



Greater Manchester  
Integrated Care

# Chief Executive's Report to Board

21<sup>st</sup> December 2022

<b>Meeting</b>	Integrated Care Board
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<b>Date</b>	21st December 2022
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<b>Title</b>	<b>Chief Executive's Report to Board</b>			
<b>Executive Summary</b>	<p>My report is as usual split into three key sections, being national updates, regional updates and system updates. The report details various hot topics and themes which I would like to bring to the attention of board members. I would very much welcome feedback from the Board on the format and content provided, as well as welcome any requests of topics Board members would like me to cover in the coming months.</p>			
<b>Previously considered by</b>				
<b>Next steps/future actions</b>	Discuss		Receive	
	Approve		Note	
	For Information	X	Confidential y/n	N

<b>Prepared by:</b>	Mark Fisher	<b>Presented by:</b>	Mark Fisher
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## Chief Executive's Report to Board

### 1. Introduction

My report is once again split into three key sections, being national updates, regional updates and system updates here in Greater Manchester (GM). Moving forward, I invite Board members to continue to inform me of future topics they would like me to cover in the coming months.

### 2. National Updates

#### Embedding inclusion into the design and delivery of digital health and care

Board members will be aware of the national attention received in recent months regarding the digital offer across the NHS. One such report published in October this year [the Digital Inequalities Report](#) provides an insight into the behaviour of people who do not use digital services in health and social care. Therefore, in an increasingly digital world, people who are digitally excluded are at risk of worse access to services and poorer health outcomes, deepening inequalities. As such the Government's Digital Inclusion Strategy defined digital inclusion as making sure that people have the capability to use the internet to do things that benefit them day to day, and the NHS Long Term Plan makes a commitment to a more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care.

There is a close correlation between digital exclusion and social disadvantage including lower income, lower levels of education, and poor housing. Therefore, GM has significantly advanced the use of digital approaches across public services, but there are still significant numbers of people who cannot easily access or benefit from digitally enabled services and tools. Ofcom estimates as many as 1.2m GM residents might be digitally excluded in some way and figures from ONS shows that 176,000 GM residents have not accessed the internet within a three-month period. As a result the GM Mayor Andy Burnham, last year launched a Digital Inclusion Action Network. This is to get all under-25s, over-75s and disabled people online across GM. This is a pan-system approach involving all public, private and voluntary sectors.

From a GM perspective, Health Innovation Manchester (HInM) has been working with partners to develop a method for embedding digital inclusion into the design and delivery of digital services. This includes a range of activities that can be delivered at a GM, locality and organisational level to make a system-wide commitment to tackling digital inclusion, linked to improving inequalities.

Here in GM we are now putting this method into practice in a series of initiatives including digitally enabled GP practices, the design and deployment of virtual wards, and through a series of research projects through academic partners. This involves taking a user experience design approach to how we learn from the current experiences and needs of users, be that staff or patients, and design services with inclusion at the front of mind. This work is monitored overall by the GM Health and Care Digital Transformation Board and will have further prominence in the refresh of the GM Health and Care Digital Transformation Strategy in the new year.

### 3. Regional Updates

Richard Barker – NHS England's North West Regional Director and I attended an event on 21<sup>st</sup> November 2022 entitled the Leadership role of all NHS Chairs and CEOs in tackling Health Inequalities. The event was organised by the Chairs and Chief Executives Ethnic Minority Network. Fellow ICB Board member,

Dr Owen Williams OBE, Chief Executive Officer of the Northern Care Alliance (NCA) NHS Foundation Trust played a leading role in the event.

Last month I provided an update on the revised Regional Operating Model for NHS England. It is my intention to provide an update to a future Board meeting on the developments in this area. Leading on from this, I was interviewed by the Health Service Journal (HSJ) and the article has now been [published](#). I spoke about giving ICBs more power to deal with trust performance. I welcome the Government's move to ask Patricia Hewitt, the former Secretary of State for Health to review the role and powers of integrated care systems and boards, and hope it will result in more accountability given to ICBs.

#### **4. Greater Manchester Updates**

##### Industrial Action

GM have established an incident management framework to respond to the industrial action. The industrial action response will be led by the Emergency Preparedness, Resilience and Response (EPRR) Team and has been incorporated into the existing system infrastructure. Nationally, Trade Unions are seeking their members' views about strike action and industrial action in response to the NHS Pay Awards 2022 and their concerns about the impact on recruitment and retention. The NHS Pay Award is a national decision made by the Government. A number of ballots are taking place across the NHS and the results are known for the Royal College of Nursing (RCN), Unison and GMB. The RCN announced that within GM the following Trusts reached the thresholds to take strike action:

- The Christie NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust
- Tameside and Glossop Foundation Trust
- The North West Ambulance Service (NWAS) NHS Trust

The RCN have announced strike action dates on 15<sup>th</sup> and 20<sup>th</sup> of December. Other than NWAS it has been confirmed that Trusts in GM will not be taking strike action on these dates. UNISON has received a mandate to strike in eight organisations, including five ambulance trusts. UNISON has stated that many of the organisations where ballots took place had a turnout just below the 50% that is legally required to secure a mandate. GMB members have voted for strike action in nine out of the eleven ambulance trusts across England and Wales. The specific strike dates for both unions are yet to be announced, however it is expected that the industrial action will take place before the end of this year, alongside strikes organised by the RCN.

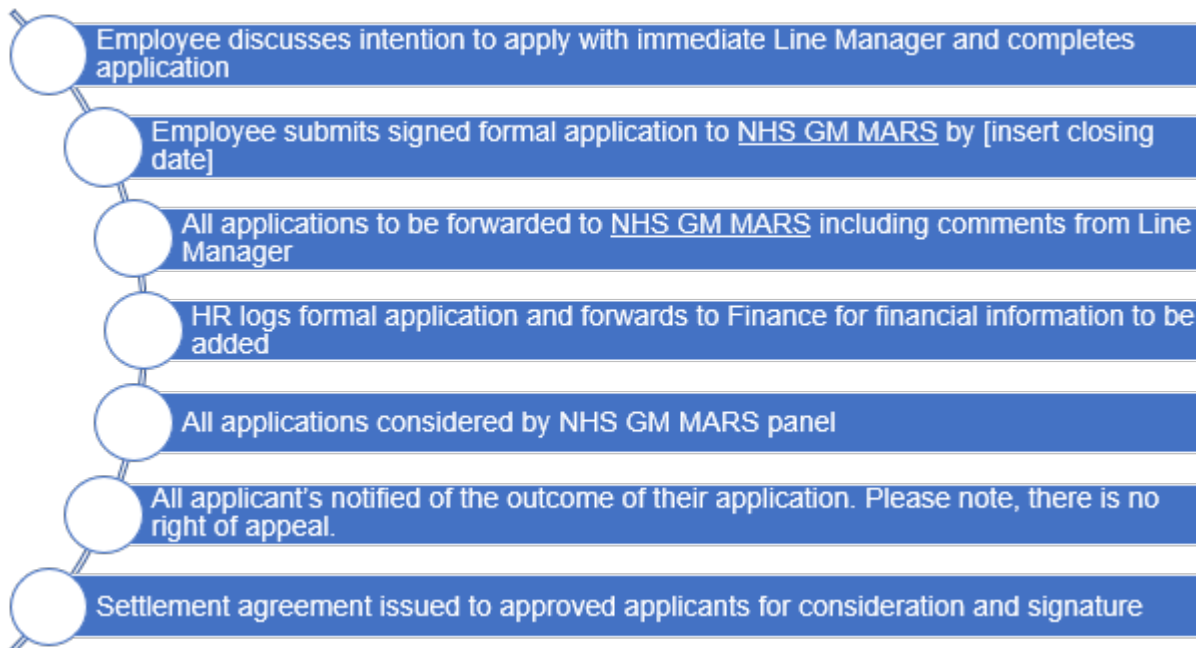
##### Mutually Agreed Resignation Scheme (MARS)

NHS GM are running a MARS as part of their response to the challenges the system is facing financially and the need to take action to reduce our deficit to ensure we are in a good financial position next year and beyond. MARS is a scheme under which an individual employee, in agreement with the organisation, chooses to leave employment in return for a severance payment. A Mutually Agreed Resignation (MAR) is not redundancy or voluntary redundancy. The scheme is in line with Section 20 of the Agenda for Change handbook.

Subject to the eligibility criteria, the scheme is open to colleagues who are employed on an NHS GM employment contract and have a minimum of 1 year's continuous service. Nursing, clinical and pharmacy colleagues are not eligible to apply due to the scarcity of their skills. Colleagues who have recently been appointed to a role in the new NHS GM structure are not eligible because they have been agreed as part of the permanent structure. NHS England colleagues embedded in NHS GM are not eligible for this

scheme and will have access to schemes run by their substantive employer, being NHS England, should they run them. All employees who apply for this scheme will leave the organisation by 31<sup>st</sup> March 2023.

Figure 1 – NHS GM – Mutually Agreed Resignation Scheme – At a Glance



The Big Conversation – Update

Phase two of the GM Health and Care ‘Big Conversation’ was rolled out during October 2022. This involved engagement leads from NHS GM, voluntary, community and social enterprise (VCSE) partners and Healthwatch organisations working together to reach people and communities to undertake face to face conversations. This phase had a particular focus on trying to reach those communities who are typically underserved and don’t usually take part in traditional engagement mechanisms such as online surveys.

The engagement reached over 2000 individuals, a great deal of whom are representatives of voluntary and community groups working with some of our most disadvantaged communities including asylum seekers and refugees, homeless people, parents of disabled children and sex workers. More than 10,000 qualitative comments were captured and have been analysed to understand priorities for health and care from a people and community perspective.

People were asked “what would make the biggest difference to you in relation to being healthier, happier and better; and what is currently stopping this?”

Across GM the main themes were:

- Widespread concern with funding and staffing levels for the NHS, as well as social care and the local VCSE sector.
- Widespread concern with the difficulties experienced in accessing GP appointments, as well as other access problems such as waiting times for hospital care.
- A demand for more personalised and person-centred care, which takes account of the needs of different individuals and communities, as well as recognising that one size does not fit all.
- A demand for more and better partnership working with the VCSE sector which is seen as ideally placed to help statutory services negotiate some of the above.

- An expressed need for more action on prevention and the wider determinants of health, including help with the cost of living.

This detailed analysis will be used to inform the Integrated Care Partnership (ICP) Strategy. The key themes of concern that were highlighted by the people and communities we serve will be prioritised within our delivery plans for the next 5 years. We have also produced 10 locality reports which will be shared with locality ICPs to help shape their neighbourhood priorities. The analysis and full report is available on our website: <https://gmintegratedcare.org.uk/big-conversation/>

#### Manchester University NHS Foundation Trust (MFT) Chief Executive – Update

I am sure Board members will be aware that earlier this year, Sir Mike Deegan – Chief Executive of MFT announced his intentions to retire, with him leaving in early 2023. I was part of the recruiting panel, supporting Cathy Cowell – Chair of MFT. Mark Cubbon – Chief Delivery Officer for NHS England has been appointed as the new Chief Executive of MFT. Sir Richard and I have already spoken to Mark and I look forward to working closely with him once he takes up his new post.

#### Bury Council Chief Executive / Place Based Lead – Update

I can confirm that Lynne Ridsdale has appointed as the new Chief Executive of Bury Council and Bury's Place Based Lead for NHS GM. Lynne is currently the Deputy Chief Executive of the council and will take over from Geoff Little, ICB Board member, who is retiring after four years in the role following over four decades of public service.

#### Mental Health, Learning Disability and Autism Update

Board members will be aware of recent discussions we have had in relation to the Edenfield Centre at Greater Manchester Mental Health NHS Foundation Trust (GMMH). As a result of the Panorama documentary, there were correspondence to mental health trusts from national colleagues, including Claire Murdoch – National Director for Mental Health at NHS England. Claire wrote to all mental health trust CEO's to ask for specific trust assurance in terms of due diligence and clinical governance. As such I have asked for the Chief Executives of GMMH and Pennine Care NHS Foundation Trust to also provide their assurance directly to me.

It is therefore my intention to provide this assurance, along with the NHS GM's own due diligence to a future Board meeting. This joined up assurance will firstly go through the Quality and Performance Committee for consideration before the Board. I will also ask for input from the Mental Health Board, which is chaired by our Chief Delivery Officer. Board members should be aware, that in respect of the Care and Treatment Review (CTR) process, NHS GM has the responsibility for commissioning the packages of care for the individuals with a learning disability and, or autism who require a CTR. For reference a CTR is a six-monthly review which looks at the safety, care and planning for people who are living in specialist hospitals.

In specific relation to GMMH, as of 22<sup>nd</sup> November, the trust will join the national Recovery Support Programme (RSP), due to their System Oversight Framework (SOF) 4 rating. For the Board's awareness, the SOF is designed to help NHS providers attain, maintain or improve their Care Quality Commission (CQC) ratings. It should be noted that the framework does not give a performance assessment in its own right. The segmentation decisions indicate the scale and nature of support needs, from no specific needs for segment 1, to a requirement for mandated intensive support being segment 4, which is now GMMH's

rating. Therefore, Clare Duggan – Regional Director of Strategy and Transformation from NHS England will Chair an Improvement Board with the support from Mandy Philbin – Chief Nursing Officer from NHS GM. As of 24<sup>th</sup> November, GMMH has received their most recent CQC inspection report. I have provided the judgement domains overview below in Figure 2.

Figure 2 – GMMH CQC Inspection Report – 24<sup>th</sup> November 2022



The CQC have suspended the ratings for this provider while they investigate concerns. The RSP will provide an opportunity for GMMH to work together with all their partners across GM to build better and more sustainable services for their service users. In addition to this, GMMH has welcomed NHS England’s decision to commission an independent review into their services. GMMH hope that this review will bring some clarity and reassurance to those they care for, and the public, regarding the ongoing safety of the services they deliver. Board members should also be aware that the Trust’s Chair Rupert Nichols confirmed his decision to step down.

Get to know where to go

A new campaign from NHS GM launched in November called ‘Get to know where to go’. ‘Get to know where to go’ aims to help people decide where to go when they need medical advice, help or treatment during this winter and beyond. The campaign has been informed by feedback and views from patients and NHS colleagues from across GM’s healthcare system. It focuses on enabling better, more effective decisions with straightforward and easily accessible information, that also celebrates the expertise in the NHS. The campaign kicked off with a launch at a Tameside pharmacy with healthcare professionals including a GP, dentist, pharmacist and optometrist there to help highlight the importance of reaching out to the right service.

Phase one is all about awareness with bold campaign artwork appearing on bus sides, billboards, trams, combined with social media and radio adverts. Activity has been planned specifically so it is balanced across all 10 localities. The core message will encourage people to contact NHS 111 to find the best service to meet their needs.

The second phase will be more targeted, informing people where to go with specific symptoms and spotlighting different services, including those in local areas. Board members are asked to support by sharing campaign posts on social media channels. I would like to add that this has already received good media coverage in the [Manchester Evening News](#), with our Chief Medical Officer talking about the importance of encouraging the public to choose the right service and take up their flu and Covid-19 vaccinations. The Chief Medical Officer was interviewed with other health and care professionals as part of the winter campaign and has already been on Global Radio, Hits Radio and BBC Radio Manchester.

### Supporting people waiting for hospital care and treatment

Last year, the GM system launched a campaign called [While You Wait](#), a resource designed to support patients waiting for hospital treatment across GM. While You Wait provides further information and advice, along with handy resources, to help patients manage their physical and mental wellbeing while waiting for hospital care. The website includes where patients can find extra support online and provides a link to look up average waiting times on the current national tools. The Frequently Asked Questions (FAQs) section covers some common questions such as how waiting lists are prioritised.

By working with clinicians across GM, some new specialty sections have been developed for Orthopaedics, Gastroenterology and Children’s Surgery, including Dental Services. The new sections give people waiting under those specialties more tailored advice for their condition and what they can do to manage while they wait.

### Appointment data for Greater Manchester GP practices

Data on appointments at GP practices was published for the first time on 24<sup>th</sup> November following a commitment made by the Secretary of State for Health and Social Care in the Our Plan for Patients document. The aim is to help patients make informed choices when choosing a GP practice. The data includes the number of appointments each practice is delivering, as well as the length of time taken from booking to the appointment itself.

You may have seen local GP practices highlighted in the media over the past few weeks. There are limitations to this data, as it doesn’t show the whole picture. Only some appointment data is captured and it does not include all work done in practices. For example, online consultation appointment data is missing for the majority of practices, despite the significant implementation across GM of this more convenient method of accessing consultations. So, it shouldn’t be used as an indicator of practice quality or patient care. There is work ongoing to seek to ensure that nationally published data is as accurate as possible.

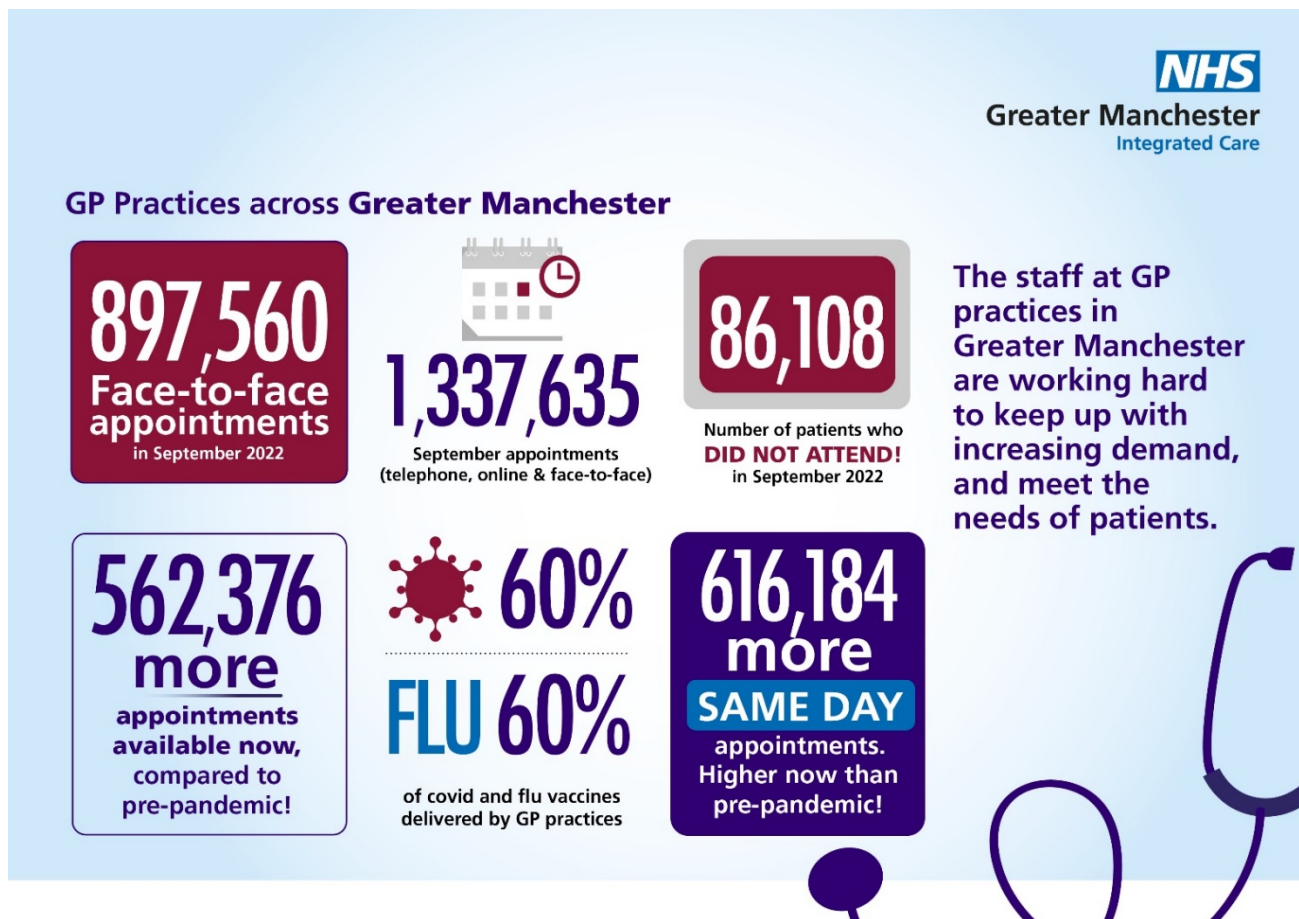
Access to GP services is a priority for patients, but some tell us they struggle to get an appointment when they need one. Across GM we have commissioned our Primary Care Networks (PCNs) to deliver extended hours services at evenings and weekends. We’re also working to address health inequalities in accessing services and improve digital inclusion to break down technological barriers and enable patients to benefit from different types of appointments available from their GP practice.

The Figure 3 infographic below presents a picture of our appointment data for GP practices in GM, clearly



showing that they are delivering more appointments than before the pandemic and more of these are appointments made on the same day. Our GM practice teams have achieved this in the face of increased pressure and rising demand and they continue to work hard to meet the needs of patients.

Figure 3 – GP practices in GM Infographic



Cost of Living

Following a GM Population Health Board ‘deep dive’ which led to a series of proposals being agreed by the GM ICP Board, NHS GM is collaborating with partners to implement a wide-ranging programme of activity. The partners include the Greater Manchester Combined Authority (GMCA), localities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector, which is aimed at mitigating the impact of the cost of living crisis on health outcomes and health and care services.

This has included strengthening the quality and availability of the advice and guidance that is available to the public and professionals, particularly through the [Helping Hand](#) web portal. This is expanding NHS GM’s participation in the GM Cost of Living Response Group, taking action to support patients who are in receipt of services where the crisis might have a significant negative impact. The work is supporting those who are dependent on medical devices in their home that generate high levels of energy consumption. This also includes supporting our employees who are adversely impacted by the crisis, as well as investing additional resources into the VCFSE sector to enable them to support our most vulnerable residents over the winter period. The work is also exploring longer term opportunities to ‘poverty proof’ health and care

services in the city-region.

Finally, looking forward to the New Year, the Board will receive a report on Making Smoking History which will include an update on vaping at January's meeting. This was a topic I covered in November and subsequently received specific questions from Board members. Therefore, the Board will receive a paper on this topic to update in more detail.

## **5. Recommendations**

### **5.1. The Board is asked to:**

- a. Provide feedback on the Chief Executive's Report on the topics covers.
- b. Suggest and recommend future topics for the Chief Executive's Report.
- c. Note the content of the report and the key messages provided.