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 and finance.

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 such as Progress on Greater Manchester’s response to the NHS Long Term Plan, the Pennine Acute Trust Transaction Programme and Rapid Diagnostic Centres for suspected cancers.

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

1.1. People Updates

1.1.1. Anthony Hassall, formerly the Accountable Officer of NHS Salford CCG commenced his secondment role as Regional Chief People Officer with NHS England North West on 1 January 2020 until 31 March 2021.

1.1.2. We are pleased to announce that Steve Dixon, the Chief Financial Officer of the CCG has been appointed by NHS England as the Interim Accountable Officer during this period.

1.1.3. We congratulate both Anthony and Steve on their appointments and wish them every success in their respective new roles.

1.1.4. A warm welcome back to Craig Harris, Accountable Officer at NHS Wigan CCG who had been recovering from a short illness since October 2019. Paul McKevitt, previously the Chief Financial Officer of Wigan Borough Council was appointed NHS England as the Interim Accountable Officer during this 12-week period. Paul relinquished his duties at Wigan Council during his period of ‘acting up’ and we would like to place on record our sincere thanks for his additional contribution to Wigan CCG at such short notice.

1.1.5. Jon Rouse leaves his Chief Officer role at the GM Health and Social Care Partnership on 31st January to take up the position of City Director and Head of Paid Service at Stoke-on-Trent City Council. Jon has led the Partnership since 2016.

1.1.6. In recognition of Jon’s contribution, the Greater Manchester Chair, Lord Peter Smith comments that “Jon….has worked tirelessly to help Greater Manchester deliver its shared health and social care vision. Our collective achievements made for the population of Greater Manchester over the last three years have been significant, from real gains in health such as having achieved our lowest ever rate of smoking and highest ever level of physical activity - to improvements in early cancer diagnosis and survival rates, school readiness, maternal safety, social care quality, primary care access and mental health services, among many others.” We wish Jon all the best as he moves on to pastures and challenges new.

1.1.7. Following an interview process in December 2019, Sarah Price was confirmed as Interim Chief Officer. She will lead the Partnership, following Jon’s departure, until permanent arrangements are confirmed, which is expected to be within the next six months. Sarah was previously the Partnership’s Executive Director of Population Health and Commissioning and has been in post since March 2017, following four years as Chief Officer.
at Haringey CCG in London. We look forward to supporting Sarah in her new role as Greater Manchester moves into the next five years of health and care devolution.

1.2. **Progress on GM Delivery Plan/NHS Long Term Plan response**

1.2.1. We are finalising *Taking Charge – the Next Five Years: Our Delivery Plan 2020-2024* our plan for the next stages of the Greater Manchester 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 (LTP).

1.2.2. We have set out our plan in the context of key city-region strategies and policies such as the Greater Manchester Strategy (GMS), GM Unified Model of Public Services, the GM Transport Strategy 2040, the GM Housing Strategy and the Local Industrial Strategy. The plan will also place a strong emphasis on environmental sustainability.

1.2.3. The Delivery Plan is the product of an extensive and inclusive process across the Partnership, overseen by the Partnership Executive Board. The plan reflects the views of the system gathered through workshops in the summer and autumn and the engagement we have had with residents over the period of the first Taking Charge plan: both at GM and locality level. The Partnership Executive Board has reviewed the drafts of the plan and offered its support, including for the plan’s Executive Summary which outlines GM’s system priorities.

1.2.4. The last step in our completing the plan is to secure clarity on the funding that will come into Greater Manchester via the NHS LTP. Clarity on levels of transformation funding will enable us to prioritise where we commit our resources over the period to 2024. Board members will recall from previous updates that are two main sources for transformation funding: fair share funding and targeted funding.

1.2.5. Under the fair shares funding, each system has been allocated an indicative funding amount to meet LTP commitments – distributed on a fair share basis. For GM, the indicative funding level to 2024 is £253m. Through dialogue with NHS England/Improvement, we have confirmed that GM will have the ability to determine how to apply the fair share monies – subject to delivery of the LTP requirements and particularly those relating to mental health and primary, medical and community services (PCMS).

1.2.6. In addition to the indicative funding available to all systems, there will also be a budget available via NHS England/Improvement to fund targeted schemes...
and for specific investments. The position in respect of the targeted funding for GM is less clear than that for the fair shares.

1.2.7. We have sought to get on the front foot and make a positive proposal to the national bodies on arrangements for the targeted funding in Greater Manchester. Our approach is based on a track record of effective management of the first transformation fund from 2016 onwards; that we have a mature, integrated system in GM that is ‘investment ready’; and that, uniquely, we can leverage wider assets alongside NHS investment to support population health, prevention, social movement and health innovation.

1.2.8. We have urged that the funding package is agreed quickly so that we know what transformation resources will be available for the 2020-24 period and that we can complete our 2020-24 Delivery Plan with confidence of deliverability based on affordability.

1.2.9. Once we have confirmation of this, we will bring the Delivery Plan to this Board for final sign off at an appropriate time. Once the Delivery Plan is approved, we intend to produce a shorter, more public-facing document that combines the Delivery Plan and the Health and Social Care Prospectus. This will become the second Taking Charge plan covering the period to 2024.

1.3. **PAT Transactions Programme Update**

1.3.1. All partner organisations are committed to securing the long-term viable future for all of the Pennine Acute Hospitals NHS Trust (PAT) hospital sites and services.

1.3.2. The plan is to split and reorganise PAT;

- Salford Royal NHS Foundation Trust (SRFT) formally acquires the Oldham, Bury and Rochdale sites as part of its Northern Care Alliance NHS Group (NCA)

- Manchester University NHS Foundation Trust (MFT) to formally acquire NMGH as part of the Manchester Single Hospital Service.

1.3.3. A complex acquisition process and the significant capital investment being sought from Government mean that it is not possible to complete the formal acquisitions by 1 April 2020.

**Interim arrangements agreed**

1.3.4. In order to provide certainty for the committed and valued staff who work across PAT hospitals and the population they serve, SRFT and MFT have agreed a plan with NHS England/Improvement (NHSE/I) to put in place
management contract arrangements from 1 April 2020 to oversee the running of the respective hospitals and services that the two Trusts are planning to acquire.

1.3.5. Fairfield General Hospital, The Royal Oldham Hospital and Rochdale Infirmary will continue to be managed by SRFT and its Care Organisation director leadership teams as part of the NCA Group. NMGH will be managed by MFT and the NMGH leadership team will form part of the MFT Group.

1.3.6. There is a significant amount of work to be done to agree the detail of the management contracts, but a great deal of planning has already been undertaken, and all partners are fully committed to working together to achieve these new arrangements by 1 April 2020.

1.3.7. These management arrangements are a positive step forward and are part of securing a stable, longer term solution for those hospitals and services across the north of Greater Manchester for patients, service users, staff and the wider community.

1.3.8. NHSE/I is putting in place arrangements to ensure that the changes are implemented safely and effectively, bringing more certainty to PAT staff, and strengthening the long-term sustainability of services.

1.3.9. PAT as a statutory NHS organisation (employer and service provider) will continue to exist at 1 April 2020, and the management contracts do not constitute a formal legal transaction, so there will not be a requirement for PAT staff to transfer employment (TUPE) to SRFT and MFT by April 2020.

1.3.10. The formal transactions to bring the PAT hospitals permanently into the respective Foundation Trusts will be completed during 2020/21 and by April 2021 at the latest.

1.3.11. The two formal legal transactions will be able to progress at different speeds based on their particular circumstances, with SRFT targeting acquisition of Bury, Oldham and Rochdale by October 2020.

**Service alignment and engagement with staff**

1.3.12. A staff briefing and letter was circulated to all staff on 18 December. It set out the arrangements which will be put in place by 1 April 2020 as a major step towards implementing the full transactions which will separate and reorganise Pennine Acute Trust (PAT) so that Salford Royal formally acquires our Oldham, Bury and Rochdale sites as part of the NCA, and MFT to formally acquire NMGH as part of the Manchester Single Hospital Service.
1.3.13. Trusts will continue to communicate with staff and staff-side organisations across the PAT hospitals during this important period of change. Planning work associated with the service alignment will continue (last year input and views were sought from senior clinicians and managers across 120 workshops).

1.3.14. This year should be a positive and exciting step forward for everyone who is connected to PAT and its services.

1.4. **Management arrangements for NMGH as part of MFT**

1.4.1. From 1 April, NMGH will be managed by MFT. MFT recognises the achievements of the existing leadership team at NMGH and will build on both these achievements and the supporting management arrangements.

1.4.2. The Chief Executive for NMGH will be Dena Marshall. Dena is currently Chief Executive of Royal Manchester Children’s Hospital.

1.4.3. In addition to the existing senior team structure, additional resource will be provided to strengthen leadership capacity in workforce/HR, informatics, estates and transformation.

1.5. **Future capital investment**

1.5.1. MFT, SRFT, local healthcare commissioners and Local Authority partners all acknowledge that substantial investment is required to redevelop the NMGH site and also to upgrade parts of the Oldham site and IT infrastructure across all PAT sites.

1.5.2. MFT is leading the development of a case for significant investment in NMGH as part of the Government’s Health Infrastructure Plan, (HIP). Planning for this is progressing at pace and NMGH staff will become increasingly involved from now onwards.

1.5.3. SRFT have been developing proposals for investment across Bury, Oldham and Rochdale with a significant focus on Royal Oldham Hospital. These proposals will be prioritised within the GM Strategic Estates Plan and sponsored for capital funding following the 2020 Government Spending Review.

1.6. **Cancer – Rapid Diagnostic Centres**

1.6.1. The NHS Long Term Plan sets out an ambition to transform cancer care so that from 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis and three in four cancers (75%) will be diagnosed at an early stage. The Plan sets out that this will in part be delivered by the roll out RDCs in each cancer alliance (in our case Greater
Manchester Cancer is our alliance; there are 19 alliances across England starting from 2019/20, as part of the broader strategy to deliver faster and earlier cancer diagnosis and improved patient experience.

1.6.2. RDC’s will also help to support the new Faster Diagnosis Standard which will be introduced from April 2020, to ensure that all patients who are referred for the investigation of suspected cancer find out within 28 days if they do or do not have a cancer diagnosis.

1.6.3. The National RDC Specification, published in July 2019, proposes a phased approach to implementation over a five-year period (2019-2024). NHSE set out the ambition that in time, RDC’s will offer a single point of access for all patients with suspected cancer.

1.6.4. By early 2020 (phase 1) all Cancer Alliances are expected to have at least one RDC operational for:

- Patients with non-specific symptoms which could indicate cancer; and

- A cohort of patients with site-specific symptoms of cancer who are currently served by an underperforming two week wait or 62-day pathway.

1.6.5. The RDC model in Greater Manchester has evolved from the Multidisciplinary Diagnostic Centre (MDC) project which was part of the national Accelerate Coordinate Evaluate (ACE 2) programme, delivered in our conurbation at the Royal Oldham and Wythenshawe hospital sites, as a successful two-year pilot between April 2017 and March 2019. Through this ACE 2 programme, these pilot sites contributed to the national thinking on RDC’s.

1.6.6. The expertise developed by these pilot sites led to the Greater Manchester Cancer Board in July 2019 agreeing that the Northern Care Alliance and Manchester University NHS Foundation Trust would on behalf of the Greater Manchester Cancer system lead the initial development of RDCs (phase 1) on behalf of GM.

- For Northern Cancer Alliance this will include patients referred from Salford, Oldham, Bury and Heywood Middleton & Rochdale CCGs, who will be seen at Salford Royal or Oldham hospitals.

- For Manchester University NHS Foundation Trust this will include patients referred from Manchester and Trafford CCGs, who will be seen at Wythenshawe hospital.
1.6.7. An RDC service for GM patients is now being implemented with services going live for patients (consistent with the phase 1 national plans) in February/March 2020.

1.6.8. During 2020/2021 once NCA and MFT have increased the geographical access to the non-specific symptom pathway and introduced the first site-specific RDC pathway in their relative localities, there will be a clearer understanding of the numbers of patients, numbers of diagnostic tests, the workforce required, triage arrangements, how many days per week and where else the service should be located across GM. The information gathered during the initial phase of implementation will then inform the GM Cancer Board and cancer system as to where and how RDC implementation is progressed and rolled out across the whole of GM.

1.6.9. Plans for the development of an RDC offer for patients in other localities (Bolton, Wigan, Tameside and Stockport) will be finalised in 2020/21 with a view to offering wider population coverage as we move through the implantation phases. It is anticipated the RDC’s will work in a complementary way and the model encourages a rapid standardised coordinated service for the diagnosis of cancer in GM.

1.6.10. The GM Cancer Alliance has established a GM RDC Programme Board, which will provide assurance to the GM Cancer Board on the development and implementation of RDCs across Greater Manchester. The Cancer Alliance team will also be working with NHSE on a commissioning and contracting model with continual engagement and negotiation with all Greater Manchester localities through the existing forums.

1.6.11. Initial funding for the phase 1 programme for RDC’s has been allocated. The GM Cancer Alliance is expected to submit proposals to NHS England on next phase planning in early 2020.

1.7. **System Performance**

1.7.1. There are a number of standards that the GM Health and Social Care Partnership are monitored against. Appendix 1 of this report contains 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 December 2019 was 74.5%. The GM performance for 4-hour standard is tracking below last year which is concerning. Winter pressures has contributed and the Christmas and New Year holiday period, along with an earlier than expected presentation of flu across
GM. Other factors include the continued increase in self-presenters at A&E, some constraints on workforce and insufficient progress in reducing unnecessarily long lengths of stay in some hospitals.

Across GM during December trusts have seen a wide variation in performance due to the winter pressures and demand and the impact of reduced flow (discharges) over the holiday period. The trusts in GM who normally perform well against the 4-hour A&E standard have also struggled during periods of high demand from ambulances and walk-in activity, which has impacted on performance but generally they have regained performance relatively quickly. However, some systems have continued to require additional oversight and support. The focus across GM has been on maintaining safety with systems and facilitating mutual aid to support ambulance diversts when systems are experiencing particularly high levels of demand.

All systems across GM have developed plans in preparation for winter and GM hosted a winter preparation event in October 2019. The GM event agreed key priorities for local system and GM actions to support winter preparedness. These 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 daily average of 384.91 of beds occupied by patients delayed in their transfer of care during November 2019, a rate of 17.4 per 100,000 population. This is above our working standard level of 200 beds per day and we are taking targeted action with underperforming systems to rapidly improve including now working with the national Better Care Fund DTOC Improvement Team to develop a support offer for GM to support the spread in best practice and addressing some of the key issues in GM. 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** – The proportion of ambulance handovers taking over 60 minutes is 7.8% for GM against 8.8% nationally, this is a deterioration from October with handovers at 6.1%. Handover delays have been significantly impacted
by the pressures within ED departments and constrained flow within acute trusts.

- **Referral to Treatment (National Standard is 92% of patients should wait less than 18 weeks for planned treatment)** - The published data for November 2019 shows GM’s position to be 84.3%. This is in line with the North West Region and England performances of 85.1% and 84.3% respectively. 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 November 2019 as 20.3% 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 12.3%. 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 28 for November. 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 November 2019 shows that GM’s position for diagnostics waiting time has improved to 1.8%. Endoscopy, MRI and echocardiography remain particular areas of pressure. The issues seen earlier in the year at Salford Royal are being tackled through an improvement plan and performance shows this. The high percentage at Stockport FT is reportedly due to staffing issues experienced earlier in the year.

- **Cancer** - There are a number of standards for cancer services. The most challenging are outlined below.

  - The “two weeks wait (breast symptoms, cancer not suspected)” standard was not achieved in November 2019 at 84.4% against a standard of 93%. This represents an improvement of more than 10% on the previous month. The key issues are related challenges in the consultant and radiology workforce. There are a number of mutual aid schemes across GM currently in place to support improvement.
The “two weeks wait from cancer referral to specialist appointment” standard was almost achieved in November 2019 with a performance of 92.9% against a standard of 93%. This is an improvement in performance of 1.9% from October. The issues in breast services have impacted on the GM performance in this standard.

Patients treated within 62 days of their initial referral was not achieved and deteriorated slightly in November to 74.1%. 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) – GM met the access, recovery and 18 week waiting time standards in November, narrowly missing the 6 week waiting time standard with performance of 74.4%, although this was an improvement on the October position. 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 November was 76.3%. GM is amongst the highest performing areas 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 75% in October 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 indictors** – 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.

1.8. **Planned Activity**

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

1.8.2. The key non-elective activity figure is for 1+ nights which measures patients admitted to hospital. The performance at month 8 is encouraging as it shows
that fewer urgent bed days have been utilised than last year or had been anticipated this year.

1.8.2.1. 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.

1.8.3. 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.

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<th>GM Total</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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<td>Elective (Total)</td>
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2.0 **FINANCE – UPDATE AS AT NOVEMBER 2019 (MONTH 8)**

2.1. GM has a planned surplus of £7.5m in 19/20 against which GM financial performance will be measured as an ICS.

2.2. Our year to date position (as at Month 8) shows a £6m deficit against plan reflecting a deterioration within the Provider sector. Our last update in October (M5 position) highlighted significant challenges across the GM system some of which have now been realised and reflected within our latest forecast position showing a net £10m deficit at year end.

2.3. GMHSCP are working hard with the system, Finance Advisory Committee (FAC) and NHSE/I colleague to deliver the aggregate GM control total in
order to protect the element of Provider Sustainability Funding (PSF) that the system allocated to overall system delivery. Two organisations have declared overperformance which can be used to offset known underperformance which has allowed GM to retain its Q1 and Q2 ‘system PSF’ and forecast to do so for Q3. Via FAC, we continue to work to balance the system to deliver the 2019/20 control total recognising there remain significant risks in this position.

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

- **NHS Provider sector** – All Providers in GM agreed their 2019/20 Control Totals. Providers have reported a £9.8m deficit against M8 plan and are forecasting a deficit of £11.3m against Plan. The deficit relates mainly to one Trust who have now submitted a detailed ‘system recovery action plan’ as part of a locality wide plan to demonstrate measures in place to address this. We are aware of risks being highlighted by other Trusts and are working to manage these.

- **CCGs** – the CCG sector is reporting a break-even position both year to date (M8) and forecast position. The commissioning sector has been able to generate surpluses to provides headroom of c£3.4m to help manage the overall GM position. Trafford CCG is eligible to receive CSF of c£7m in 2019/20 subject to meeting specific NHSE conditions. The CCG has met the conditions for both Q1 & Q2 and this is vital to secure delivery of Q3 and Q4 checkpoints.

2.5. Despite this forecast position for CCGs overall, there remain significant financial challenges translating to a c£20m financial risk to delivering plans which is not reflected with the forecast position. GMHSCP is actively meeting with these CCGs to ensure these risks are mitigated within the locality and subsequent risks taken to FAC as part of system wide discussion on delivery of GM performance.

2.6. Local Authorities – the forecast outturn position for Local Authorities, before the utilisation of unplanned access to reserves or underspends, shows an overspend of c£48.4m. This overspending continues to be driven by external residential placements for Looked After Children and foster care. Local Authorities have indicated that this pressure will be met from increased access to reserves from £35m at plan to £83m at year end.

2.7. **NHSE Primary Care capital**: GM has received £10.6m capital funding in 2019/20 to support investments in Primary Care. The 2019/20 capital plan is fully committed and reflects pre-commitments from previous years and in-year priorities as shared by localities and approved by GMHSCP capital
steering group within the affordability envelope. Schemes are held in reserve and released once any slippage monies become available.

3.0  GOVERNANCE

3.1. The Health and Care Board is asked to note the recommendations supported by the Partnership Executive Board at the meetings on 26 September, 24 October, and 22 November 2019. A complete decision log can be found in Appendix 2.

4.0  RECOMMENDATIONS

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

- Note and comment on the content of the update report.