	13.9	13.2	12.7	13.6	13.4	12.3	11.0	11.0	10.7	10.6	11.1		

Greater Manchester	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Standard
Referral to Treatment - 18 weeks	92.0%	92.0%	91.9%	91.1%	90.8%	90.6%	90.4%	90.6%	90.9%	90.3%	90.1%	89.9%	89.4%	92%
Referral To Treatment - Patients Waiting 52 Weeks Or More	16	16	17	23	20	21	24	30	34	271	227	161	55	0
Diagnostics Test Waiting Times	2.1%	1.6%	1.5%	2.1%	2.3%	1.1%	1.4%	1.3%	1.2%	1.4%	1.3%	1.6%	1.3%	1%
Cancer - Two week wait from cancer referral to specialist appointment	93.8%	93.8%	96.7%	95.4%	94.8%	95.5%	94.7%	89.5%	90.7%	89.1%	88.1%	89.0%		93%
Cancer - Two week wait (breast symptoms - cancer not suspected)	86.6%	85.9%	95.1%	96.0%	92.4%	94.9%	90.2%	74.8%	82.4%	88.8%	93.3%	94.0%		93%
Cancer - 31-day wait from decision to treat to first treatment	98.1%	98.9%	98.3%	99.0%	97.7%	98.3%	97.7%	98.2%	98.2%	98.6%	98.2%	98.2%		96%
Cancer - 31-day wait for subsequent surgery	96.9%	97.4%	97.6%	99.4%	95.4%	98.4%	97.5%	96.9%	98.5%	98.2%	96.5%	97.7%		94%
Cancer - 31-day wait for subsequent anti-cancer drug regimen	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%		98%
Cancer - 31-day wait for subsequent radiotherapy	98.9%	100.0%	99.4%	100.0%	99.4%	100.0%	99.7%	99.7%	99.7%	99.7%	100.0%	99.7%		94%
Cancer - 62-day wait from referral to treatment	84.2%	86.7%	85.2%	86.4%	81.6%	82.8%	89.3%	83.5%	78.5%	81.4%	78.8%	80.3%		85%
Cancer - 62-day wait for treatment following a referral from a screening service	88.3%	80.0%	89.7%	92.6%	91.7%	82.7%	91.5%	91.9%	84.6%	87.0%	91.0%	93.0%		90%
Cancer - 62-day wait for treatment following a consultant upgrade	91.2%	88.5%	88.3%	85.9%	85.6%	82.3%	86.7%	79.5%	84.8%	86.6%	89.1%	90.1%		
Cancer Waiting Times - 104 Day Wait	12	21	20	12	21	15	14	15	32	27	25	25		0
MRSA	1	0	0	2	1	3	4	6	6	2	5	2		0
C.Difficile (Ytd Var To Plan)	14.0%	10.3%	8.4%	7.5%	7.5%	3.8%	3.8%	3.6%	-0.4%	-3.3%	2.0%	6.5%		0%
E.Coli	180	187	149	173	172	150	137	146	180	194	210	235		
Estimated Diagnosis Rate For People With Dementia	77.3%	77.4%	77.6%	77.3%	76.7%	76.6%	76.4%	76.4%	76.3%	76.7%	77.2%	76.9%		66.7%
Improving Access to Psychological Therapies Access Rate	4.20%	4.25%	4.46%	4.25%	4.40%	4.16%	4.49%	4.16%	4.29%	4.40%	4.62%			4.20%
Improving Access to Psychological Therapies Recovery Rate	49.3%	48.6%	47.5%	47.2%	48.0%	49.4%	49.9%	49.7%	49.5%	49.9%	50.4%			50%
Improving Access to Psychological Therapies Seen Within 6 Weeks	82.2%	82.9%	82.2%	81.6%	82.1%	81.7%	81.8%	81.4%	81.3%	79.7%	78.5%			75%
Improving Access to Psychological Therapies Seen Within 18 Weeks	97.8%	97.6%	97.3%	97.4%	96.6%	96.9%	96.8%	97.1%	97.4%	97.1%	97.1%			95%
Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral (rolling quarter)	60.7%	63.5%	62.7%	63.5%	61.0%	60.1%	58.0%	58.4%	63.9%	68.8%	72.5%	70.7%		53%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	91.7%			95.3%			96.1%			81.0%				95%
First Treatment For Eating Disorders Within 1 Week Of Routine Referral	71.6%			76.6%			80.4%			82.8%				95%
CPA follow up within 7 days	97.3%			95.9%			97.0%			95.8%				95%
Mixed Sex Accommodation	0.75	0.71	0.44	0.67	0.62	0.60	0.80	0.82	0.44	0.46	0.55	0.74		0
Ambulance: Category 1 Average Response Time	09:38	09:25	09:46	11:24	09:53	09:02	08:24	07:40	07:47	07:55	07:38	07:21	07:31	07:00
Ambulance: Category 1 90th Percentile	15:30	14:50	15:53	17:56	16:20	14:30	13:56	12:34	12:34	13:00	12:20	11:49	11:58	15:00
Ambulance: Category 2 Average Response Time	25:56	28:11	35:22	56:09	42:51	37:07	35:04	25:14	24:51	25:16	28:33	21:53	24:37	18:00
Ambulance: Category 2 90th Percentile	00:58:07	01:03:00	01:21:26	02:05:19	01:38:21	01:22:53	01:18:51	00:56:08	00:54:29	00:55:27	01:04:04	00:46:22	00:51:18	40:00

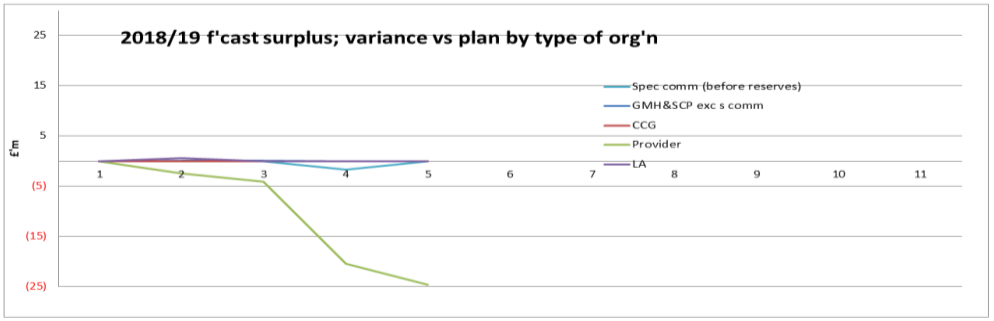
GMCA GREATER MANCHESTER COMBINED AUTHORITY

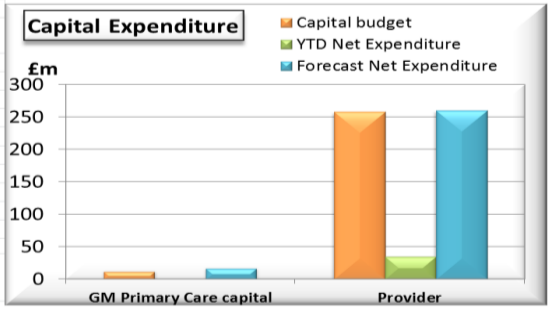
NHS in Greater Manchester

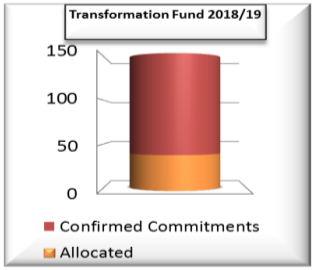
Appendix 2 – GM HSC Partnership – Financial Performance Dashboard (month 5)

1. Financial position by type of organisation (appendices 3-7)	Plan			YTD			Forecast outturn				Previous Month Forecast Variance vs plan	QIPP/CIP Achievement	
	Income	Expenditure	Variance	Income	Expenditure	Variance	Income	Expenditure	Variance	variance from plan		Year to Date	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£'m	£m	% Plan	% Plan
GM H&SCP exc. Spec. comm	471.4	471.4	0.0	97.1	96.9	0.2	481.3	481.3	0.0	0.0	0.0	0%	0%
CCGs	4,588.0	4,584.0	4.0	1,893.8	1,892.2	1.7	4,612.0	4,608.0	4.0	(0.0)	(0.0)	18%	-13%
Providers	4,981.8	5,047.8	(66.0)	2,088.0	2,155.4	(67.4)			(90.7)	(24.7)	(20.3)	-14%	-7%
Local Authorities	1,375.0	1,375.0	0.0			0.0	1,377.6	1,377.6	0.0	0.0	0.0		
P'ship exc spec comm			(62.0)			(65.6)			(86.7)	(24.7)	(20.4)		
Spec. comm	1,099.6	1,099.6	0.0	460.7	460.7	(0.0)	1,090.9	1,090.9	(0.0)	(0.0)	(1.7)		
TOTAL			(62.0)			(65.6)			(86.7)	(24.7)	(22.1)		

2. Financial position by locality based on location of host provider (appendix 2)	Annual Plan surplus	Year to Date surplus		Forecast surplus		Trend - forecast variance vs plan
		Actual	Variance against	Actual	Variance against	
	£'m	£'m	£'m	£'m	£'m	
Bolton	12.7	0.2	(0.9)	12.2	(0.5)	
Bury	(68.9)	(31.4)	0.0	(68.9)	0.0	
Manchester	35.1	(0.2)	(3.7)	17.3	(17.8)	
Oldham	(6.4)	(1.1)	1.0	(6.4)	0.0	
Rochdale	0.0	0.0	0.0	0.0	0.0	
Salford	9.4	(5.9)	(1.2)	5.0	(4.4)	
Stockport	(33.8)	(16.0)	0.6	(33.8)	0.0	
Tameside	(19.1)	(10.4)	0.2	(19.1)	0.0	
Trafford	0.0	0.0	0.0	0.0	0.0	
Wigan	1.7	(4.5)	(1.2)	(0.3)	(1.9)	
Spec. Comm	7.3	3.7	0.6	7.3	(0.0)	
Out of Area	0.0	0.0	0.0	0.0	0.0	
Total	(62.0)	(65.6)	(4.6)	(86.7)	(24.7)	







Month 5 key headlines (revenue)

Overall forecast M5 position is a £86.7m deficit which represents an improvement of £1.7m relating to the reported Specialist Commissioning position now including teh release of GM reserves and contingency. There has also been a £4m improvement in the CCG sector which has offset a £4m worsening in the provider sector.

The 2018/19 forecast CCG position has improved by £4m (Salford CCG) at month 5 in relation to the national 'CCG Incentive process' implemented to help ensure the NHS as a whole has a balanced financial plan in 18-19. Salford's plan has correspondingly been improved by £4m.

The 20185/19 forecast Provider position deterioation from Month 4 is in relation to Salford Royal FT, which is all linked to the A&E element of the PSF. They are still in line to deliver the control total and 18/19 plan excluding PSF.

Appendix 3 – GMHSC Partnership Decision Log

Report summary	Recommendations	Outcome
GM HSC Partnership Executive Board – 26 July		
Target Operating Model The report set the context for the work around the Target Operating model and developing the next phase of the Partnership. Included in this was a proposal for a series of workstreams around: • System oversight • Financial management • The future of commissioning • GM Infrastructure • Leadership and Governance The report also made highlighted the need for system wide engagement as this work progresses	The Partnership Executive Board were asked to: • Discuss the work to develop the Target Operating Model • Provide updates from the sectoral engagement to date • Support the engagement of the wider partnership in this work • Identify any further proposals for external support	Partnership Executive Board agreed the proposed way forward
Medicines Strategy Implementation Plan The report set out the implementation plan for the short terms objectives (2018-2021) set out in the Gm Medicines Strategy	The Partnership Executive Board were asked to: • Note the progress on the GM Medicine Strategy Implementation Plan	Partnership Executive Board asked for further engagement with Joint Commissioning Board and Provider Federation Board to gain wider support before coming back to

Report summary	Recommendations	Outcome
The focus of the plan is the standardisation of prescribing, dispensing and administration across GM to improve quality, patient safety and cost efficiencies		Partnership Board Executive for final approval.
Greater Manchester Mental Health Programme: Green Paper Proposal The report set out the framework by which Greater Manchester will implement the ambitions within the Government's Green Paper: 'Transforming Children and Young People's Mental Health provision'. The ambitions are focused on three key areas of work: • Support to schools to identify and train Designated Senior Lead for Mental Health • Funding new Mental Health Support Teams, supervised by NHS Children and Young People's Mental Health staff to provide extra capacity for early intervention • Trail a four week waiting times for access to specialist NHS Children and Young People's Mental Health Services	The Partnership Executive Board were asked to: • Endorse the approach taken to becoming a central government trailblazer site for the delivery of the Green Paper ambitions	Partnerships Executive Board endorsed the approach. Clarification was sought on the governance of the programme and the involvement of the community and voluntary sector.
Memorandum of Understanding (MoU) between GM, Health Innovation Manchester and the Health Technology Industry	The Partnership Executive Board were asked to: • Approve the signing of the MoU	Partnership Executive Board recommended further engagement across the GM system to ensure all

Report summary	Recommendations	Outcome
The MoU outlined how the Partnership would work with the HealthTech Industry to support the achievement of the GM ambitions within Taking Charge. It specifically focuses on: • Transformation of the health, wellbeing and wealth of the people of Greater Manchester • Development and adoption of innovation at pace and scale • Improving outcomes for patients by ensuring optimal access and update of innovative technologies and treatments The MoU set out the shared vision, goals, operating procedures and governance principles for the relationship	• Support the objectives of the industry seminar and engagement with the HealthTech Industry	sectors had the opportunity to feed into. It was agreed that the MoU would be endorsed subject to the wider consultation recommended.
GM HSC Partnership Executive Board – 27 September		
Target Operating Model	The Partnership Executive Board were asked to:	The Partnership Executive board agreed the approach

Report summary	Recommendations	Outcome
This report updated Partnership Executive Board on the development of the Target operating Model and the individual workstreams following the previous meeting. The report outlined the importance of clarifying the kind of Partnership GM wants to be in the future and how this differentiates GM from elsewhere.	• Note the content of the update • Agree the approach to engaging national leaders • Agree the objectives of the system engagement session on 2 October	
Urgent and Emergency Care Winter Plan The UCE Winter Plan set out plans for managing the demand challenges associated with Winter. The plan is focused on ensuring sufficient operational capacity to meet demand, improving escalation processes and reducing the burden on systems for information reporting.	The Partnership Executive Board were asked to: • Support the winter planning approach outlined in the paper • Ensure their respective organisations, localities and sectors contribute fully to the capacity planning and review process and the wider GM initiatives.	The Partnership Executive supported the recommendations and noted the importance of consistency across localities.
Acute and Specialist Care update A presentation was given updating the Partnership Executive board on progress with the Standardising Acute Programme. The importance of engaging with GM Leaders and the Public was highlighted.	The Partnership Executive Board were asked to: • Note the update provided • Note the governance arrangements with JCB • Note the necessary engagement with GM Leaders and the public	The Partnership Executive noted the progress made and agreed the next steps.

Report summary	Recommendations	Outcome
The proposed models of care for acute and specialist services will be taken to the Joint commissioning Board. The importance of single shared services was emphasised as important to improving the health outcomes for people in GM as is the importance of connecting this programme with Population Health in order to give assurances around pre and post care and a continuous pathway.		
Elective Waiting Times The report outlined the current and projected performance in relation to the elective care waiting lists in view of the national planning guidance and current high levels of national scrutiny.	The Partnership Executive Board were asked to: • Note the content of the report • Confirm support to the actions identified to improve the elective care position in Greater Manchester	The recommendations in the report were supported by Partnership Executive Board
GM Employment Offer The Employment Offer report provided an update on the progress of Phase One of the programme as part of the wider Health and Social Care Workforce Strategy. The report also sought support for a number of suggested approaches including the principle of a guaranteed employment scheme for student nurses	The Partnership Executive Board were asked to: • Note the good progress made in phase one or the programme • Endorse the proposed scope of the employment offer for all members of the	The Board supported the proposals, highlighting the opportunity to include compliance with the Living Wage. It was also noted that the programme should be expanded to include Primary Care workforce in the GM Employment Offer.

Report summary	Recommendations	Outcome
and for the health and Care Champion Awards to become an annual event. The paper also proposed a single visual identity around the employment offer across Partnership organisations.	GM workforce involved in the delivery of public services • Endorse the suggested approach to visual identity • Endorse the principle of adopting a guaranteed employment scheme for student nurses • Supporting the Health and Care Champion Awards becoming an annual event	