Greater Manchester Health and Care Board

Date: Friday, 25 October 2019

Time: 10.00 am

Venue: Council Chamber, Salford Civic Centre, Chorley Road, Swinton, Salford M27 5AW

AGENDA

4. CHIEF OFFICER’S REPORT 1 - 26
   Report of Jon Rouse, Chief Officer, GMHSC Partnership

8. GM CHILDREN’S HEALTH AND WELLBEING PROGRAMME 27 - 38
   Report of Report of Jon Rouse, Chief Officer GMHSC Partnership, presented by Carol Ewing, Clinical Advisor GMEC Strategic Clinical Network and Stuart Dunn, Chief Executive Officer Youth Focus NW
SUMMARY OF REPORT:

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

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

KEY MESSAGES:

This report contains key updates and issues relating to the Greater Manchester health and care system and the people who work in it. It features system updates which include Greater Manchester’s response to the NHS Long Term Plan, the University Student Mental Health Programme, an update on the Transforming Care, Elective Care and Urgent Care Programmes, Primary Care Network creation progress, NHS Dentistry use and the Prime Minister’s announcement regarding North Manchester General Hospital.

The report also features key updates on Greater Manchester’s performance against national standards, such as Accident and Emergency and Cancer. It also provides a comparison of planned activity for this year compared to last year. Also featured in this report is an update on Finance as at August 2019, providing key points and narrative around the system’s financial position. A section of this report is also dedicated to highlighting the key risks which may impede the delivery of the GM vision for health and care, and mitigating actions being taken to minimise the potential impact of these risks.

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.

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1.0 KEY UPDATES AND ISSUES

People Updates

1.1. Nicky O’Connor, Chief Operating Officer, left the Health and Social Care Partnership in September to take up a secondment with Bury Council. Nicky has made a significant contribution to the first three years of the Partnership’s work. We extend our thanks to Nicky and wish her every success in her role in Bury.

1.2. Steve Wilson, Executive Lead for Finance and Investment for the Health and Social Care Partnership, will also be leaving in November to take up his new role as Treasurer for the Greater Manchester Combined Authority. Steve has been a pivotal part of the Partnership’s work and has steered the Greater Manchester system to strong financial performance in each of the Partnership’s first three years. We thank Steve for all he has done for the Partnership and we will continue to work closely with him in his new role. The process of recruiting a new Director of Finance and Assurance is underway, and we will be putting in place strong interim arrangements.

1.3. This month, Andrew Foster CBE leaves his role as CEO at WWL NHS FT. Andrew has been an excellent CEO and has contributed significantly to work of the GM devolved system through his chairing of the Workforce Collaborative Board and his status as co-chair of the Urgent and Emergency Care Board. We would want to express our thanks and gratitude to Andrew and wish him all the best for the future. We also welcome his successor, Silas Nicholls to the role.

1.4. Also, this month, Dr Jackie Bene OBE announced that she would be leaving her role as CEO of Bolton NHS FT. Jackie has been an outstanding CEO for Bolton, leading major improvements in quality, leadership and finance. She has also contributed significantly to GM leadership, most recently with respect to her stewardship of the Improving Specialist Care programme and also by using her skills and experience as a geriatrician to lead our work on clinical frailty.

1.5. Anthony Hassall, AO of Salford CCG, will be leaving on secondment to become Chief People Officer and Director of HR/OD for NHS E/I NW Regional Office. Anthony has been an outstanding CCG AO and we will miss him whilst also looking forward to working with him in his new role. Steve Dixon, the CCG FD, will be acting up.

Progress on GM Delivery Plan/NHS Long Term Plan response

1.6. We are currently developing ‘Taking Charge – the Next Five Years: Our Delivery Plan 2020-2024’, our forward plan for the next stages of development of the GM devolved health and care system. It will represent the GM system’s implementation approach for the Health and Social Care Prospectus (published earlier in the year) and incorporate our response to the requirements set out in the NHS Long Term Plan. As with the Prospectus, this plan is set within the context of the development of key Greater Manchester policies such as the GM Unified Model of Public...
Services, the GM Transport Strategy 2040, the GM Housing Strategy and the Local Industrial Strategy. It will also have a strong emphasis on driving environmental sustainability, including the system’s contribution to carbon reduction.

1.7. The Delivery Plan will describe how we will go beyond the NHS Long Term Plan to realise the ambition we set out in the Prospectus: to create a comprehensive Population Health system in GM that spans all mechanisms of action from transport planning to housing policies, welfare design to educational curricula, and all actors – public, private and voluntary sectors, and crucially citizens themselves.

1.8. The first draft of the Delivery Plan was reviewed by Partnership Executive Board at its September meeting. This draft has since been used to test and prompt conversation at GM governance forums throughout September and October. Feedback from colleagues throughout the system has been used in the iteration of subsequent drafts.

1.9. System engagement has been a priority throughout. As well as using of existing governance forums, a series of three development sessions were hosted and facilitated by the Partnership Team in August, September and October. Each session was attended by a wide variety and large number of system stakeholders who were integral in the development and alignment of the GM Delivery Plan Narrative and supporting activity, finance and workforce data.

1.10. A further iteration of the draft plan is due at Partnership Executive Board on 24 October before we enter a period of review of the plan with the NHS England/Improvement North West Regional office. At the same time, we continue to make the case at national level for a consolidated transformation fund again, as we enjoyed under the first plan (2016-21). It is also worth noting that 2020/21 will be a year of transition between the end of one plan and the start of the second allowing us to maintain continuity of key programmes rather than experiencing an artificial divide. We intend to bring the GM Delivery Plan 2020-24 to the next Health and Care Board in January.

1.11. Running in parallel to this process, each locality is also refreshing its Locality Plan setting out their strategies for how health and care services can join up with wider public services at neighbourhood level. And we are also reviewing and refreshing key thematic strategies and programmes such as mental health, cancer and primary care. These will be brought to Health and Care Board in due course.

**University Student Mental Health Programme**

1.12. A Greater Manchester Student Mental Health Summit took place in July 2017 to review practical actions that could be taken to improve student mental health across Greater Manchester,

1.13. Following the Summit, a GM University Task & Finish (T&F) Group was set up. The T&F recommended an integrated, single pathway and hub for all Higher Education (HE) students within GM. The proposed care pathway draws on the iThrive framework – which emphasises that the organisation and design of services should
be based on need and choice rather than being based on diagnostic category or severity. The proposed pathway will focus on:

- Information and signposting (Getting Advice)
- Goals focused evidence informed and outcomes focused interventions (Getting Help)
- Extensive treatment (Getting More Help)
- Risk management and crisis response (Getting Risk Support)

1.14. A unique partnership between the universities across GM and the NHS has been formally agreed, with equal financial contributions (£650,000 each for the two-year pilot) being invested to mobilise the service. Additional finances are being sought via industry, which is progressing well with some confidence that monies will be contributed by both private organisations and philanthropists associated with the universities. While these monies are being sought the GMHSCP are underwriting the service pilot in the region of £250,000.

1.15. As part of mobilising the service, Greater Manchester Mental Health Foundation Trust (GMMH) have been appointed as the lead provider, with 42nd Street as the Voluntary, Community and Social Enterprise (VCSE) lead provider. GMMH have developed the service specification and staffing model is now in place with all posts within the team now fully recruited to. Due to the rapid nature of mobilisation of the providers and subsequent staffing of the team the service went live as of late September.

1.16. The main hub for the service is based in the vicinity of Oxford Road in Manchester as this is recognised as the most densely populated student area in GM. Further satellite locations have been agreed within the University of Bolton and University of Salford, which will operate on a one- and two-day service basis respectively with future plans to enable support sessions via digital technology to increase the service offer. The service has also been extended to the Royal Northern College of Music at no cost to them.

1.17. This is without question the most comprehensive response to student mental health requirements in the country.

**Progress and Next Steps – Transforming Care**

1.18. The Partnership is supporting people with learning disabilities to live in the community and move safely out of hospital settings. There are national targets in place through the Transforming Care programme.

1.19. The Partnership has made very good progress in reducing numbers in hospital over the last few years. The GM inpatient target for April 2020 stands at 81 adults, the majority of whom are actually in secure settings. Our current inpatient numbers stand at 95, against a quarter three trajectory of 91. We achieved our target for quarter one and two. All GM CCGs have been made aware of their individual
trajectories for their specialised commissioned patients and their CCG funded patients.

1.20. GM continues to work closely with all the CCGs and Local Authorities in achieving their trajectories, particularly concentrating on the inpatients who have been in hospital for the longest periods. GM has also commenced work with all localities on the collective needs of our inpatients transforming care cohort and has identified four specific cohorts for which localities will commission services together. A project group has developed service specifications for each cohort and the tender process will be completed over the next few weeks.

1.21. Currently, there are broad variations across GM as to the diagnostic and post-diagnostic services available which require further development in order to deliver Building the Right Support. An autism diagnosis and post-diagnostic support service specification for adults has recently been developed to support locality development and implementation of services.

**New Elective Care Programme Update**

1.22. Following a commitment by the Greater Manchester Health and Social Care Partnership to establish a Greater Manchester Elective Reform programme through the Joint Commissioning Board and the Provider Federation Board, the programme has appointed a Programme Director and established key priorities. These have been identified following engagement with commissioning and provider leadership, both through locality site visits and a system-wide prioritisation event, held on 11th September 2019.

1.23. The Programme aims to take a whole-system approach to the optimisation and clinically-led reform of elective care, setting the strategic direction and vision for what good elective care across Greater Manchester looks like and to support delivery through a series of system-wide work streams. This will be achieved by a focus on reducing demand through the identification and implementation of alternative models of care including enhanced digitalisation of services, rethinking referral pathways and developing the clinical workforce. The programme will optimise efficiency, productivity and standardisation to create capacity and capability to deliver elective care that improves the patient and clinician experience and delivers the relevant NHS Constitution targets.

1.24. It is proposed that in the first phase of the programme, the priorities include a focus on those specialties facing the most significant challenge in terms of growth in demand/waiting lists including ophthalmology, gastroenterology and dermatology, building on the work done to date in localities. The programme is also looking to develop a Greater Manchester wide approach to processes that will support management of demand including health optimisation, shared decision-making, service navigation/signposting, webinars, advice and guidance and virtual clinics/triage.

1.25. The programme will be led through the Elective Reform Programme Board co-chaired by Louise Robson, Chief Executive, Stockport NHS Foundation Trust and
Dr Cath Briggs, Clinical Chair, Stockport Clinical Commissioning Group, with representation from leaders across the system including primary and secondary care clinicians. The Elective Care Reform Programme Board's inaugural meeting will be held on 30th October 2019.

Urgent and Emergency Care

1.26. The GMHSCP UEC Team have been working closely with all localities across GM to help ensure that there are robust winter plans in place for health and social care. A review process was agreed to help localities test and review their current operational plans, which included:

- A review of community-based demand and capacity for admission avoidance and discharge and recovery (undertaken independently by the North of England Commissioning Support Unit).
- Locality peer review visits, supported by GMHSCP and NHSI/E, during August and September to objectively; challenge plans, share best practice and provide support for tackling challenges
- The provision of comprehensive locality data packs, which include winter forecasting produced by the Health Innovation Manchester Utilisation Management Unit
- Attending North West region and GM winter preparation workshops to build on the learning and finalise actions ahead of winter.

1.27. As a result of these activities, localities have generated a revised set of actions that will be complete either ahead of or during the winter.

1.28. In addition to this process, GMHSCP will be re-introducing a GM Clinical Assessment Service (CAS) from the beginning of November, which will operate 24/7 until the end of March 2020. The CAS is designed to reduce the number of people attending an Emergency Department (ED) by providing enhanced care and support on the call or by directing them to local community-based services. The CAS will manage lower acuity 111 and 999 calls from the ambulance service by providing an early senior clinical assessment. The service will deal with almost 1000 calls per week and reduce ED attendances by almost 700 per week.

1.29. In addition to this, a new GM Patient Service App will be made available via the Apple or Android App stores. The app will provide a very simple and intuitive interface that will help patients to find health and care service local to their current location. The app will include a link to a symptom checker and provide details of their opening times and services they provide. The service finder will help the public to access wide range of services beyond health, including local authority, voluntary, community and social enterprise services.
Creation of Primary Care Networks – progress and next steps

1.30. As reported in my previous report, on 01 July 2019 Greater Manchester achieved 100% population coverage for Primary Care Networks (PCNs) in line with national Directed Enhanced Services (DES) requirements. The GM configuration comprises 67 PCNs with 5 GP Practices in Oldham who have chosen to opt out of the DES. The patients of these practices are receiving full DES services from their local PCN.

1.31. Greater Manchester received an allocation of £2.3m for 2019/20 to support the development of the PCNs and their Clinical Directors. It has been agreed that £1.3m will be allocated to PCNs in each locality, to be held by one lead organisation. Each locality will develop a PCN plan for use of the development resources and submit to GMHSCP during November 2019. The remaining £1m will be held by the GP Excellence Programme who will, in collaboration with PCNs, develop GM wide programmes.

1.32. Two of the five new additional roles for PCNs are to be in place in 2019/20, these are the clinical pharmacists and social prescribing roles. For the clinical pharmacists’ roles, the majority of staff who were previously funded under the NHS England initiative, transferred across to the PCNs by the 1st October 2019. Each locality is also securing their own social prescribing workforce - the majority of which are already in place.

1.33. At both locality and GM level, commissioners and providers are working hard to ensure that there is full complementarity between the work of the primary care Networks and broader community and neighbourhood services, to achieve maximum impact for local populations.

NHS Dentistry Use

1.34. NHS dental access across Greater Manchester continues to increase gradually for both adults and children. This position presents very favourably in comparison with North of England and national access levels where it appears that figures have dropped over the twelve months between June 2018 and June 2019.

1.35. Most exciting is that the number of children under the age of 18 attending Dental Practices has increased by almost five and a half thousand (5,496) children over the past year compared to the previous year. Localities where we have focused particular transformation work for improving children’s oral health - Bolton Oldham, Rochdale and Salford - have seen the greatest increase in children accessing dental care. And with respect to the number of children under 5 accessing NHS dental services, Greater Manchester now performs significantly better than England as a whole, hopefully forming good habits for life.

1.36. At the older end of the age spectrum, our dental services have committed to Dementia awareness and are implementing the Dementia Friendly Dentistry toolkit, which provides advice and guidance for the primary dental care team. Through roll-out, 45 dental practices have been recognised as being Dementia Friendly, with six more practices on their way to achieving Dementia Friendly status. Over 550 dental
care professionals across Greater Manchester have been trained as dementia friends.

**Prime Minister Visit and North Manchester General Hospital Announcement**

1.37. On Sunday 29 September, staff at North Manchester General Hospital welcomed a visit by the Prime Minister, Boris Johnson, and Health Secretary, Matt Hancock.

1.38. The visit coincided with the announcement that the North Manchester site is one of a number of hospitals that is earmarked to receive additional capital funding over the coming years as part of the Government’s Health Infrastructure Plan.

1.39. The funding will be at the cornerstone of the ambitious plans to redevelop the hospital and care facilities on the North Manchester General Hospital site.

1.40. There was an acknowledgement and recognition that our staff continue to provide high quality care with pride and compassion, despite the challenges of working in some of the oldest and most challenged hospital estate in the NHS.

1.41. Staff have worked incredibly hard and made significant improvements in quality and safety outcomes over the past few years across all Pennine Acute Trust sites and this provides a positive context when the case for investment is being put forward.

1.42. It is also important to recognise that North Manchester represents only one of a significant number of capital priorities, albeit one of national importance. Our full business case for Healthier Together is undergoing detailed evaluation by national Government and we will continue to press for approval of this case, and the associated case for major trauma at Salford Royal, so we can accelerate the implementation of Healthier Together, a key programme which continues to have the full commitment of all Greater Manchester commissioners as an essential foundational programme for our broader work on acute services.

**2.0 SYSTEM PERFORMANCE**

2.1. There are a number of standards that the GM Health and Social Care Partnership are monitored against. From next Health and Care Board there will also be a broader dashboard, with a somewhat wider set of metrics that will also breakdown of performance by locality.

- **Urgent Care 4-hour standard (National standard is 95% of those attending an accident and emergency department are seen within four hours)** - The published 4-hour performance for Greater Manchester for September 2019 was 84.3%. The GM performance for 4-hour standard is tracking below last year which is concerning. Analysing the data, the key causes appear to be a rise in self-presenters at A&E, some constraints on workforce and insufficient progress in reducing unnecessarily long lengths of stay in some hospitals.

    As always, there is variation across Greater Manchester. Tameside & Glossop Integrated Care NHS FT and WWL NHS FT are both to be commended (with
their partners) for the continued strong performance. By contrast, additional oversight and support is being provided to the Stockport system which continues to struggle, and some external support has been provided to the Manchester Foundation Trust as well.

A winter preparation event is taking place on the 18th October 2019. The GM event will focus on progress to date and agreeing priorities for local system actions to support winter preparedness. These will remain focused to support our three key priorities:

- The delivery of a single GM clinical assessment service that is integrated with community-based teams’ urgent care response.
- Implementing a GM streaming, same day emergency care and GM acute frailty standard
- Reducing the number of patients with long lengths of stay.

- **Delayed Transfers of Care (DToC)** - Published data for NHS England shows there was a total of 9175 beds occupied by patients delayed in their transfer of care during August 2019, that is an average of 296 beds per day. This is above our working standard level of 200 beds per day and we are taking targeted action with underperforming systems to rapidly improve. There is significant variation across Greater Manchester with higher performing localities such as Wigan, Rochdale and Oldham, contrasting with Manchester, Trafford and Salford.

- **Ambulance Response Times and reducing handover delays** – Performance for ambulance response times continues to improve within GM, particularly for the category 1 calls, where the average response time has consistently been below 7 minutes for six consecutive months. The proportion of ambulance handovers taking over 60 minutes is also consistently below 4% with performance for August coming in at 3.7%.

- **Referral to Treatment (National Standard is 92% of patients should wait less than 18 weeks for planned treatment)** - The published data for August 2019 shows GM’s position to be 85.9%. This is in line with the North West Region who achieved 86.2% and is above the England performance of 85%. However, it represents a deteriorating position. Localities have plans in place to improve their position within the capacity and finance parameters available to them. However, there are external factors that are making life difficult, specifically the pensions rules that have limited medical sessions.

- **Elective Waiting List Growth (National Standard is there is no increase in the number of patients waiting on a waiting list in March 2020 than at March 2018)** - The number of patients waiting across GM on waiting lists is reported in August 2019 as 20% higher than in March 2018. However, this is an artificial position and we have to take account of the different baseline (March 2019) at MFT, which reduces the figure to 12.0%. However, this is still higher
than the North West position of 6.7%. In this context, it is relatively pleasing that the number of patients waiting for 52 weeks or more was only 15 for August. GMHSCP is assured that all those waiting more than 52 weeks are being managed appropriately and individually within a range of exceptional situations.

- **Diagnostic Waiting Times (National standard is for no more than 1% of people waiting 6 weeks or more for a diagnostic test)** - Data for August 2019 shows that GM’s position for diagnostics waiting time has deteriorated to 2.7% from 2.4% in July. Endoscopy, MRI and Non-Obstetric Ultrasound are particular areas of pressure, though all three diagnostic groups, endoscopy, imaging and physiological measurement, are above the national standard of 1%. Trusts are commissioning additional support from independent suppliers. In this context, the significantly improved performance of Manchester Foundation Trust is noteworthy, in that the Trust met the 1% target for the first time in a long time.

- **Cancer** - There are a number of standards for cancer services. The most challenging are outlined below.
  
  o The “two weeks wait (breast symptoms, cancer not suspected)” standard was not achieved in August 2019 at 53.1% against a standard of 93%. There was no change in performance from the previous month. The key issues are related challenges in the consultant and radiology workforce, including the closure of the Stockport service. There are a number of mutual aid schemes across GM currently in place to support improvement.

  o The “two weeks wait from cancer referral to specialist appointment” standard was not achieved in August 2019 with a performance of 85.1% against a standard of 93%. This is a deterioration in performance of 3.2% from July. The issues in breast services have impacted on the GM performance in this standard.

  o Patients treated within 62 days of their initial referral was also not achieved and deteriorated slightly in August to 77.8%. The GM Cancer Board are working to provide a focus for improvement on this standard and support individual trusts with their improvement schemes. This target also reflects very significant variation in performance. GM HSCP is particularly concerned with the 62-day performance level in the north east sector of Greater Manchester, with Oldham, Bury and Rochdale the lowest performers. This is one of the main reasons why this month GM HSCP has established a dedicated Performance Improvement Group for the North East Sector to support the local systems to improve their position with respect to cancer waiting times and a small number of other key constitutional standards.
In terms of the cancer 31-day standards, performance within GM remains excellent and achievement of these standards has been sustained for over 12 months.

- **Improving Access to Psychological Therapies (IAPT) waiting times** (National standards: 75% of patients to be seen within 6 weeks and 95% of patients within 18 weeks) – Although GM met access and recovery standards, it narrowly missed the waiting time standards in July with data showing 6 week access at 72.0% and 18 week access at 94.9%, although these were an improvement on the previous month. Recovery plans have been received from localities in GM which struggle to achieve these standards and plans are now in place to recover performance to meet the national standards.

- **Estimated diagnosis rate for people with dementia** (National standard is 66.6%) – GM has consistently achieved a level of performance beyond the standard for over 12 months, and the latest performance for the month of September was 77.2%. GM is the third highest performing area in the country for dementia diagnosis rate and also a very high performer for care planning and post diagnostic support according to the latest CCG IAF dashboards.

- **Early intervention psychosis** (National standard is for 53% of patients to be treated within 2 weeks of referral) – GM achieved performance of 71.5% in August and has sustained a level of performance above the national standard for over 12 months.

- **Eating disorders 1st treatments within national standards** (Urgents, 1 week, 95%, Routines 4 weeks, 95%) – Although not quite achieving the 95% standards for either of these metrics, the last quarterly published performance shows that GM performance was over 90% in both cases.

- **Primary care access & 7-day services** – The latest CCG IAF dashboard shows GM as the top ranked STP in terms of the proportion of the population benefitting from extended primary care access and GM is also ranked 3rd/top 25th percentile for the delivery of 7-day services metric.

- **Population health indicators** – The latest GM scorecard measuring performance and the level of improvement against national performance levels evidences good achievement in terms of improvement for the proportion of babies with low birth weight, school readiness for those on free school meals, the percentage of adults who are physically inactive (24.5%) and employment rates for 50-64 year olds (70.9%).

- **Key transformation metrics** – The latest GM transformation metrics dashboard demonstrates that for most metrics the direction of travel is positive, with particularly strong performance around reducing non-elective length of stay and total bed days.

- **Indices of Deprivation between 2015 and 2019** - There has been improvement in the Health & Disability Domain across GM with 9 of the 10
localities showing a relative improvement in rank compared with all other English local authorities. On the same Domain, all ten localities have less areas in the lowest ranked 10%. This contrasts with the overall position whereby 9 localities’ ranking has worsened with Manchester showing the only improvement (from 5th to 6th overall). This means that overall the GM population is experiencing relatively better health but within the context of increasing relative deprivation.

2.2. Planned Activity

2.3. The table below shows NHS activity levels, variance against operational plan and growth against the same period last year. The reduction in referrals is encouraging and shows that primary care is becoming more effective at managing demand within the community.

2.4. The key non-elective activity figure is for 1+ nights which measures patients admitted to hospital. The performance at month 5 is encouraging as it shows that fewer urgent bed days have been utilised than last year or had been anticipated this year.

2.5. Most points of delivery on the table are within tolerance limits with the exception of the lower volume ordinary electives and follow-up outpatient attendances. The lower than anticipated number of ordinary elective admissions is concerning and probably explains some of the increase in waiting lists.

2.6. As stated above, one contributing factor to this and the reduction in outpatient activity is likely to be the impact of pensions rules on the number of sessions that doctors are willing to work. For each point of delivery there is some variation between localities, and we continue the appropriate dialogue and seek assurance from localities.

<table>
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<tr>
<th></th>
<th>YTD Actual Activity</th>
<th>YTD Planned Activity</th>
<th>YTD % Var. to Plan</th>
<th>Year on Year Growth</th>
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<tr>
<td><strong>GM Total</strong></td>
<td></td>
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<tr>
<td>Referrals (Total)</td>
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### OP (Total)

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<td>OP 1st Attendances</td>
<td>403,106</td>
<td>419,354</td>
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<td>OP Follow Up</td>
<td>790,326</td>
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### Elective (Total)

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<tr>
<td>Elective (Day Case)</td>
<td>142,847</td>
<td>141,522</td>
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<td>Elective (Ordinary)</td>
<td>22,707</td>
<td>24,438</td>
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### Non Elective (Total)

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<td>57,533</td>
<td>59,718</td>
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<td>1+ day LOS</td>
<td>96,190</td>
<td>100,128</td>
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<td>-2.5%</td>
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<tr>
<td>7+ day LOS</td>
<td>26,175</td>
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<td>1.6%</td>
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### A&E

|                     | 551,970   | 531,034   | 3.9%   | 7.3%  |

### 3.0 FINANCE – UPDATE AS AT AUGUST 19 (MONTH 5)

3.1. GM improved its 19/20 plan to a £5.7m surplus against which GM financial performance will be measured.

3.2. Our year to date position (at Month 5) shows a £4.8m deficit against plan. At a GM level, our forecast position remains in line with plan with a small surplus of £0.2m at this time. However, it must be stressed that there remains significant financial challenges within some of our localities with risks across both the Commissioner and Provider sectors requiring urgent actions to mitigate to ensure we don’t lose our full access to PSF & CSF.
3.3. The key points to note in relation to the financial position are:

- **NHS Provider sector** – All providers in GM have agreed their 19/20 Control Totals. Providers have reported a £7.4m deficit against Mth 5 plan with a Forecast deficit of £8.8m in line with plan. This assumes the full receipt of £144m PSF by Providers. Significant risk has been flagged by 2 Providers and we are meeting with those localities to assure recovery plans in context of deliverability, locality transformation ambitions and financial sustainability.

- **CCGs** – the CCG sector has a year to date deficit of £1.1m compared to Plan and are Forecasting to deliver a £3.6m deficit in line with Plan. Trafford CCG is eligible to receive CSF of c£7m in 19/20 which is released subject to delivery of NHSE conditions by the CCG. Trafford have met Q1 conditions and continue to focus efforts in anticipation of Q2. Our CCGs have highlighted Net risks of c£26.9m which are not reflected within the CCG reported positions and which require mitigations to be put into place. GMHSCP is working with these CCGs to gain assurance that these mitigations are being progressed.

- All CCGs in GM apart from Trafford CCG (not able to deliver a 1% cumulative underspend) are forecasting to meet business rules in 19/20. However, GM CCGs collectively have a cumulative surplus of c1.8% including the additional surplus offered in 19/20 totals c£78.6m should all CCGs deliver their forecast positions in 19/20.

- A GM Reserve has been set aside to generate a surplus of £16.17m to help balance the Control total movements and this will be shown explicitly as a Transformation Fund reserve budget. A further contribution of £2.2m surplus, up and above the initial amount required, has increased this amount to £18.34m.

- **NHS England Primary Care Capital** – NHSE have confirmed that GM will receive £10.6m capital funding in 19/20. Set against this are pre-commitments from previous years and priority schemes as shared by localities and approved by GMHSCP capital steering group. Schemes are held in reserve and released as soon as slippage in identified within existing plans.

- **Local Authorities** – The forecast outturn position for Local Authorities without the utilisation of unbudgeted reserve movements or underspends from other service areas is a year-end overspend of £31m. This is in addition to the savings targets set at plan stage of £93.6m. Local Authorities have indicated that this will be funded from increased access to reserves which have increased from £33.5m at plan stage to £63.4m.

4.0 MANAGING OUR RISKS

4.1. Some of the key risks in delivering our GM vision for health and social care and the actions being taken to mitigate those risks are outlined below (where not covered elsewhere in the report):
4.2. **Performance across Urgent Care, Cancer, waiting times for elective and diagnostics; waiting list size and IAPT waiting times.**

4.3. **System financial position**

4.4. **Workforce shortages:** As with other parts of the country, GM is facing shortages in key areas of provision. The nursing shortage is impacting a range of services. Other key problem areas are General Practice, radiography, mental health.

The Partnership will be setting out workforce planning numbers as part of the LTP Implementation Plan process. While the activity, finance and workforce figures must balance it will be in important, at least in narrative terms, for the Partnership to express its workforce requirements at a level that reflects our medium-term strategic requirements across NHS and social care.

In addition, the Greater Manchester Workforce Collaborative is delivering on a range of workstreams to address key workforce shortages. This includes dedicated Programme Management Offices for nursing, midwifery and AHPs and medical workforce respectively.

4.5. **Failure of fragile specialist service:** Following the closure of the breast service at Stockport it has become clear that there is a need to focus more closely on a pan-GM basis on crucial specialist services which are susceptible to failure through a loss of a small number of key staff or equipment. By identifying the issues in the Stockport Breast Service early it has been possible to place contingency plans on a mutual support basis.

In progressing the Improving Specialist Care Programme, the Joint Commissioning Board has resolved to focus resources on accelerating progress on those services where there is perceived to be greatest vulnerability, namely breast services, vascular and urology.

4.6. **Estates failure:** The recent announcements with respect to capital funding have given GM some scope to address immediate estate issues, e.g. emergency capital for the Pennine Acute estate. However, there will remain some key fragilities in the GM estate that will only be resolved by much larger scale investment or complete rebuild.

4.7. **Brexit causes disruption to the GM Health & Care System:** National and regional team continue to reflect the 31 October timeline. As expected, the current direction of travel continues to focus on a worst case “no deal” scenario.

The GMRF, GMCA and regional NHS meetings relating to EU Exit (BREXIT) now meeting weekly and NHS and GMRF SitReps will being again from 21 October to inform preparations for the October 31st timeline.

The GM level “no-deal” planning for NHS and GMCA at GM level continues to reflect a local business continuity approach and reflect the refreshed risk assessments / contingency arrangements. The NHS planning to date was
assessed in a national review of the baseline for the NHS on 26th September and we await feedback in respect of GM organisations.

NHS England and NHS Improvement regional EU Exit workshops for the NW was held on 11th September to support local planning and GM HSCP continues to work closely with NW and GM ADASS colleagues to ensure a rounder discussion.

On the multi-agency elements, we remain fully engaged with both the GMCA and GM Local Resilience Forum (GMRF) with dates for EU Exit sub-group meetings identified weekly to the 21 Oct then daily into early November. The Mayor is also chairing high level meetings.

4.8. **Loss of programme continuity due to limited transformation funding in 20/21:** A Task & Finish group has been established to work intensively on options and a recommended proposal for managing 20/21. Good progress is being made and the team are becoming increasingly confident of a transitional position that is credible and will maintain maximum continuity in the final year of Taking Charge and the first year of the new plan.

4.9. **Failure to agree a credible digital strategy and implementation plan leads to a loss of momentum and under delivery (e.g. LHCRE):** There is an intensive programme of work underway to agree a revised strategy and implementation plan. The core principles and approach are being tested with two localities.

4.10. **The introduction of digital first primary care into the GM system causes disruption to the place-based model:** We are working through MHCC to establish the right terms of engagement with the digital first provider whilst accelerating GM’s digital primary care offer more widely.

5.0 **GOVERNANCE**

5.1. **Strategic Partnership Executive Board Decisions**

5.1.1. The Health and Care Board is asked to note the recommendations supported by the Partnership Executive Board at the meetings on 21st June and 18th July set out as a complete decision log at Appendix 1.

6.0 **RECOMMENDATIONS**

6.1. The GM Health and Care Board is asked to:

- Note and comment on the content of the update report.
## APPENDIX 1 – GMHSC Partnership Decision Log

<table>
<thead>
<tr>
<th>Report summary</th>
<th>Recommendations</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>GM HSC Partnership Executive Board – 21 June 2019</td>
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<tr>
<td><strong>Chief Officer’s Update</strong> – Provided updates regarding:</td>
<td><strong>The Partnership Executive Board were asked to:</strong></td>
<td><strong>The Chief Officer’s Update was noted.</strong></td>
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<tr>
<td>• Pennine transaction board-to-board meetings.</td>
<td>• Note the Chief officer’s update.</td>
<td>• A Summit meeting was set up between commissioners and primary care providers to discuss progress and next steps re the establishment of primary care networks.</td>
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<tr>
<td>• Reflections on Confed19 and an overview of Andy Burnham’s Speech around the topics of capital finance, social care, clean air and system performance.</td>
<td>• Support the establishment of a summit to discuss PCN progress and Development.</td>
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<tr>
<td>• Primary Care Networks update was provided – highlighting some issues which are required to be resolved by end of June 2019.</td>
<td>• That the contents of the report, Commissioning for Homeless Healthcare and ‘A Bed Every Night’ be noted and the proposed approach be supported.</td>
<td></td>
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<tr>
<td>• A proposal in support of short-term financial investment into rough sleeper provision ‘A Bed Every Night’ and an aspiration for longer term commitment to better support the health needs of those facing homelessness.</td>
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<td><strong>Developing the Implementation Plan for the Prospectus</strong> – an update on the process taken to create the Partnership Executive Board were asked:</td>
<td></td>
<td>**The board approved a brief to inform a refresh of the ten</td>
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<td>• To note the update and offer feedback to the **PEB approved £0.5m of Transformation funding investment to support the extension of ‘A Bed Every Night’ for a 12-month period July 2019 – June 2020.</td>
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<td>Report summary</td>
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| ‘GM Delivery Plan 2020-24’ - an implementation plan for the GM Prospectus and Greater Manchester’s response to the NHS Long Term Plan - was provided. | proposed approach.  
- That the Board discussed the proposed approach to implementation with a view to commencing the process for the locality plan refresh and the implementation plan for the Prospectus from June 2019.  
- That the development of a brief to inform the locality plan refresh process, building, ideally, on processes already underway in localities be supported.  
- That a detailed timeline for the completion of the process and relevant contributing phases through to October 2019 be established. | GM Locality Plans.  
- Members highlighted the requirement for localities to support the development of the GM long term aspirations with regards to population health. |
| **Person and Community Centred Approaches (PCCA)**  – An update on this programme was provided and the GM PCCA approach was outlined. | Partnership Executive Board were asked:  
- That the progress to date on PCCA across GM be noted.  
- That the outlined approach to maintaining a GM focus on PCCA beyond 2019/20 and the end of the current PCCA programme be supported.  
- That localities to maintain their own focus on PCCA in light of the risks outlined in the report be supported. | PEB supported the approach to maintain PCCA as a GM focus beyond 2019/20 and recommended localities also maintain this approach. |
| **Non-Clinical Support Services Programme** – A programme update was | Partnership Executive Board were asked:  
- That the Board considered | PEB supported the proposed changes in governance |
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| provided to PEB. The report built on the paper received by the PEB in April 2019, which set out a number of proposed changes to the clinical services element of the Theme 4 work. | the identified key issues and recommendations.  
- That the proposed changes to the governance arrangements for the programme be supported.  
- That the proposed approaches to specific elements of the programme be considered further by the Provider Federation Board and Strategic Workforce Board in particular:  
  a. The next steps in the creation of a corporate services delivery vehicle for GM.  
  b. The proposed actions in the HR workstream in relation to:  
    i. Collaborative Occupational Health Services for GM.  
    ii. Collaborative staff bank services across GM.  
    iii. The evolving model for HR services across GM. | arrangements and recommended that specific elements of the programme be considered further by the Provider Federation Board and the Strategic Workforce Board. |
| **Integrated Care System Finance Regime** – an update was provided on the latest position in respect of the Integrated Care System (ICS) Finance Regime proposed by NHS England and NHS Improvement for 2019/20. The report built on the paper received by the PEB in May 2019. | Partnership Executive Board were asked:  
- That the proposed approach to a GM ICS Finance Regime for 2019/20 be approved subject to finalisation of PFB position.  
- That the proposed approach to the GM Financial Strategy beyond 2019/20 be noted. | • A proposed approach for the GM ICS finance regime 2019/20 was noted. |
| **GM HSC Partnership Executive Board – 18 July 2019** | **Chief Officer’s Update** –  
Provided an update on:  
- The NHS in Greater | Partnership Executive Board were asked to:  
- Note the update provided. | • The Chief Officer’s update was noted. |
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<td>Manchester having been selected by NHS England Chief Executive Simon Stevens as a pilot site on air quality to support improvements to climate change and clean air.</td>
<td>• Provide system wide support for the air quality pilot.</td>
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<tr>
<td>• The Primary Care Network Summit as mentioned in the June PEB would take place in late July, with feedback to be provided across the system in September.</td>
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<td>• Further interaction with the government had taken place regarding the Prospectus and NHS Long Term Plan, Pennine Transaction and capital.</td>
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| **Implementing the Prospectus and the NHS Long Term Plan in Greater Manchester** – An update was provided on the agreed process as discussed in June PEB. | Partnership Executive Board were asked to:  
• Support and endorse the process for the development of the Greater Manchester Implementation Plan for the Prospectus and NHS Long Term Plan. | • This process was supported by PEB. |
| **Improving Specialist Care** – An update was provided regarding recommendations for this programme. In particular in respect to breast services; further, more detailed information was requested in relation to:  
• Workforce – the proxy used previously had been consultants and the Joint | | • The update was noted by PEB. |
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| Commissioning Board have requested that a broader scope of the workforce is considered;  
  - Travel times – further work to develop a more robust methodology was required;  
  - Estates – a more in depth and rapid piece of work on the financial costs to deliver estate requirements were requested;  
  - Co-dependencies – the assurance that services can translate into localities to support the new models. | Partnership Executive Board were asked to:  
  - Note, discuss and comment on the issues highlighted in the paper. | That following issues raised by PEB, further work be undertaken on the Framework attached to the report as an agreed approach for delivery of the GM Commitments across the region.  
  - That Palliative and End of Life Care requires a whole systems response to the Greater Manchester Commitments and Framework, including a delivery plan be recognised.  
  - That discussions via the Directors of |

**GM Framework for Palliative and End of Life Care** – Update provided which reported that a draft framework had been developed which explains the need for a full-system approach to End of Life Care in GM.
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<tbody>
<tr>
<td><strong>Cardiac Improvement Framework</strong> – PEB received a report providing the vision for</td>
<td>Partnership Executive Board were asked to:</td>
<td>• Further work to be undertaken with the Joint Commissioning Team.</td>
</tr>
<tr>
<td></td>
<td>• Note and endorse the content of the report.</td>
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Commissioners as underway be acknowledged, with a draft business case being presented on 13 August.

• Following the reassurance requested by PEB with regards to the issues raised, it was agreed that reference to the framework will be made within the Chief Officer Update report to explain that a process was underway to ensure the deliverability of the actions including system capacity and resourcing.

• That final decisions on future funding have not been agreed be acknowledged. That an update with regards to the position be reported in the Chief Officer’s update to the Health and Care Board in July 2019.
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<tr>
<td>improving cardiac outcomes for people in GM, outlining proposed focus for the coming year.</td>
<td></td>
<td>• Further clarification requested on the GM Cardiac Improvement Framework’s priorities, proposed initiatives and areas of system focus for 2019/20 be actioned.</td>
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<tr>
<td></td>
<td></td>
<td>• That a future report on the GM Cardiac Improvement Framework’s priorities, proposed initiatives and areas of system focus for 2019/20 be presented to the GMHSC Partnership Executive Board.</td>
</tr>
<tr>
<td><strong>GM Respiratory Framework</strong> PEB received a report outlining the newly proposed GM Respiratory Improvement Framework, it’s scope, priorities, initiatives and focus areas for 2019/20.</td>
<td>Partnership Executive Board were asked to:</td>
<td>• Further work was to be undertaken with the Joint Commissioning team. It was agreed that further clarity with regards to the proposals was required in order to translate into the commissioning framework and improve the pathway.</td>
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<td></td>
<td></td>
<td>• PEB were requested to note and endorse the content of the report.</td>
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Greater Manchester Health and Social Care Partnership
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| GM Workforce Collaborative  
– An update was provided on a number of key GM Health and Care Workforce Programmes. It also mentioned GM’s approach to delivering talent management in the region. | Partnership Executive Board were asked to:  
• That the progress update from the GMHSC Workforce Collaborative be noted.  
• That the work taking place with regard to the talent workstream, be acknowledged and any further feedback be provided. | • Progress on the GM Workforce Collaborative was noted.                  |
| GM Faith Network  
– PEB received a report regarding the proposed development of a GM Interfaith Network to connect faith communities across GM with the Health and Social Care Partnership as part of an asset-based approach. | Partnership Executive Board were asked to:  
• PEB was asked to note the content of the presentation and engage with the network regarding future partnerships. | • That the objectives of the network be supported and assistance in supporting local partnerships to engage with the Network be provided. |
– It was advised that the Business Plan incorporated the priorities set out in the System Operating Plan as part of a broader plan for the Health and Social Care Partnership for 2019. The Business Plan, which looks back on the work of the Partnership in 2018/19, was the third one produced along with the third Annual Report | Partnership Executive Board were asked to:  
• Approve both of the documents presented. | • PEB approved both the business plan and annual report documents.       |
SUMMARY OF REPORT:

The Children’s Health and Wellbeing Framework was created in 2018 with the voice of young people front and centre to harness the desire of organisations across Greater Manchester in delivering co-ordinated improvements for the health and wellbeing of children. This report provides the Board with an update on the progress of the programme.

KEY MESSAGES:

The objectives within the GM Children’s Health and Wellbeing Framework are echoed in the NHS Long Term Plan. Work is underway to address several of these areas, with progress beginning to be seen. The Children’s programme will continue to embed the changes we are starting to see and strive to fully implement the GM Children’s Health and Wellbeing Framework and the NHS Long Term Plan.

PURPOSE OF REPORT:

This report is intended to give an update on the progress since the Framework’s launch in May 2018. Along with the challenges and opportunities for further improvements are also outlined.

RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to:

- Note the achievements made within the first year of the programme
- Support the ongoing direction of travel for the children’s and young people’s programme
CONTACT OFFICERS:

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julie.cheetham2@nhs.net

Alison McGovern, Programme Lead SCN
Alison.mcgovern@nhs.net
1.0 BACKGROUND

1.1. The GM Children’s Health and Wellbeing Framework was presented in May 2018 to the GM Health and Care Board and was fully supported.

1.2. The ten objectives in the framework are as follows:

1. Early years and school readiness
2. Mental health and resilience
3. Preventing avoidable admissions, particularly for long term conditions
4. Supporting and protecting children and families at risk
5. Working with schools to improve children’s safety, physical and mental health and especially those with special needs
6. Transition of care for young people to adult services
7. Including children in planning based on the children's charter
8. Developing a modern, effective, safe and sustainable workforce
9. Using the power of digital technology to join up services
10. Sharing transparent and accessible data to hold us to account for performance

1.3. The GM Children’s Health and Wellbeing Executive Board oversaw the development of the Framework through coproduction with the GM system including health, education, local authority and voluntary sector. Following its publication, the GM Health and Wellbeing Board have been overseeing the delivery of the programme and ensuring connections are developed across GM to support improvements in the outcomes for children and young people. In conjunction with the wider children’s governance structure in place across the GM including, the GM Children’s Board, Special Educational Needs Board, Mental Health Board and Public Service Reform and Early Years Board.
1.4. Since the GM Children’s Health and Wellbeing Framework was published the GM Children’s Plan and the NHS Long Term Plan have both been shared which echo the deliverables within the GM Framework. These include:

- Reducing hospital admissions for children with asthma, epilepsy and diabetes
- Mental health resilience and support
- Learning difficulties and Autism
- Health support for children with long term conditions
- Transition to adult services
- Obesity

1.5. To date the Children’s Health and Wellbeing Board have commenced substantial programmes of work focused on preventing avoidable admissions for children with long term conditions to hospital care, supporting children to be school ready and investing in mental health resilience. Additional work has started on improving the health offer for children with special educational needs, looked after children and care leavers and children with complex conditions.

1.6. Work that supports all the Framework objectives include the development of data collection tools to hold us to account for our performance and the co-design of policies with our children and young people. Both areas have moved forward to support the overall achievement of the Framework objectives.

2.0 INCLUDING CHILDREN IN PLANNING BASED ON THE CHILDREN’S CHARTER

2.1. We co-produced our plans with children and young people through a networked approach with the voluntary sector. Since the Framework launched we have had two sessions with children and young people to help shape the work programmes going forward, with over 200 children and young people at the last session in Summer 2019. This has resulted in the co-development of the GM Children and Young People commitments, the design of a Youth Agreement and the development of youth rights in connection with confidentiality materials. Moving forward the third sector will oversee a coordinated approach to young people evaluating health services against the GM Youth Agreement.

3.0 EARLY YEARS AND SCHOOL READINESS

3.1. School readiness is a key priority in the GM Children and Young People’s Plan and the Children’s Health and Wellbeing Framework. In 2018, there were approximately 221,522 children between the age of 0 and 5 living in Greater Manchester and we know that improving outcomes for this group is key to unlocking their full potential.
3.2. **What are we doing to make things better?**

3.3. To address the problems that exist, a GM project has been agreed and £2.1m of funding secured. The project recognises the 1001 critical days starting at conception and includes pathways of support that aim to stop families from needing help and offer help earlier. A programme team within GMCA will lead delivery of the two year programme which focuses on three priority themes:

- Delivering an evidence-based model
- Embedding best practice pathways
- Developing our enablers

3.4. The programme is developing and implementing the following best practice pathways: speech, language and communication; families with complex needs; physical development; antenatal early intervention and prevention and emotional, social and behavioural. The programme will work closely with the development of the parent and infant mental health pathway.

The project includes the following activities:

- Creating an ‘app’ to end paper based assessment by Health Visitors. This will be piloted in 3 areas of GM from February 2020.
- Development of a set of new data measures to help us understand a child’s progress from birth to 5 years
- Data dashboards that help us share our successes and learn from each other
- Offer better support and training for our workforce from midwives to health visitors and early years teachers. The GM Early Years Workforce Academy will make sure we are training everyone in the same key skills and help staff to see themselves as ‘one early years team’.
- Continue our focus on speech and language, doing more things at a GM level that will help all children start school with the right level of language to learn.

3.5. **What have we achieved?**

3.6. Across GM, 68% of children achieved a good level of development (GLD) at the end of the early years’ foundation stage, compared to 71.5% nationally in the academic year 2017/18. Despite having a higher number of families who may be struggling in their lives, we are seeing positive improvements in outcomes for children in this group. Outcomes for pupils who receive Free School Meals have improved since 2015. The latest data, for the 17/18 school year shows that we have closed the gap with the England average. This shows that new work to support these children is beginning to have an impact.
4.0 MENTAL HEALTH AND RESILIENCE

4.1. In July 2017 Greater Manchester committed to investing £134m in a coordinated approach to tackling mental health.

4.2. The investment, which we believe is the biggest and most ambitious of its kind in the country, aims not only to put mental health on an equal footing with physical health but to start to deliver our vision of making sure no child who needs mental health support will be turned away.

4.3. With nearly 60 per cent of the money, £80m, supporting the mental health needs of children, young people and new mums, it also reflects the commitment to increase the proportion of the budget focused towards young people.

4.4. What are we doing to make things better?

4.5. The Mentally Healthy Schools and Colleges (MHS&C) Programme was commissioned by the Greater Manchester Health and Social Care Partnership to look at new ways of preventing mental health issues in young people through school-based interventions (now working with 125 schools and colleges in Greater Manchester). They commissioned a joint approach between Youth Sport Trust, Alliance for Learning Teaching School, 42nd Street and Place2Be to look at how their evidence-based approaches could create a whole school approach to improving young people's mental health. This was done through developing their physical and emotional literacy and by providing the right training, support and resources for an adult and young person workforce, these included:

- Mental Health Champions Training - school leaders
- Mental Health First Aid Training – school middle leaders
- Mental Health Awareness Training – school staff
- Young Mental Health Champions Training - pupils
- Physical and emotional interventions – pupils
- Access to specialist CAMHs consultation

4.6. University Mental Health Service Project: Following a Greater Manchester Student Mental Health Summit in June 2017 to review practical actions that could be taken to improve student mental health across Greater Manchester a GM University Task & Finish (T&F) Group was set up. The group recommended an integrated, single pathway and hub for all higher education students within GM. The pathway is based on the needs and choice of the child or young person rather than limited to diagnosis or severity. The universities services and resources would be focused on getting advice and signposting and offering outcomes focused interventions. Higher Education settings would be focused on getting more help and risk support. There is a strong process for joint working and movement between strands.
4.7. Children and Young People (CYP) Crisis Care: The Five Year Forward View ambition for CYP Crisis Care specifies a crisis response that meets the needs of under 18s. To deliver this, the programme has developed a GM-wide whole system crisis care pathway that provides a high quality and timely response to young people in crisis and their families and is accessible across seven days. The pathway is fully inclusive, has open access, holistic and multi-agency and provides a timely and proportionate response based on need. The pathway includes the following features:

- Medical on-call (MFT)
- Rapid Response Teams (PCFT; NWBH; MFT)
- GM Assessment Centre (PCFT)
- Safe Zones (subcontracted to The Children’s Society)
- Enhanced inpatient provision (TBC)

4.8. Some work is already underway addressing the needs of children and young people within the youth justice services under the mental health programme. The Health and Justice strategy which has been in development for around 9 months and is now its final draft stages has children and young people as one of its priority cohorts. The strategy aims not only to provide better more integrated support for those CYP already in contact with the criminal justice system as victims or offenders but is also intended to stimulate a more preventative model, which will seek to intervene earlier to reduce the likelihood of offending or being victimised. The emerging strategy contains a number of objectives related to improved identification of mental health needs and enhanced support pathways; improved health models within youth justice settings and custody suites; a suite of interventions to reduce violent crime as part of the Violence Reduction Unit; upstream interventions to reduce first time entrants to the criminal justice system; and developing a trauma informed workforce.

4.9. **What have we achieved?**

4.10. The data shows that 45.8% of children and young people in Greater Manchester with a diagnosable mental health condition will have received treatment from an NHS-funded community mental health service by year end; delivering the national target of 35% for 2020/21 well ahead of ambition.

4.11. In December 2018 Greater Manchester became the first place in the country to start collating and publishing publicly waiting times data for children and young people’s mental health services and we have committed to providing quarterly updates on the Greater Manchester Waiting Time position.
4.12. GM current figures at June 2019 show:

- The average wait across Greater Manchester for a first appointment is 6.96 weeks
- Average wait across Greater Manchester for a second appointment is 13.00 weeks
- Average wait across Greater Manchester for a third appointment once accepted into treatment is 5.26 weeks.
- 2 of 3 appointment waiting times areas for Greater Manchester have improved since quarter 4 of 2018/19 with only third appointment measure marginally decreasing.

4.13. Challenges

4.14. Challenges exist within the workforce to support the improvements within mental health, including the numbers of staff available and the skill set. This will aim to be addressed through the implementation of the Children’s Mental Health Workforce Strategy.

5.0 PREVENTING AVOIDABLE ADMISSIONS, PARTICULARLY FOR LONG TERM CONDITIONS

5.1. In May 2017 the Greater Manchester Children’s Health and Wellbeing Board looked in detail at the numbers of children with Asthma, Epilepsy and Diabetes and how likely they were to attend hospital. Children living in Greater Manchester, with asthma, epilepsy and diabetes, are more likely to attend hospital in an emergency, than children with the same conditions living in the rest of England.

5.2. Greater Manchester has made a commitment to making this better and to reducing the number of children who go to A&E or stay in hospital as an emergency. This is also included in the NHS Long Term Plan.

5.3. What are we doing to make things better?

5.4. We have developed a set of ideas which have been proven to work in other parts of the country. This is called a ‘Preventing Avoidable Admissions Bundle’. We have shared this bundle with every area in Greater Manchester and every area has begun to make some changes to health services as a result.

5.5. We have brought together nurses, doctors and other people in health, to create special tips for supporting children with Asthma, Epilepsy and Diabetes – these are called ‘Pathways’ and help a child’s journey in getting help when they are well and sick. These include how children stay well, what should happen at the doctors and what should happen in hospital.
5.6. We bring each area across Greater Manchester together every 2 months to share good ideas and learn from each other.

5.7. We have invested in 2 pilot areas to test new ways of working and are looking at how these have made a difference.

5.8. We have pulled together a ‘tool box’ to support young people when they need to move on to adult services due to their age. We are testing these tools across GM.

5.9. We have asked 120 young people to design the key things that they would like in a long-term conditions passport and are working with digital to look at our options.

5.10. **What have we achieved?**

5.11. In the last 12 months there were 154 fewer children that were admitted to hospital for Asthma, Epilepsy or Diabetes. Although early days, things are beginning to improve.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>2,019</td>
<td>2,221</td>
<td>2,068</td>
<td>-153</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>404</td>
<td>405</td>
<td>380</td>
<td>-25</td>
</tr>
<tr>
<td>Diabetes</td>
<td>497</td>
<td>560</td>
<td>584</td>
<td>+24</td>
</tr>
<tr>
<td>Total</td>
<td>2,920</td>
<td>3,186</td>
<td>3,032</td>
<td>-154</td>
</tr>
</tbody>
</table>

5.12. The number of children being admitted to hospital, in an emergency, with Asthma, has reduced by 153 children.

5.13. Over the next year we will look in more detail at our Asthma admissions. We will work with Clinical Commissioning Groups, Local Care Organisations, Primary Care Networks to make sure that the whole system makes improvements for children with long term conditions. We will make changes to Children’s Community Nursing Teams, GP and hospital pathways and make sure that wherever in GM, no matter where they live, a child’s journey through health care is the same.

5.14. We are beginning work with our education system and community leaders to share messages of signposting of where to get good health advice for children and young people when they are unwell.
5.15. **Challenges**

- Having the numbers of doctors, nurses and allied health professionals to be able to recruit and the skills of our current workforce are a challenge to offer the services we need to support our children in community settings.

- Variation in the health offer to children with long term conditions across the different areas in GM.

6.0 **CHILDREN WITH SPECIAL EDUCATIONAL NEEDS (SEN)**

6.1. A dedicated Special Education Needs (SEN) Board has been set up with GM which has joint membership between Clinical Commissioning Groups and Local Authorities. The Board sits within the GMHSCP governance system reporting jointly to the Children’s Health and Wellbeing Executive Board and the GMCA Children’s Board. Following a stocktake of the health offer to our SEN population, which is underway, a system-wide action plan will be developed for delivery 2019 – 2021. This will include identification of good practice in joint commissioning for SEN, spread and adoption of joint commissioning, standardising the Designated Medical Officer (DMO) role description and improving the quality of Education Health Care Plans (EHCPs).

7.0 **SUPPORTING AND PROTECTING CHILDREN AND FAMILIES AT RISK**

7.1. A comprehensive review of the health offer to children and young people who have left the care system or are currently looked after has been undertaken. This has included information from Clinical Commissioning Groups, Local authority and service providers. Surveys have been collected plus focus groups and interviews with children and young people.

7.2. The report is due to be published mid-November. The recommendations in the report will shape an action plan to improve the outcomes for our looked after children and care leavers in GM.

7.3. A review of the health offer for children with complex conditions has been run alongside the above review using the same approach.

8.0 **SHARING TRANSPARENT AND ACCESSIBLE DATA TO HOLD US TO ACCOUNT FOR PERFORMANCE**

8.1. A set of outcome measures has been agreed to be able to monitor the health outcome of our children and young people in GM. The outcome measures have been developed from across the system to reflect the deliverables in the Framework and will be ready for launching Winter 2019. These have been developed into a dashboard that all localities will be able to see to be able to monitor their performance. Examples of the dashboard are below:
9.0 USING THE POWER OF DIGITAL TECHNOLOGY TO JOIN UP SERVICES

9.1. The Early Years infrastructure is using the same common components with the LHCRE programme. This is currently working towards digitising the ‘ages and stages; questionnaire and health visitor information for ages 0-5. CYP are not one of the initial LHCRE use cases however will be able to act as a fast follower once these proofs of concepts are delivered.

9.2. Driving locality engagement with the Graphnet IDCR (Integrated Digital Care Record) remains a priority for the Partnerships Digital Collaborative. Work to develop a GM wide data sharing framework will significantly increase the amount of information shared within the system and therefore its use to clinicians. This work is due to be complete by the end of 2019.

9.3. Digital remains an area that suffers from varied levels of engagement and funding. As a result, delivery of large, impactful projects remains difficult to deliver without long term commitments from organisations.

10.0 NEXT STEPS FOR THE GM CHILDREN’S HEALTH AND WELLBEING PROGRAMME

10.1. Programmes that are underway will continue to work towards achieving the objectives and embedding the changes within our health offer.

10.2. The reports from the reviews of looked after children and care leavers and children with complex conditions will be considered by the GM Children’s Health and Wellbeing Executive for onward action.

10.3. The GM system will consider a collective approach to reducing obesity within our children and young people in GM. This will need health, education and local authority involvement.

10.4. An approach to improve the outcomes for children and young people with Learning Difficulties and Autism will be developed.
11.0 RECOMMENDATIONS

The Greater Manchester Health & Care Board is asked to:

- Note the achievements made within the first year of the programme
- Support the ongoing direction of travel for the children’s and young people’s programme