NHS
Greater Manchester
Integrated Care

Agenda

Greater Manchester Integrated Care Board

Date: 17th May 2023

Time: 2.00pm to 4.00pm

Venue: Mersey Suite B and C, PP3

Item No.	Time	Duration	Subject	Paper/ Verbal	By Whom
1.	2.00	5 mins	Welcome, Introductions and Apologies	Verbal	Sir Richard Leese, Chair
2.	2:05		Declarations of Interest	Verbal	Sir Richard Leese, Chair
3.	2.10	5 mins	Draft minutes of previous meetings and matters arising	Verbal	Sir Richard Leese, Chair
Matters arising: **Actions:**					

Item No	Meeting	Action	Status	Comment
3003 -1	30/03/2023	To arrange an extraordinary Board meeting in the morning of 30th March 2023 aiming to send papers by Friday 24th March	Complete	Meetings held on 30 March and 4 May 2023 to approve the 2023/24 Operational Plan.
3003 -2	30/03/2023	Data on the impact of the strikes to be presented to the Quality and Performance Committee.	Open	

Leadership Reports					
4.	2.10	10 mins	Chair's Briefing	Verbal	Sir Richard Leese, Chair
5.	2.20	10 mins	Chief Executive's Update	Paper	Sarah Price, Deputy Chief Executive
Strategic Updates					
6.	2:30	20 mins	GM Mental Health and Wellbeing Strategy	Paper	Manisha Kumar, Medical Director
7.	2.50	20 mins	2023/24 Planning Update	Paper	Warren Heppolette, Chief Officer for Strategy & Innovation Sam Simpson, Chief Finance Officer
Assurance Reports and Updates					
8.	3:10	10 mins	Finance: • Finance Committee Report	Paper	Kal Kay, Non-Executive Director and Chair of the Finance Committee

			• Finance Report	Paper	Sam Simpson, Chief Finance Officer
9.	3:20	10 mins	Quality and Performance: • Quality & Performance Committee Report • Quality & Performance Report	Paper Paper	Dame Sue Bailey (SB), Non-Executive Director and Chair of the Quality & Performance Committee Mandy Philbin, Chief Nursing Officer
10.	3:30	10 mins	People and Culture • People and Culture Committee Report • Feedback from the GM System People Board	Verbal Paper	Shazad Sarwar, Non-Executive Director and Chair of the Remuneration Committee Janet Wilkinson, Chief People Officer
11.	3:40	10 mins	Audit Committee • Audit Committee Report including Risk Management Proposal	Paper	Richard Paver, Non-Executive Director and Chair of Audit Committee
12.	3:50	9 mins	Corporate and Governance • Establishment of Stockport Locality Boards as a Committee including any issues escalated from other Locality Boards • ICB Strategic Risk Report • Forward plan 23/24	Paper Paper Paper	Mandy Philbin, Chief Nurse Mandy Philbin, Chief Nurse Mandy Philbin, Chief Nurse
For Information:					
13.	3:59	1 min	Approved minutes of Committees: • People and Culture Committee • Finance Committee including draft minutes from the May meeting • Audit Committee • Quality and Performance • Primary Care Commissioning		
14.			Any other business	Verbal	Sir Richard Leese, Chair

Please note that due to the limited time we have we cannot respond to public questions within the Board meeting. We will acknowledge all the questions we get and will respond to them formally within 20 days. The questions and answers will also be published on our website.

Next Meeting: 2-4pm 19th July 2023, Mersey Suite, PP3

NHS
Greater Manchester
Integrated Care

Minutes

Greater Manchester Integrated Care Board (ICB)

Date: Wednesday 15 March 2023

Time: 2.00pm to 4.00pm

Venue: Mersey B & C, 3rd Floor, PP3 and livestreamed

Present		
Members:		
Sir Richard Leese	RL	Chair, NHS Greater Manchester NHS
Mark Fisher	MF	Chief Executive, NHS GM
Dr Manisha Kumar	MK	Chief Medical Officer, NHS GM
Mandy Philbin	MP	Chief Nursing Officer, NHS GM
Richard Paver	RP	Non-Executive Director and Chair of Audit Committee
Kal Kay	KK	Non-Executive Director and Chair of the Finance Committee
Dr Owen Williams	OW	Board Member bringing the perspective of Acute Providers, Chief Executive of Northern Care Alliance (NCA) NHS Foundation Trust
Leigh Vallance	LV	Board Member bringing the perspective of the Voluntary Community and Social Enterprise (VCSE) Sector, Chief Executive of Bolton Hospice
Dr Vish Mehra	VM	Board Member bringing the perspective of Primary Care, General Practitioner
Shazad Sarwar	SS	Non-Executive Director and Chair of the Remuneration Committee, NHS GM
Sam Simpson	SSi	Chief Finance Officer, NHS GM
Executives:		
Warren Heppolette	WH	Chief Officer for Strategy, NHS GM
Janet Wilkinson	JW	Chief People Officer, NHS GM
Steve Dixon	SD	Chief Delivery Officer, NHS GM
Sarah Price	SP	Deputy Chief Executive / Chief Officer of Population Health, NHS GM
Attendees / Participants:		
Jenny Noble	JN	Board Secretary, NHS GM
Chris Gaffey	CG	Associate Director of Corporate Services, NHS GM
Jackie Chrystan	JC	Business Coordinator, NHS GM
Louise Sinnott	LS	Head of Place-based Commissioning – Greater Manchester (Specialised Commissioning), NHS England

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Public:		
Claire Norman	CN	Director of Communications, NHS GM
Laura Conrad	LC	Senior Communications and Engagement Manager (Greater Manchester), NHS GM
Rupert Brereton	LB	Healthcare Partnership Manager, Pfizer
Apologies:		
Neil Thwaite	NT	Board Member bringing the perspective of Acute Mental Health
Alison McKenzie-Folan	AMF	Chief Executive Wigan Council, Place Based Lead Health & Care for Integrated Care Partnership
Paul Dennett	PD	Board Member bringing the perspective of Local Authorities, Salford City Mayor
Dame Sue Bailey	SB	Non-Executive Director and Chair of the Performance & Quality Committee

	Topic	Action
1.	Welcome, Introductions and Apologies RL welcomed attendees to the GM Integrated Care Board meeting and apologies were noted.	
2.	Declarations of Interest (DOI) RL reminded board members of their obligation to declare any interest relating to items on the agenda. OW declared a conflict of interest in item 8 as Chief Executive of Northern Care Alliance (NCA) NHS Foundation Trust. It was agreed he would remain in the meeting and participate in the discussion.	
3.	Minutes of previous meeting The minutes of the Board meeting on the Wednesday 15th February were approved subject to the following corrections: - • Minute 7: Recommendation amended to include further consideration in relation to the proposed Equality and Inclusion Council. • List of members amended to reflect that SS is Chair of the Remuneration Committee. Matters Arising There were no matters arising.	
4	Chair's Briefing RL referenced several meetings he had attended since the February Board including an update on the Hewitt Review that was due to be published today (15th March) but had been deferred due to the budget. Recommendations from the review would be shared when available. **The Board noted the verbal update provided.**	

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5.	Chief Executive's Update MF updated on the launch of the People and Culture Strategy at the Greater Manchester Workforce Summit held earlier in March including a keynote speech from the Mayor of Greater Manchester. He also said it had been a pleasure to speak at the Freedom to Speak Up conference recently. He noted the continued industrial action and the decision taken by NHS England to move NHS GM from Segment 2 (SOF 2) to Segment 3 (SOF 3) in line with the requirements set out in the NHS Oversight Framework 2022/23 due to growing concern and deteriorating performance against key target areas. He welcomed the work from PwC and Carnall Farrah to help understand the challenges. Finally, he announced that the consultation about NHS GM's proposed locality and GM-wide structures would launch on Wednesday 29th March 2023 and close on 31st May 2023. He asked Board members to support staff throughout this period of uncertainty. No further feedback was provided. **The Board noted the contents of the report.**	
6.	Staff Survey update (including Freedom to Speak Up update) JW provided the Board with a high-level view of the survey findings by engagement theme which would be presented to the next People Board meeting. She noted that Delve OD had been commissioned to deliver and analyse the data on NHS GM's behalf, 764 responses had been received in total with a 40% response rate which was slightly disappointing. Following feedback there were three suggested initial priorities for NHS GM to consider: clear shared vision; leadership visibility; and organisational belonging. Next steps included: engaging with the workforce, sharing the full report including the staff survey action plan with the organisation once this had been signed off and regular pulse surveys. OW shared his own experiences across including some of the work in Rochdale using this as an opportunity to share learning as well as high engagement levels in Salford. Others commented on the low response rate and MF noted the complexities of engaging with the whole system. JW welcomed these comments and advised that the staff survey was on the agenda for the first extended leadership team meeting including deputy place based leads next week as a priority. SS also highlighted the role of the People and Culture Committee in responding to the results and JW added that some data on protected characteristics would be included in the full results when they were published. In terms of Freedom to Speak Up, JW updated that NHS GM had recruited to the Freedom to Speak Up Guardian post and had also recruited a new champion to the Freedom to Speak Up team. She noted that themes this quarter included concerns raised around team culture and management, and whilst benchmarking was not possible yet, the new Freedom to Speak up Guardian would be able to add value here. **The Board noted the findings and the recommended next steps.**	
7.	Complex service change on the previous Pennine Acute Hospitals footprint SD provided an update regarding planned service changes in the context of previously	

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	agreed decisions taken in Greater Manchester to disaggregate services from the legacy PAHT and integrate North Manchester General Hospital (NMGH) into MFT and the remainder of the PAHT sites into the NCA. He provided the following: • A reminder about the background to the acquisition of the Pennine Acute Hospitals Trust by Manchester Foundation Trust and Salford Royal Foundation Trust (and the subsequent creation of the NCA) • An overview of the disaggregation approach and context of complex services • A reminder of the agreed approach to developing and assuring service change in Greater Manchester (agreed by JPDC in July 2022) • A summary of phase 2 complex services namely Cardiology, Gastroenterology, Rheumatology and Urology (6 low volume pathways) • Overview of engagement approach to date, and summary of estimated impact using service change assurance framework. In response to comments received, SD confirmed the agreed service change assurance process had been undertaken to assess the impact of phase 2 complex service disaggregation on the affected population and that NHS GM did not need to formally consult with patients on these changes. SP added most of the work had been completed prior to the establishment of the ICB and that the background was provided in the paper. **The Board:** • **Discussed and supported the approach to the Phase 2 complex service change proposals developed, and the Locality engagement undertaken** • **Endorsed the output of the substantial variation assessment undertaken for each of the phase 2 specialties and supported the development of implementation plans.**	
8.	<u>2023/24 Planning</u> WH updated the Board on the development of plans for 2023/24 as part of the national planning round including the process to develop the Joint Forward Plan (JFP) for Greater Manchester. He noted that work was underway to finalise operational plans for 2023/24 with final plans due at the end of March and highlighted the areas that were not achieving the national targets including: A&E four-hour target, ambulance response times, 65 week waits and mental health out of area placements. SD added that significant progress had been made since the draft plan was submitted in February but reflected NHS GM needed to start the process earlier next year. RL advised that there were two options for approval either to delegate approval of the budget to the Finance Committee at its meeting on 30th March or to hold an extraordinary Board meeting for a one agenda item only meeting to sign off the budget ahead of submission on 30th March at noon which was part of the 2023/24 Operational Plan. **The Board:** • **Noted the update on the planning round 2023/4** • **Noted the update on the process to develop the JFP** • **Agreed to hold an extraordinary Board meeting to approve the Operational Plan 2023/34.** **ACTION:** To arrange an extraordinary Board meeting in the morning of 30th March 2023 aiming to send papers by Friday 24th March.	JN

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9.	<u>Joint Working Agreement (JWA) between NHS England in the NW and the three NW ICBs</u> SP welcomed LS to the Board who provided the background to the joint working model with NHS England (NHSE) which would be legally underpinned by a Joint Working Agreement and statutory Joint Committee between NHSE and the three Integrated Care Boards (ICBs) in the North West for the 59 specialised services that were appropriate for more integrated commissioning. This arrangement builds on Greater Manchester's (GM's) previous internal scheme of delegation for specialised commissioning with NHSE that led to the closer integration of acute and mental health service planning and transformation to improve patient experience and outcomes. LS advised that 2023/24 would be a stepping-stone to delegating full commissioning responsibility for suitable services, including budgets and financial liability from April 2024 (subject to NHSE's Board consideration and decision and assured the Board that GM governance would be retained until then. MF asked the Board to support the recommendations as a step forward until full delegation from April 2024 and an opportunity to work more closely with the other two NW ICBs. SP added that this was also an opportunity to look at end to end pathways which should be more affordable and better for patients. Members commented on the geography and that specialised services didn't necessarily mean a specialist centre. This needs to be balanced so that care was provided closer to home where possible. **The Board:** • **Noted how the commissioning of specialised services had evolved since 2013; and the opportunities that greater leadership and financial management of appropriate specialised services could achieve for patients and whole populations.** • **Noted the list of services in the NW that were appropriate for greater ICB leadership from April 2023, those that were likely to be appropriate at a future point in time, and those services where commissioning responsibility would be retained by NHSE (Appendix B: Services in Scope – NW Specialised Service Segmentation).** • **Noted the joint working model for the commissioning of specialised services in 2023/24 set out by NHS England.** • **Delegated authority to the GM Chief Officer for Population Health & Inequalities and Deputy Chief Executive to sign the Joint Working Agreement on behalf of GM Integrated Care to enable these commissioning arrangements to 'go live' from April 2023.** • **Noted the move to population-based budgets to support delegated commissioning arrangements in GM and the importance of this shift in terms of supporting NHS GM to address inequalities in access to and outcomes from specialised services.**	
10.	<u>Finance</u> <u>Feedback from Finance Committee</u> KK provided an update from the meeting on 23rd February 2023 including: • That work was continuing with finance team colleagues to embed the Finance Risk Register and manage the three existing Strategic Finance Risks • The GM Month 10 financial position	

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	• An update from the Finance Recovery Committee • The approach to financial planning • A presentation on the diagnostic review including action plans <u>Finance Report</u> SSi updated the Board on the financial position of NHS Greater Manchester and the overall ICS financial position as at month 10 which had been discussed in detail at the Finance Committee. The Month 10 position for the system was a deficit of £32.9m against a planned deficit of £4.9m, representing a year to date overspend of £28.0m. This equated to a £34.8m improvement within the YTD position, from the position reported at month 9, which was predominantly driven by increased delivery of efficiencies in both NHS GM and providers. She noted that only 2 weeks from year end, the focus was now on recovery, delivery of the year end position and the reduced risk of not delivering in M11 which was largely due to non-recurrent funding so remains a risk. With regards to capital, collectively GM providers were forecasting to achieve the spend against the GM Allocation following review at Month 10. The forecast outturn at Month 10 of £177.2m is £5.2m below plan, recognising that the plan exceeded the allocation by £5.2m (in line with NHSE planning guidelines). The capital departmental expenditure limit (CDEL) position had reduced this month following a review by the Christie relating to the impact of IFRS16. RL commented on the hard work in the system and the need to work with providers to look at what is driving increase in workforce and inefficiencies. SSi confirmed that diagnostics should be completed by the end of the month with the PwC report expected to be published in April although lots of data had already been provided which was helpful. **The Board:** • **Noted the financial position presented for both year to date and the forecast now reflecting the re-distribution of the system efficiencies** • **Noted the £50.2m of total risk and the £20m of unmitigated net financial risk** • **Noted the specific risks highlighted**	
11.	<u>Quality and Performance</u> <u>Feedback from Quality & Performance Workshop</u> On behalf of SB, MP updated from the workshop in February noting the lag in reporting quality and performance data. She also noted that the risk framework was still in development and there was a healthy conversation but still lots of work to do. <u>Quality & Performance Report</u> SD reported to Board the material issues relating to performance. He noted that the health and care system in Greater Manchester was under extreme pressure, and this was expected to continue due to the ongoing industrial action. This generated risks to performance which were highlighted to the Board. SD asked Board to note material performance risks to elective 78 week waits, ambulance response/handover and cancer 62 day waits.	

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	SS queried the impact of the strikes particularly for patients with protected characteristics and SD noted the discussion at the development session regarding variations and the need to seek out good practice. **ACTION:** Data to be presented to the Quality and Performance Committee although this may not include characteristics. He added the Terms of Reference had been amended for approval by the Board. MP asked Board to note quality risks relating to learning disabilities and autism services, updates to maternity visits and providers with enhanced surveillance where additional support was being provided. She added that the pressures constitute a significant risk to the quality of delivery and experience for the population. She noted the new role for CQC to review and assess the integrated care systems associated with each ICB and that Stockport locality would be the test site. RL noted the improvements in section 3 of the report including updates on providers under enhanced quality surveillance. **The Board discussed:** • **The overall position regarding performance and quality** • **Material challenges set out in 2.4. which were discussed in more detail in system boards; localities; quality and performance committee; and Joint planning and delivery committee.** • **Noted performance risks for 2023/24 as set out in section four** • **Updates in relation to providers in enhanced surveillance or regulatory activity** • **Approved the draft Quality and Performance Committee terms of reference**	SD/MP
12.	<u>People and Culture</u> <u>Feedback from the People and Culture Committee</u> SS advised the Committee had not met since last meeting but that the People and Culture Strategy had been launched. He noted that 3 MARS had been withdrawn since the last meeting and reminded Board members to complete their mandatory training if they had not already done so. <u>People Board</u> JW confirmed that the Board met in February to discuss the: strategy, summit, financial position including funding streams. It approved the workforce development programme and reviewed the risk register. There was also a spotlight on the nursing and midwifery programme. The Greater Manchester Workforce Summit 2023 was held at the Museum of Science and Industry. The event brought together around 150 colleagues from the workforce community, across the health and social care sector, including People professionals, higher education institutes, trade unions, clinicians, locality leads and support organisations. Feedback was positive with 95% of attendees saying they would attend another event, and speakers and networking being the top scorers. **The Board noted the updates.**	

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13.	Audit Committee Feedback from the Audit Committee RP provided feedback from the March meeting which covered non-financial items including: • Draft internal audit plans which would be shared with committee chairs for information • Reports on health and safety, statutory publication requirements and EPRR with updates to be provided at a future meeting • FOI process noting that interim arrangements would be put in place • Update on the BAF and the role of the Committee and a proposal would be brought back to the next meeting. **The Board noted the update.**	
14.	Corporate and Governance Establishment of Locality Boards as Committees SD provided assurance that the localities of Bury; Heywood, Middleton and Rochdale; Tameside; Trafford and Wigan had developed and recommended for approval robust governance arrangements as required by NHS Greater Manchester (NHS GM) to facilitate the formal constitution of their respective Locality Boards. Confirmation was also provided that such arrangements fully supported the ICB's scheme of reservation and delegation (SoRD) and further, meet the key criteria provided via 'the boilerplate' template for ToR issued in early 2022. Specific detail and points to note were provided for each locality. He noted a significant amount of work had been done before the meeting and that there were still a couple of gaps to be resolved outside of the meeting including the classification of services between delegation between localities and GM, which in turn would mean the appropriate financial values to be amended. For e.g., some discrepancies in the BCF services that were are to be manged at a GM level and not at a locality level. But there was nothing that couldn't be worked through following approval. 6-monthly updates would then be required to ensure that Locality Boards were operating in line with their Terms of Reference and best practice. In response to a couple of comments received, SD confirmed that all locality ToR referenced appropriate neighbourhood and place-based working; and included clinical care and professional leadership within the membership of the board. SD also provided a verbal update on Stockport's final submission, although now received, did not allow sufficient time for relevant assurance processes to be completed prior to the meeting. He acknowledged that the temporary PBL delegations in operation would expire on 31st March 2023 and requested delegated approvals from the Board to the NHS GM Chair and Chief Executive, to facilitate the establishment of Stockport's Locality Board before 1st April 2023. **The Board:** • **Received assurance that the relevant documentation provided by the localities of Bury; Heywood, Middleton and Rochdale; Tameside; Trafford and Wigan broadly meets the establishment criteria as expected;** • **Approved the establishment of the aforementioned localities' boards as both a joint committee of the ICB and Local Authority for services and funds within the Section 75 (S75 Agreement) and a committee of the ICB for those health budgets delegated to each that sit outside the S75 Agreement; and** • **Approved explicitly the S75 arrangements and 'pooled budgets' outlined in**	

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	the report and therefore agreed signature to the S75 Agreements (and variations) subject to any final amendments recommended by finance colleagues. • **Delegated approval to the NHS GM Chair and Chief Executive to facilitate the establishment of Stockport's Locality Board before 1st April 2023.** <u>ICB Strategic Risk Report</u> SD updated the Board on the progress over the past month in embedding the ICB's Risk Management Framework and approach across the committees and board meetings of the ICB. The report had been developed to include a heat map of all strategic risks. He noted work was ongoing to acknowledge the role of Audit Committee in this process and that a paper would come back to the next meeting including the proposal. **The Board:** • **noted the progress over the past month to embed the ICB's Risk Management Framework** • **considered the risks highlighted and the mitigating actions concerned** • **considered whether there any other Strategic risks need adding to the ICB's risk register** • **supported the detailed review of the Strategic Risk Register and Board Assurance Framework by the Audit Committee on a six-monthly basis** <u>Forward Plan 23/24</u> SD provided a verbal update on future meetings noting that the intention was to alternate between formal and informal meetings to allow sufficient time for Board training and development. The plan would be developed and brought back to the next meeting in April/May. **The Board noted the verbal update provided.**	
15.	<u>Approved Minutes of Committees</u> The following minutes were shared for information: • People and Culture committee • Finance committee • People Board	
16.	<u>Any Other Business</u> RL noted that it was SD's last meeting as Chief Operating Officer at NHS GM. He noted his appreciation and best wishes for the future.	
17.	<u>Date and time of next meeting:</u> Wednesday 17th May 2023, 2pm – 4pm, Mersey Suite, PP3	

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Minutes

Greater Manchester Integrated Care Board (ICB)

Date: Thursday 30 March 2023

Time: 9.00am to 9.45am

Venue: PP3 and Microsoft Teams

Present		
Members:		
Sir Richard Leese	RL	Chair, NHS Greater Manchester NHS
Mark Fisher	MF	Chief Executive, NHS GM
Dr Manisha Kumar	MK	Chief Medical Officer, NHS GM
Richard Paver	RP	Non-Executive Director and Chair of Audit Committee
Kal Kay	KK	Non-Executive Director and Chair of the Finance Committee
Dame Sue Bailey	SB	Non-Executive Director and Chair of the Performance & Quality Committee
Leigh Vallance	LV	Board Member bringing the perspective of the Voluntary Community and Social Enterprise (VCSE) Sector, Chief Executive of Bolton Hospice
Dr Vish Mehra	VM	Board Member bringing the perspective of Primary Care, General Practitioner
Shazad Sarwar	SS	Non-Executive Director and Chair of the Remuneration Committee, NHS GM (until 9.30am)
Sam Simpson	SSi	Chief Finance Officer, NHS GM
Neil Thwaite	NT	Board Member bringing the perspective of Mental Health, Chief Executive of Greater Manchester Mental Health (GMMH) NHS Foundation Trust
Executives:		
Warren Heppolette	WH	Chief Officer for Strategy, NHS GM
Janet Wilkinson	JW	Chief People Officer, NHS GM
Sarah Price	SP	Deputy Chief Executive / Chief Officer of Population Health, NHS GM
Attendees / Participants:		
Jenny Noble	JN	Board Secretary, NHS GM
Chris Gaffey	CG	Associate Director of Corporate Services, NHS GM
Gill Gibson	GG	Deputy Chief Nurse (on behalf of Mandy Philbin)
Ed Dyson	ED	Director of Performance, Improvement and Assurance (on behalf of Steve Dixon)
Alison McKenzie-Folan	AMF	Chief Executive Wigan Council, Place Based Lead Health & Care for

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		Integrated Care Partnership
Apologies:		
Dr Owen Williams	OW	Board Member bringing the perspective of Acute Providers, Chief Executive of Northern Care Alliance (NCA) NHS Foundation Trust
Paul Dennett	PD	Board Member bringing the perspective of Local Authorities, Salford City Mayor
Mandy Philbin	MP	Chief Nursing Officer, NHS GM
Steve Dixon	SD	Chief Delivery Officer, NHS GM

	Topic	Action
1.	Welcome, Introductions and Apologies RL welcomed attendees to the extraordinary Board meeting and apologies were noted.	
2.	Declarations of Interest (DOI) RL reminded board members of their obligation to declare any interest relating to items on the agenda. NT declared an interest as Chief Executive of GMMH. He remained in the meeting and participated in the discussion.	
3.	Matters Arising There was one matter arising from the previous meeting. At the March ICB meeting, the Board delegated approval to the NHS GM Chair and Chief Executive to facilitate the establishment of Stockport's Locality Board before 1st April 2023. A verbal update was provided at the meeting and the relevant due diligence processes had continued with a view to confirm that the same assurance could be provided for the locality of Stockport prior to the expiration of temporary PBL delegations in operation until 31st March 2023. However, it had not been possible to meet this deadline and the Chair asked the Board to extend these delegations until 30th April 2023 or the Stockport Locality Board was established. **The Board:** • **Extended delegated authority to the Stockport Place Lead to finalise the establishment of its s.75 committee or board at locality level, including the appointment of ICB representatives/officers to this Board;** • **Extended delegated authority to the Stockport Place Lead to take decisions at locality level pending the establishment of its Locality Board, to be exercised only to the extent that the function in question has not been reserved to the Board or delegated to another committee or sub-committee or officer; and** • **Extended delegated approval to the NHS GM Chair and Chief Executive to facilitate the establishment of Stockport's Locality Board before 1st May 2023.**	
4	2023/24 Priorities & Operational Guidance MF provided an overview contributing to the submission of the GM system Operational Plan for 2023/24. The submission would be made on the national portal at midday today (30th	

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	March) and WH summarised the key elements of that submission noting the workforce data was missing in the paper but there had been positive movement. SSi added that the workforce data was being aligned to finance and would be included in the submission. The GM system had made significant improvements in the plan from the first submission in February to this March submission. That improvement reflected considerable system wide activity, collaboration across organisations and the sharing of risk to inform an improved plan. However, the plan confirmed key challenges relating to a remaining financial deficit position, remaining performance constraints and the need for the system to make further progress as the plan was delivered. WH outlined those challenges and signalled the further work beyond the March submission which would be required to meet the national objectives and deliver the shared ambitions the plan committed NHS GM to. SSi thanked teams for their hard work and noted that there had been good engagement from the system which PWC had commented on. The Board was asked to endorse the submission for the 2023/24 planning round and the following comments were noted: • The deficit had been inherited largely due to covid and pre-dated the ICB; • No assurance that inflation would be fully met and pay had been included at 2% but national assumption was 3.5% although SSi confirmed this would be funded by national programme; • Loss of money through conversions/diversions; • The need for difficult commissioning/decommissioning decisions and who would make these decisions; • Where primary care fitted into the plans; and • Key challenges around mental health and the work ongoing to improve performance. In response, WH confirmed that the priorities set out in the Planning Guidance would be an important component of the plans for the year ahead, alongside the development of the ICP strategy and the Joint Forward Plan (JFP). SSi added that the PWC outputs would also inform future iterations of the plans as well as the Carnall Farrar review of leadership and governance commissioned by NHS GM on behalf of NHSE. Following further discussion, RL commented that he could not ask the Board to endorse the submission as it was non-compliant without justification both in terms of finance and performance, and there was no proposed route to compliance, although he would ask the Board to agree to the submission on the basis of it being work in progress. **The Board:** • **Noted the key activity, workforce, finance and narrative outputs of the submission.** • **Agreed the submission of the GM Operational Plan on 30th March noting the comments made above that this would not be the final plan.** • **Supported the post-submission proposals.**	
5.	<u>Any Other Business</u> None this time.	
6.	<u>Date and time of next meeting:</u> Wednesday 17th May 2023, 2pm – 4pm, Mersey Suite, PP3	

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Minutes

Greater Manchester Integrated Care Board (ICB)

Date: Thursday 4 May 2023

Time: 9.00am to 9.45am

Venue: PP3 and Microsoft Teams

Present		
Members:		
Sir Richard Leese	RL	Chair, NHS Greater Manchester NHS
Mandy Philbin	MP	Chief Nursing Officer, NHS GM
Dr Manisha Kumar	MK	Chief Medical Officer, NHS GM
Richard Paver	RP	Non-Executive Director and Chair of Audit Committee
Kal Kay	KK	Non-Executive Director and Chair of the Finance Committee
Dame Sue Bailey	SB	Non-Executive Director and Chair of the Performance & Quality Committee
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Paul Dennett	PD	Board Member bringing the perspective of Local Authorities, Salford City Mayor
Executives:		
Warren Heppolette	WH	Chief Officer for Strategy, NHS GM
Janet Wilkinson	JW	Chief People Officer, NHS GM
Sarah Price	SP	Deputy Chief Executive / Chief Officer of Population Health, NHS GM
Attendees / Participants:		
Jenny Noble	JN	Board Secretary, NHS GM
Chris Gaffey	CG	Associate Director of Corporate Services, NHS GM
Apologies:		
Mark Fisher	MF	Chief Executive, NHS GM

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Ed Dyson	ED	Director of Performance, Improvement and Assurance, NHS GM
Neil Thwaite	NT	Board Member bringing the perspective of Mental Health, Chief Executive of Greater Manchester Mental Health (GMMH) NHS Foundation Trust

	Topic	Action
1.	Welcome, Introductions and Apologies RL welcomed attendees to the extraordinary Board meeting and apologies were noted.	
2.	Declarations of Interest (DOI) RL reminded board members of their obligation to declare any interest relating to items on the agenda. No declarations were made.	
3.	Matters Arising There were no matters arising.	
4	2023/24 Operational Plan: Resubmission Overview RL advised that GM ICB was required to resubmit the 2023/24 operational plan today (4th May). WH provided an overview of the updated position (from the submission on 30th March) across workforce in particular notifying the Board of the key changes. He noted that the changes were broadly positive in each of the areas around performance. SSi then provided an overview of the updated position across finance highlighting the changes that were key in reducing the deficit reported at the last meeting. In the May submission, GM would be submitting a balanced plan for revenue, and a capital expenditure plan which was £71m above the system's envelope, remaining consistent with the March submission. She noted that strategic assurance meetings had recently taken place with both the NW and national NHSE teams to agree the improvements required to the operational plan, as well as escalation meetings with providers which identified a need to go back to the financial rigour of pre-covid regimes. As part of the agreement of the individual organisational plans, the ICB required each Board to sign up to a statement relating to the System Savings (focusing on cost reduction) and the allocation decisions regarding any future new funding. OW confirmed that the NCA Board had already signed up to this which was welcomed by KK. Significant work had taken place to date to ensure GM ICB was in a position to submit a notably improved plan by the resubmission deadline of 4th May, but SSi noted the need to move from planning to delivery mode post-submission. She recognised that discussions were still ongoing and the role of the ICB as the system leader. The following comments and questions were noted: • With regard to industrial action and assumptions, WH confirmed this had been partially factored in but remained a risk; • What the role of Non-Executive Directors in oversight of the Plan as they were not members of the Finance Recovery Committee, and it reports to the Finance Committee which was a committee of the Board; • Recognition that it was not only a financial responsibility and queries as to when	

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	the Board would see a summary of the detail; • Risk e.g., use of independent sector. WH confirmed this had been factored in but there was a co-dependency on the workforce. In addition, JW noted the need to support the workforce and deliver the People and Culture Strategy; • Quality and the potential widening of health inequalities. MP confirmed the use of Quality Impact Assessments as well as Equality Impact Assessments. It was also noted that quality metrics were being reviewed. RL thanked WH, SSi and the executive team on the progress since the end of March with support from national and regional teams to get GM ICB to this position and commented on the need for long term planning. He also commended that the paper focused on one of three key parts of national operational planning guidance to recover our core services and productivity but not the other two i.e. make progress in delivering the ambitions in the Long Term Plan (LTP) or continuing to transform the NHS for the future. Therefore, there is a need to review the governance of the wider system following the Carnall Farrah governance and leadership review so that arrangements are fit for purpose. Members echoed RL's comments on progress made to date and commented on the need to see the detailed plans and further improvements on the key challenges to ensure that risks were being managed. In response, SSi and others advised that plans would be shared with the Board via the Finance Committee in particular. **The Board:** • **Noted the work undertaken to date to improve our position across activity, workforce and finance.** • **Noted the need for further improvements on the 65ww position, mental health out of area placements and perinatal mental health services.** • **Noted the need for further discussions about the providers' capital plan.** • **Agreed the final position (target value) that GM should submit on Perinatal MH services.** • **Supported the resubmission of the GM Operational Plan on 4th May.** • **Supported the post-submission proposals.**	
5.	Any Other Business None this time.	
6.	Date and time of next meeting: Wednesday 17th May 2023, 2pm – 4pm, Mersey Suite, PP3	

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NHS
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Integrated Care

Chief Executive's report to the NHS Greater Manchester Integrated Care Board

17th May 2023

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NHS Greater Manchester Integrated Care

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Chief Executive's report to the Board
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 17/05/2023
AUTHOR/S:	Sarah Price – Deputy CEO
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	n/a
PRESENTED BY:	Sarah Price – Deputy CEO

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
Financial Implication:	**Yes** ☐	**No** ☒

PURPOSE OF REPORT:

The report is as usual split into three key sections; 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. Feedback on the format and content provided, as well as any requests of topics Board members would like covered in the coming months would be welcome.

KEY MESSAGES:

The Chief Executive's report is once again split into three key sections; national updates, regional updates and system updates here in Greater Manchester (GM).

RECOMMENDATIONS:

The Board is asked to:

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

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1. INTRODUCTION

The Chief Executive's report is once again split into three key sections; national updates, regional updates and system updates here in Greater Manchester (GM).

2. National Updates

The report into the role and opportunity of the establishment of ICSs led by the Right Honourable Patricia Hewitt has been published. The report identified 6 key principles that will enable ICSs to create the context in which they can thrive and deliver. These are: collaboration within and between systems and national bodies; a limited number of shared priorities; allowing local leaders the space and time to lead; the right support, balancing freedom with accountability and enabling access to timely, transparent and high-quality data. The Government is now considering the recommendations made by the review and we will be looking at the recommendations within GM to see what we can adopt as we move forward in advance of a national response.

3. Regional Updates

NHS England – Operating Model & Staff Transfer

Discussion on the future NHS England Operating Model for the Regional Team has continued and it expected that a consultation with staff will begin in the early summer. The focus of our discussion with the Regional team has been on the arrangements for NHS England staff who were embedded within Greater Manchester Health and Social Care Partnership (GMHSCP). I can confirm, that as of 1st May, most of the embedded staff formally transferred into NHS GM. However, several teams have not transferred as the model for future working at a national level for these areas of work are still to be finalised. This includes the Strategic Clinical Networks, Screening and Immunisation and Health and Justice Teams. Negotiations continue, but crucially these teams will continue to be embedded and align to our system working.

NHS GM: NHS System Oversight Framework Segmentation Change

As reported to the Board in March, as part of the system wide discussions which Mark Fisher has had with Richard Barker since October 2022, the GM system has been highlighted nationally as an area of growing concern due to deteriorating performance against key targets. These areas include elective recovery, cancer, urgent and emergency care as well as finance. Considering the deterioration and the need for a plan to drive improvement, a decision was made by NHS England to move NHS GM from Segment 2 (SOF 2) to Segment 3 (SOF 3) in line with the requirements set out in the NHS Oversight Framework 2022/23: https://www.england.nhs.uk/nhs-system-oversight-framework

Consequently, NHS GM are in continued dialogue with NHS England, who are in the process of reviewing the mandated improvement support requirements to ensure that NHS GM is provided with the necessary support from not only NHS England, but partner organisations. NHS GM is developing an action plan for delivering improvement, setting out monitoring arrangements and the exit criteria for a move back into SOF 2.

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Part of the support arrangements from NHS England has been a leadership and governance review by Carnell Farrar (CF) which was positioned to complement the diagnostic work already undertaken by PricewaterhouseCoopers (PwC) UK. Board members will be aware that GM has been challenged in the delivery of constitutional standards and our financial position. CF are reviewing the structures for oversight, delivery and transformation across the GM system to understand how effectively the current arrangements work, including leadership, decision-making, resourcing and culture.

The CF Team have worked through a range of engagement methods including interviews, group discussions and a survey of senior leaders. I would like to thank members of the Board for their engagement with this process. The initial verbal feedback of the findings was provided to a system leadership event at the end of April where the NHS GM Executive Team were joined by members of the Board, trust CEOs and Chairs, as well as Place Base Leads. The final report will be completed in early May and will be shared with the Board once available.

4. Greater Manchester Updates

Industrial Action

Industrial action across health and care services continues. Discussions at a national level have resulted in a settlement for some staff groups, but the Royal College of Nursing (RCN), representing nurses, as well as the Junior Doctors have still to agree a way forward. The system has worked well to plan for industrial action which has meant the impact has been kept to a minimum. However, there will be an ongoing effect on recovery and the achievement of key targets.

NHS GM Consultation launch

The consultation about NHS GM's proposed locality and GM-wide structures launched with trade unions on Tuesday 28th March 2023 and wider colleagues on Wednesday 29th March 2023. The consultation will formally close on 31st May 2023. This is a culmination of the work undertaken by localities and functions. The priority is to support our colleagues during this period of uncertainty, through regular briefings and updates, as well as providing access to comprehensive wellbeing support. At the end of the consultation, NHS GM will review all the feedback provided and look to work with our various teams and trade union colleagues to begin implementation of the new structures.

World Immunisation Week

From 24th to 30th April 2023 was World Immunisation Week, a time to highlight how valuable vaccines are and their ability to help protect us all from serious and highly infectious disease and illness. Nationally and here in GM, we have seen a decline in the uptake of routine childhood vaccinations, such as the MMR vaccine which protects against measles, mumps and rubella. The latest figures show only 84.8% of 5-year-olds in GM have had both doses of their MMR vaccine, which is well below the 95% World Health Organisation's (WHO) target needed to achieve and sustain measles elimination. Research suggested this is a product of vaccine fatigue which is a new phenomenon since the Covid-19 pandemic across the world. Significant innovative insight and engagement work is underway in GM during 23/24 to help address this.

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Children are offered two doses of the MMR vaccine, with the first when they are 1-year-old and the second at 3-years and 4-months old. NHS GM used World Immunisation Week as an opportunity to encourage parents and carers to check that their child is up to date with the MMR vaccine and other childhood immunisations by either looking at their child's Red Book, which is their personal child health record, or contacting their GP. Dr Helen Wall, who is the Clinical Director for Population Health, was interviewed by BBC Radio Manchester about this topic. The story was covered in the Manchester Evening News, as well as in local weekly newspapers. Dr Ramachandra, Associate Medical Director, also did a video which was shared through our own social media channels, as well as through our partner organisations social media outlets.

Shortlist announced for the GM Health and Care Champion Awards after record number of nominations received

I am pleased to confirm that the only GM-wide awards which recognise the exemplary contributions from our whole health and care workforce has announced its 2023 shortlisted nominations and the stories are as inspirational as ever. The GM Health and Care Champion Awards are organised by NHS GM and were first held in 2018. They are an opportunity to show recognition and gratitude to those working hard to improve the health and wellbeing of the people in our communities.

A record number of nominations were submitted this year, totalling just over 530, each sharing the extraordinary stories from across our employed and unwaged workforce. Nominations were submitted for 13 different categories, including Leadership, Collaboration, Innovation and Volunteer Champion. Nominations have come in from across the health and care sector of all ten boroughs of GM. Many include the contribution of staff who have dedicated years to working in the sector while others showcase those making great leaps at the start of their health and care journey. Some of the nominations detail those striving to tackle health inequalities within communities as well as those who volunteer their own time to help improve the lives of others. One thing is for sure, all those nominated are well-deserving of award and recognition.

Our 2023 shortlist includes apprentices, doctors, optometrists, receptionists, nurses, a care home manager and even a barber! Big congratulations to all who have been shortlisted, including our NHS GM colleagues Alexia Mitton, Audrey Howarth and recently retired Val Bayliss-Brideaux. You can view the full shortlist here. All shortlisted nominations will be considered by a judging panel and the winners announced at a sponsored event on 13th July 2023, held in Manchester and hosted by TV presenter and Manchester-born, Michelle Ackerley.

GM secures investment to improve the diagnosis and treatment of disease to save more lives

GM's health and care partners, in collaboration with academia and industry have announced the launch of a new multi-million-pound health innovation accelerator focused on rapidly improving the diagnosis and treatment of disease across the 2.8 million people who live in GM. The Government is investing £100 million to accelerate the growth of three high-potential innovation clusters in Glasgow, the West Midlands and GM. This investment will ensure we become major, globally competitive centres for research and innovation. As part of a two-year programme, GM will launch innovative projects in sectors where we have existing research strengths, including advanced materials, artificial intelligence (AI), diagnostics, and net zero. The health innovation accelerator will focus on tackling some of the most challenging disease areas through early diagnosis using novel approaches and holistic treatment aligned to people's specific needs. It is hoped this will help to save more lives and improve health outcomes for people at high risk or living in the most disadvantaged communities.

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The health accelerator will focus on enhanced diagnostics and genomics, delivered through a partnership between Health Innovation Manchester (HInM), Manchester University NHS Foundation Trust and the University of Manchester. Further significant investment has also been leveraged through partnerships with businesses in life sciences, digital and creative industries, which is a testament to the strength of GM's partnerships with industry. The following five projects will be funded as part of the GM health accelerator programme:

1. **Liver disease** – Building on the existing ID LIVER research project to find and treat liver disease in patients much earlier.
2. **Heart failure** – Developing a new approach for finding more people at risk of heart failure, focusing on communities most in need.
3. **Lung cancer screening** – Building on the well-established Lung Health Checks programme to develop digital approaches for more targeted screening and community outreach.
4. **Chest pain** – Working with the North West Ambulance Service (NWAS) to develop diagnostic tools to be used by paramedics before patients reach hospital.
5. **Community diagnostics** – Deploying proven point of care tests and diagnostic tools to improve the identification of people at risk of lung disease, heart disease, and other cardiometabolic conditions, focused on underserved communities.

This Van Can – Prostate Cancer 'clinic in a van'

A new NHS mobile 'clinic in a van' is touring GM between May and October 2023 to talk to men and people with a prostate about their risk of prostate cancer. The #ThisVanCan roadshow (www.thisvancan.co.uk) is aimed at black men aged over 45 who are more at risk of developing prostate cancer than other men. The van is also open to all other men and people with a prostate aged over 45 who have a family history of prostate, breast or ovarian cancer. Those visiting the van can chat to a health professional about their risk of prostate cancer and choose whether to have a free Prostate Specific Antigen (PSA) blood test. Dates and venues for the first locations in Manchester and Trafford are available online: www.thisvancan.co.uk.

Getting prepared ahead of the May bank holidays and exam season

Every bank holiday the NHS 111 phone service sees huge increases in people contacting it about repeat prescriptions. By re-stocking medicine cabinets and planning ahead for repeat prescriptions, people can ensure they make the most of the bank holidays and are well-prepared for the busy period.

People have been reminded that:

- **The local pharmacy** can offer advice and treatment for lots of minor illnesses, ailments and allergies without the need for an appointment.
- **Dental support** can be accessed via the Greater Manchester dental helpline (0333 332 3800), which is available from 8am to 10pm every day, including weekends and bank holidays for those who need help urgently when their practice is closed, or do not have a regular dentist.
- **Greater Manchester's Urgent Eye Care Service** can provide assessments and treatment quickly if a sudden change in vision, red or painful eyes or new flashes or floaters are seen.
- **Mental health crisis support:** Free, 24/7 mental health crisis support is available across Greater Manchester.

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- **Alcohol Addiction:** Support is available to those who may need it. Services available in your local area can be found online: www.nhs.uk/nhs-services/find-alcohol-addiction-support-services
- As always the first port of call for **non-emergency** health needs should be NHS 111 Online or call 111.

Also, as the exam pressure builds people are also reminded of the wealth of mental health support available for young people and their parents or carers. Whether it's to help build resilience and stay mentally healthy when things are feeling challenging, lots of help and advice can be found from services such as Kooth, Silvercloud or Qwell.

5. Recommendations

5.1. The Board is asked to:

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

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NHS
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Greater Manchester (GM) Mental Health and Wellbeing Strategy refresh

17th May 2023

NHS Greater Manchester Integrated Care

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Greater Manchester (GM) Mental Health and Wellbeing Strategy refresh
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 09/05/2023
AUTHOR/S:	Manisha Kumar Sandy Bering Charlene Mulhern
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	n/a
PRESENTED BY:	Manisha Kumar Charlene Mulhern
PURPOSE OF PAPER:	
Decision Requested:	**Yes** ☒ **No** ☐
For Discussion:	**Yes** ☐ **No** ☐
For Noting/Information:	**Yes** ☐ **No** ☐
Financial Implication:	**Yes** ☐ **No** ☐

PURPOSE OF REPORT:

The purpose of the report is to present the refreshed five-year GM mental health and wellbeing strategy (appendix 1) which sets out what we intend to do as a city-region to improve the mental health of people in GM, better support those with mental ill health, and reduce mental health inequalities across GM.

The report provides an overview of the consultation and engagement processes undertaken in developing the strategy, and it outlines the governance arrangements and the next steps required to deliver this ambitious strategy.

KEY MESSAGES:

- The refreshed five-year GM mental health and wellbeing strategy sets out the priorities which identify where we, as a city-region, particularly need and want to focus on achieving a step change in mental health outcomes.

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- This GM Mental Health and Wellbeing Strategy will sit as a subcomponent of the recently launched Integrated Care Strategy and progress reports will align directly with the GM Joint Forward Plan reporting arrangements.

RECOMMENDATIONS:

The GM Integrated Care Board is asked to:

a) to note the content of the report.
b) to endorse the GM Mental Health and Wellbeing Strategy refresh, subject to any comments the GM Integrated Care Board have.

1.0 BACKGROUND

1.1 While there are many great examples in Greater Manchester of work to respond to various mental health and wellbeing issues, we know we can do more. We know that mental health problems affect certain groups of people more than others. Providing access to support and appropriate treatment that meets the needs of people is important.

1.2 We also know that no single agency, body or organisation can solve the mental health and wellbeing challenges we face as a city-region. This strategy is an all-age 'system-wide' strategy, recognising that mental health is influenced by various issues from formal health services to social and economic conditions, to community, individual and family circumstances.

1.3 This strategy is about more than how we spend NHS money. One key element of the strategy is the recognition that mental health is everybody's business and good mental health should be actively promoted across a range of strategies, policies, and programmes throughout the system. We must think differently about how we access all available budgets and work together as an integrated public service system (including the Voluntary, Community, and Social Enterprise sector (VCSE)) in partnership with residents and communities.

1.4 The development of the Greater Manchester Integrated Care Partnership provides us with an opportunity to take a very different approach to responding to mental ill health as part of a whole system, whole society approach.

1.5 This GM Mental Health and Wellbeing Strategy refresh will sit as a subcomponent of the recently launched Integrated Care Strategy and progress reports will align directly with the GM Joint Forward Plan reporting arrangements.

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2.0 DATA, INSIGHTS AND CONSULTATION

- In spring 2022 work commenced on the development of a Mental Health and Wellbeing Strategy refresh for Greater Manchester, overseen by the GM Mental Health Partnership Board. A Mental Health Strategy 'writers group' has been meeting on regular basis, since July 2022, to develop the strategy. The group included representatives such as VCSE, Mental Health Trusts, Localities, to Greater Manchester Combined Authority (GMCA).

- Data and intelligence: As an Integrated Care Partnership, we collect and have access to substantial levels of intelligence and data. As a writers group, we have utilised a variety of sources of both data and insights to identify our vision and shared missions. Sources of intelligence utilised included; Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives, Measuring Mental Wellbeing in Greater Manchester Report 2023, #BeeWel survey findings, Review of the 2019-2022 Greater Manchester Children and Young People's Plan This together with data resources available via NHS England and the Office for Health Improvement and Disparities will enable us to measure progress moving forward

- Engagement and insights: Much of the work to assess need and engage communities and service users has already been completed, either through; The GM Big Conversation, Greater Manchester Residents' Surveys, The Big Mental Wellbeing Conversation, and the Mental Wellbeing and Disability report. The writers group has been crucial in ensuring we have taken all available insights captured from GM citizen engagement work carried out. This had been analysed to give the following outlined themes;

- The system needs to be flexible to work with people on their terms in a place, time and manner that works for them.

- The system needs to be accessible, person centred, and service user led.

- We need to instil resilience in people and communities and make sure we are not set up simply to respond to people after they get worse or reach crisis point.

- We need to actively support and mainstream provision of more joint up support including the VCSE offer, finding ways to ensure that initiatives are not siloed and short-term.

- We must bring resources together and test new ways of commissioning with people and communities.

- We need to have a shared language around how to address the mental health challenges we face as city-region.

- Further engagement has been undertaken with lived experience groups both adults and young people to sense check the development of the draft strategy and to enable the groups to translate the content to focus on what this means in practice. A series of workshops have been held focusing on 'So what does this mean to me?'.

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- Stakeholder consultation and engagement: The writers group has been involved in ensuring that there is wide engagement across the system from all stakeholders. Stakeholder engagement has been critical to ensure that there is system-wide ownership of the strategy and of the role organisations will play in contributing to the delivery of the five missions. The developing strategy has been discussed as part of a system wide interactive event in October 2022 with over 80 stakeholders from across the system in attendance. It has also been shared and/or discussed at Board sessions in individual organisations in GM and other key forums in the system, including; the Violence Reduction Health and Wellbeing Delivery Group, GM LD & Autism Programme Board, GM MH Blue Light Mental Health Response, GM Population Health Board, GM VCSE leadership Group, MH Adult and Childrens Commissioners Meeting, GM Reform Board, GM Directors of Public Health, GM Aging Well Meeting, GM Gambling Harms Group as well as individual locality meetings i.e. All-Age Mental Health Salford Board Meeting.

- Through the engagement and consultation process outlined above, the strategy has been modified to reflect what people told us. The vision, five missions and principles that sit within each mission has been amended to be more inclusive of groups who are most at risk, and to reflect an all-age strategy.

3.0 THE VISION AND FIVE SHARED MISSIONS

3.1 The engagement work led to the development of five shared missions that will drive forward the vison that “Greater Manchester will be a mentally healthy city-region where every child, adult and place matter.” The five missions highlighted below reflect the ambition for mental health and wellbeing support across GM;

1. People will be part of mentally healthy, safe and supportive families, workplaces and communities.
2. People’s quality of life will be improved by inclusive, timely access to appropriate high-quality mental health information, support and services.
3. People with long-term mental health conditions will live longer and lead fulfilling and healthy lives.
4. People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive.
5. The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and are able to access and benefit from.

3.2 We all have a part to play in Greater Manchester becoming a mentally healthy city-region. Achieving our vision is dependent upon a strong partnership approach that takes positive action across the areas highlighted within the five missions. This means working in partnership with the public, VCSE and Private sector to enable them to continue to take responsibility and provide leadership on aspects of the Strategy. The Mental Health and Wellbeing Strategy has been coproduced and will provide the framework needed to develop a shared culture and commitments across the GM footprint.

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4.0 ACTION PLAN DEVELOPMENT

4.1 A comprehensive two-year action plan detailing specific commitments and timeframes for delivery will be developed following strategy sign off. The action plan will galvanise the support offers already in place across the system (from prevention right through to treatment) and identify any modifications necessary to enable full implementation of the strategy. The action plan will also identify gaps and areas for immediate action. Through engagement with the writers group and at board meetings it was emphasised that we need to ensure that we build enough flexibility into action planning to allow for 'course correction'. Agreement has been reached to review the action plan after two years and produce a further iteration to enable both the strategy and action plan to stay relevant, respond to additional unknown pressures over the coming years and continue to boost momentum.

4.2 The action plan will be codeveloped, owned and delivered by the system. Each of the five missions and related principles will include commitments to drive action forward. Key success indicators to measure progress will be identified as part of the action plan development phase. Reporting of progress against key indicators will align directly with the GM joint forward plan annual reporting arrangements.

5.0 RESOURCE

5.1. The mental health and wellbeing strategy refresh and action plan will not have a specific separate associated budget; rather it sets out action that is taking place already in the city-region through the current funding streams including but not limited to NHS mental health core and transformation funding allocations. However, it is hoped that agreeing shared missions across a range of partners will enable new and innovative ways of working which will have both social and wider economic benefits. This includes existing funding commitments related to specific early intervention, thrive, mental wellbeing and trauma-responsive programmes.

5.2. The NHS long term plan clearly signals the need to improve services and wider support for people with mental ill health, underpinned by a commitment to addressing mental and physical health inequalities through a focus on prevention and through integrated approaches. The NHS long term plan brings with it some funding, some of which will already be earmarked specifically for mental health developments over the next few years. The five missions within the mental health and wellbeing strategy will further help inform where such streams of funding could be targeted.

6.0 GOVERNANCE ARRANGEMENTS

6.1. Implementation of the strategy and action plan will be governed through to the GM mental health partnership board which is chaired by the GM ICB mental health SRO. Where key decisions are required about resource allocation including future investment, these will be progressed through

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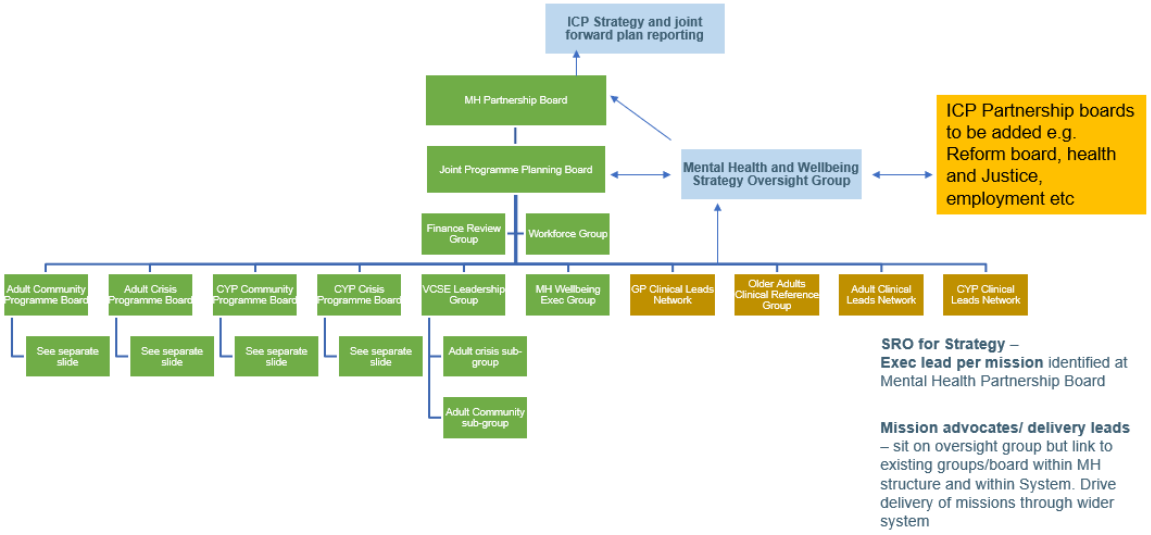
the necessary channels. Progress on the strategy will ultimately be reported, on a regular basis, to the GM Integrated Care board. As highlighted in the below diagram the GM mental health and wellbeing strategy delivery will be underpinned by a clear system governance with organisational and system accountability, executive sponsorship, and a support framework.

Governance proposal to monitor delivery against five missions and success indicators



6.2 Given the scope and breadth of the strategy it is recognised that implementation of some of this work will sit across sectors. Successful implementation of the strategy and action plan will only take place with concerted effort from all partners, as such it has been suggested that there is a need to identify an executive sponsor for each mission. Executive sponsors will be identified through the Mental Health Partnership Board and supported by Mission advocates/delivery leads. These leads will include representatives from the third sector, GMCA, MH trusts and ICB staff both at a GM and locality level. These leads will form part of the membership of the Mental Health and Wellbeing Strategy Oversight Group and report progress and risks to the GM Mental Health Partnership Board. Adult and young person lived experience representatives will also sit on the oversight group and support Mission advocates/delivery leads in coordinating the action plan development and monitoring progress.

7. RECOMMENDATIONS

7.1. The GM Integrated Care Board is asked to:

a. Note the content of the report.
b. Endorse the GM Mental Health and Wellbeing Strategy refresh, subject to any comments the GM Integrated Care Board have.

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Greater Manchester Integrated Care Partnership

Doing Mental Health Differently

Mental Health and Wellbeing Strategy

2023 - 2028

Draft

Introduction

We all have mental health – in the same way we all have physical health. Sometimes our mental health is good and sometimes our mental health is not so good. Sometimes we become ill.

As an Integrated Care System we have a responsibility to deliver the clear targets of NHS England's 10-year plan for mental health. However, we know that simply delivering that would not change the way people experience and understand their mental health and wellbeing.

We understand that mental health and wellbeing is impacted by far more than the services we provide through the investment given to us by NHS England. Tackling poor mental health involves improving mental wellbeing for the whole population as well as preventing and reducing mental illness.

We all have roles and responsibilities in improving mental health and wellbeing and we want this strategy to be developed and actioned jointly, alongside people who live and work in Greater Manchester.

We understand that the mental health and wellbeing of those who live in Greater Manchester is also impacted by the many different organisations and support offers that exist across the city region.

We know we need to do more in prevention and early intervention. However, we need to balance this with the fact that we know people will continue to require specialist mental health services. This is where the NHS focuses its financial resources.

This Mental Health and Wellbeing Strategy for Greater Manchester is all-age and builds on our previous Mental Health and Wellbeing Strategy 2016-21. Many of our aspirations and objectives have not changed, but we are aware that the world we exist in has.

This refreshed strategy seeks to join the dots and looks at how together we can tackle, head on, some of the greatest challenges we face as a city region and ultimately improve the mental health and wellbeing of people living in Greater Manchester.

Improvements can only be made once the whole system understands the problems

Our services need the infrastructure or flexibility to provide practical help to people experiencing mental health problems in their own lives. To achieve this:

- Systems need to be flexible to work with people on their terms in a place, time and manner that works for them. This is a particular issue for people who are experiencing a range of issues at the same time.
- Staff working with people in formal mental health and broader public services want to work in a person-centred way; we need to give staff the confidence, time, training or freedom to do this.
- We need to ensure that the responses to mental health issues are not simply driven by risk, remit, thresholds or convention but by peoples' needs in the context of their own lives.
- We need to make sure we are not only set up to respond to people after they get worse or reach a crisis point.
- We must move away from relying solely on emergency or referral routes rather than proactive and open engagement. We need to respond to people in a manner, time, and place which suits them.
- There is limited integration with or support for complementary offers in the Voluntary Community and Social Enterprise (VCSE) sector or within the community. We need to actively support and mainstream these offers.
- Individual initiatives have been developed to act as stopgaps to meet this need. However, we need to find ways to ensure that these initiatives are not siloed and short-term but are used as good practice examples that feed into universal services.

The commissioning process can create complexity through a lack of integrated budgets and commissioning processes across health services, other public services and the VCSE sector. We must bring resources together and test new ways of commissioning with people and communities.

- We need to bring together leaders across services for the public, which enables the system to focus on the needs of individuals and communities rather than the needs of organisations and programme areas. We need to have a shared language around how to address the mental health challenges we face as a city region.

Estimated spectrum of mental health need across Greater Manchester population

Well Population **1.7m**

At Risk **550** Thousand

Mild **350** Thousand

Moderate **150** Thousand

Severe **50** Thousand

Episodic - 30,000
Persistent - 13,000
Complex Enduring - 7,000+

Wellbeing	Self Care 700k	Low Intensity Care 140k	Moderate Intensity Care 70k	High Intensity Care 18k	Complex Care 15k+

This is not a one-way street. A person will backwards or forwards along this continuum at different points in their life.

Estimated number of people (adults and children) in each group based on their mental health state over 12 months
People categorised as having a mental health problem (mild/moderate/severe) if they had an episode in a calendar year
Categorised at risk if they had an emerging symptom within a 12 month period, an episode of in the year before or were children/parents of a person presenting with mental health problems

Based on the Productivity Commission Issues Paper into the Social and Economic Benefits of Improving MH (Jan 2019)

Mental Health in Context

Around 80,000 people in Greater Manchester are in contact with mental health services each month.

1 in 5 working-age adults

are economically inactive, more than the national average.

£££££

Greater Manchester still invests 8.5% less money in mental health per head overall than the England average (£192.88 compared with £210.86).

On March 31, 2020

3,304

households were in temporary accommodation across Greater Manchester. Of these, 63% were households with children.

37% of Black secondary school pupils in Greater Manchester **experience discrimination because of race, skin colour or where they were born.**

More children in Greater Manchester live in poverty. More children are in the looked-after system, a number that is increasing.

School readiness for all pupils has been improving steadily in Greater Manchester but is still behind the national average.

Covid mortality rates were 25% higher in Greater Manchester than in England at the height of the pandemic.

The population of Greater Manchester grew to 2.8million in 2021. A rise of 6.9% from 2011.

The number of people living in the City of Manchester has grown 36.3% over the last 30 years.

X3

Older people who self-harm are at three times greater risk of suicide than younger people who self-harm.

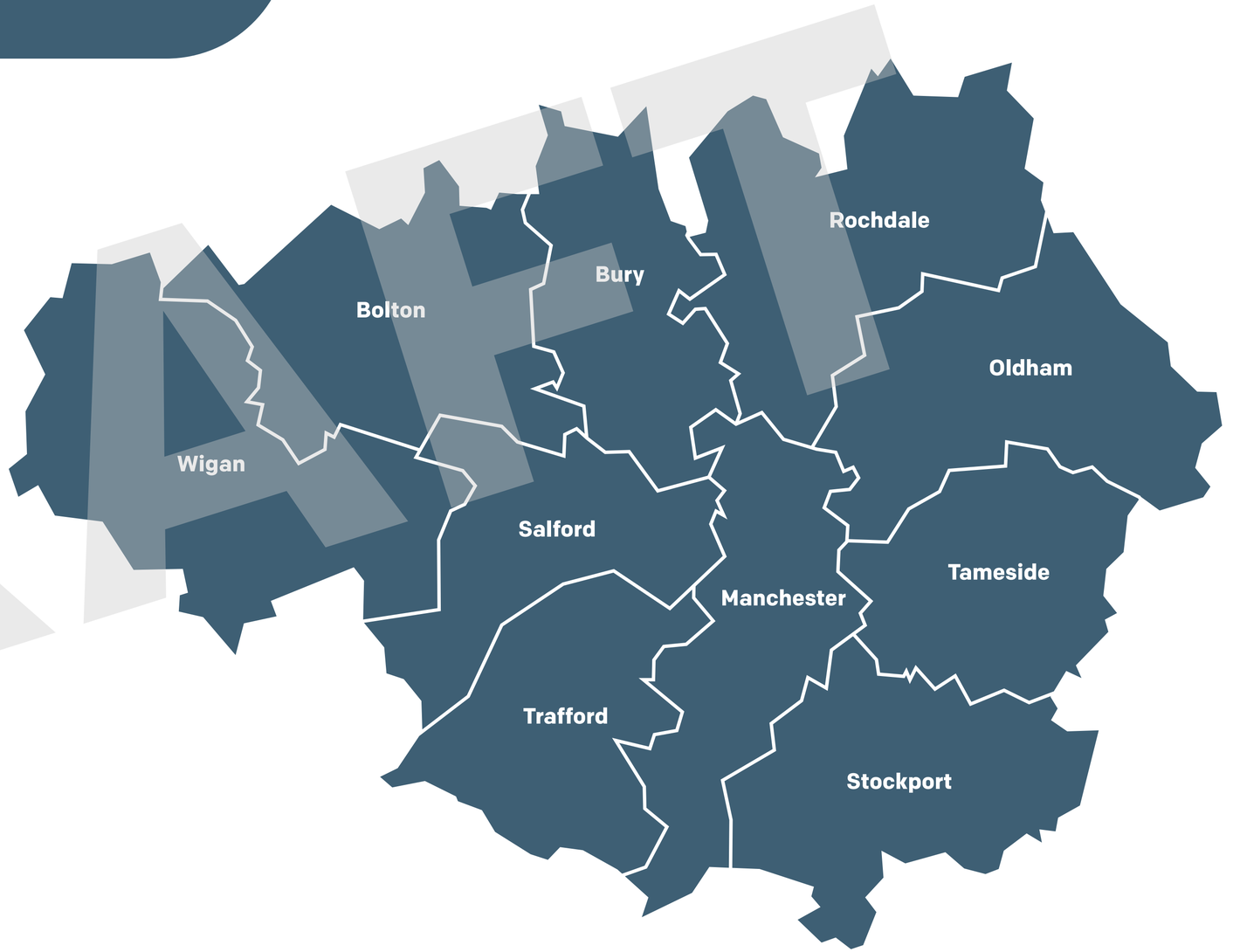
Those with serious mental illness are experiencing inequality in life expectancy, dying on average 17 years earlier for men and 15 years earlier for women earlier than the general population.

What we are doing is good, but more is needed.

While there are many great examples in Greater Manchester of our work to respond to various mental health and wellbeing issues, we know we can do more. We know that mental health problems affect certain groups of people more than others. Providing access to support and appropriate treatment that meets the needs of people is important. Given the centrality of mental health and wellbeing to everything, this strategy is purposefully ambitious, not just in setting out what we need to do but also in how we need to do it.

The challenge is to ask how we can bring all our expertise, knowledge, resources and relationships together to improve all citizens' mental wellbeing and respond to mental health issues in a flexible, person-centered way designed around people's needs.

The NHS, in its many forms, can only do so much. We can provide services and entry to opportunities but we need more than that to achieve our vision. We need to think optimistically and more broadly about solutions. This is about more than how we spend NHS money. We have to think differently about how we access all available budgets and work together as an integrated public service system (including the VCSE) in partnership with residents and communities.



We have to take a whole system, whole society approach.

No single agency, body or organisation can solve the mental health and wellbeing challenges we face as a city region. This strategy is a 'system-wide' strategy, recognising that mental health is influenced by various issues from formal health services to social and economic conditions, to community, individual and family circumstances. Mental health and wellbeing must span and balance the medical and social models without subscribing to one or the other. It also recognises the value of statutory, formal and informal support.

The development of the Greater Manchester Integrated Care Partnership provides us with an opportunity to take a very different approach to responding to mental ill health as part of a whole system, whole society approach. We know that to rise to the challenges and pressures on the health system, we will need to significantly change how we operate in Greater Manchester.

We want to use this refreshed strategy to unite the different approaches to improving mental health in Greater Manchester. Some solutions will include better provision of services for those who have distinct mental ill health. Still, some solutions can be broader, involving all working closer and harmoniously with partners in building community health through housing, education, lifestyle and cultural bases. It is not just about sharing budgets. It is about sharing ideology, sharing outcomes and sharing aspirations.

Living Well Tameside Services

Getting the correct mental health support is vital, and for residents of Tameside accessing the right care at the right time has been a huge priority.

Living Well Tameside is a new mental health system designed to help empower the individual, by offering open door integrated services that includes medical, clinical, and wider social support.

Working collaboratively enables different services to support individuals at the same time focusing on what matters to the person and not driven by their diagnosis. The mental health system collaborates with a wide range of partners both formally and informally which have huge impacts on the lives of people living with mental illness. This includes relationships with housing providers, the local authority, drug and alcohol services, local police, and physical health.

The new way of working ensures no one 'falls between the threshold'. The offer is built around each person having a 'My Story' which collates their support, care, and recovery plan in one place. This fresh approach looks at individuals as a 'whole person', so any situation or issue is looked at in the wider context of their lives, to be able to provide the most effective service.

The Living Well Tameside Services team understand what it is like to have a mental health condition and walks with anyone accessing the services side by side. Since the set up of the service it has seen over 9,171 people and has been recognised nationally for leading the way with new ways of working to support people with their mental health.

Living Well Tameside is a formal partnership made up of The Big Life group, Pennine Care NHS Foundation Trust, Tameside, Oldham and Glossop Mind, and The Anthony Seddon Fund, Tameside Local Authority and CGL (drug and alcohol provider), commissioned by Tameside Integrated Care Board.

Our overall approach for the GM Mental Health and Wellbeing Strategy will be fuelled by:

Vision: **A mentally healthy city region where every child, adult and place matter**

At the heart of our strategy, we have five shared missions we want to focus on as a unified, integrated, and equitable system.

1. People will be part of mentally healthy, safe and supportive families, workplaces and communities.
2. People's quality of life will improve through inclusive, timely access to appropriate high-quality mental health information, support and services.
3. People with long-term mental health conditions will live longer and lead fulfilling and healthy lives.
4. People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive.
5. The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and are able to access and benefit from

1 People will be part of mentally healthy, safe and supportive families, workplaces and communities.

Commitment by all sectors to work together on a delivery plan focused on missions to improve the mental health and wellbeing of citizens.

Areas to include – (Presumption towards community and integration provision)

- All agencies support and enable a comprehensive and consistent, community-led 'Live Well' offer in all communities across GM (regardless of the postcode and including alternative, psychosocial, creative and active offers).
- Development of evidence-based interventions in early years settings supporting social and emotional development. Building upon approaches including 'Think Equal.'
- Further integration of mental health offers into both Early Help, family support, housing and schools (in the vein of 'mentally health schools').
- Employees in areas outside of mental health services have a good understanding of mental health and wellbeing issues and can offer enhanced responses to communities (equally, those in mental health services can offer an enhanced response and connection to contextual issues, e.g. Trauma-Informed, Poverty awareness, fundamental issues – housing, finance, relationships, etc).
- Further integration of mental health support available through community spaces into a neighbourhood to 'blue-light' policing as part of place-based working (e.g. cost of living, food/warm banks, ageing well-related offers).

Primary Care/ physical health related case study to be added

2 People's quality of life will improve through inclusive, timely access to appropriate high-quality mental health information, support and services.

Commitment by all sectors to work together on a delivery plan focused on missions to improve the mental health and wellbeing of citizens.

Areas to include – (Presumption towards community and integration provision)

- Provide clear, accessible care pathways for people, integrating mental wellbeing, social care and physical health.
- Adopt a ‘no wrong door’ approach, which means no rejected referrals.
- Create a system that provides integrated, 24/7, all-age access for service users, including those with multiple complex needs. No person should fall through the gaps between services or their operating hours.
- Ensure we have a sustainable workforce that is supported to provide the best possible person-centred care that is recovery focused.
- Ensure that all our services recover from the effects of the pandemic as effectively and fairly as possible, including further development to ensure adequate workforce capacity across GM to deliver mental health and wellbeing support.

Salford thrive in education (mental health liaison team) IReach 7 day follow up case study to be added

3 People with long-term mental health conditions will live longer and lead fulfilling and healthy lives.

Commitment by all sectors to work together on a delivery plan focused on missions to improve the mental health and wellbeing of citizens.

Areas to include – (Presumption towards community and integration provision)

- Complete the transformation of community mental health support for adults.
- Develop our system, services and staff to ensure we can empower and equip people to receive integrated, flexible and multi-agency responses that reflect their individual complexities. These will specifically address those who experience multiple disadvantages and co-occurring conditions.
- Work collaboratively across organisational and service boundaries to ensure young people have a smooth and supported service, including age-appropriate support at transition points.
- Create opportunities for facilitating learning, collaboration, innovation and research to reduce stigma, raise awareness around mental health and drive continuous improvements in availability, access and quality of care.
- People with long-term mental health conditions will be supported to achieve their best physical health status, ensuring services identify and equip people to address health-risky behaviours in a human and holistic manner.

Building the Foundation: community rehabilitation and supported housing partnerships in Greater Manchester

Forging new partnerships with housing partners can lead to new life and opportunities for people with complex mental health needs. These partnerships can open the door for people to move on from expensive and restrictive inpatient units, sometimes many miles away from friends and family, to more independently living closer to home.

Gore Avenue is one such example in Salford - accommodation with a support service delivered by Sanctuary Supported Living - a 24/7 double staffed, waking nights offer, aiming to support people who need a higher level of support. A package of Enhanced Intensive Housing Management and Support was put in place with ForHousing, (commissioned by Greater Manchester Mental Health NHS Trust), supporting people to move into independent social housing, with wrap around housing and individual support.

Strategic partnerships - in this case between health and housing and between the NHS and Social Care – can allow Greater Manchester to build a better future for many more people who need a higher level of support tailored to their needs. Developing sustainable pathways with shared investment enables people to ‘step down’ from inpatient wards into supported accommodation and in some cases to move into their own homes. It allows us all as a system to continue shifting the balance away from costly inpatient care and instead reinvests our resources into Greater Manchester’s communities, homes and people.

4 People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive.

Commitment by all sectors to work together on a delivery plan focused on missions to improve the mental health and wellbeing of citizens.

Areas to include – (Presumption towards community and integration provision)

- Peer support and advocacy opportunities available for all those within the mental health and wellbeing system.
- Lived experience leadership embedded across the system(s) with a practical and integrated offer developed and implemented.
- Roll out targeted campaigns and literacy programmes promoting mental health knowledge and support available to empower the people to have greater control over their mental health and support needs.
- Build capability, capacity and confidence of the wider public to enable them to have mental wellbeing and suicide prevention conversations.
- Working with the Good Employment charter, all GM employers will be offered to promote a psychologically safe culture, including providing mental-health-literacy training to all employees and training leaders as well as managers to recognise signs of distress.

Refugee football project in Manchester

Football connects people no matter what their ethnic or cultural background. The game turns strangers at the start of the match into friends when the final whistle blows. A new sports initiative, The Football Freedom Project is using the sport to bring over one hundred refugees and asylum seekers living in Greater Manchester together for weekly matches.

The games are improving their physical and mental health as well as creating a sense of normality and helping players feel more connected to the new community, they now live in. Taking place in Ardwick the sessions attract mainly women, but men and children from the Ukraine and African, Middle Eastern and Asian countries are also being drawn to play. Many of the refugees have struggled with their physical and mental health, so football provides a safe space where they can integrate and get a better sense of belonging and healing.

The chance to improve their fitness by running and moving around, particularly for the children, provides the perfect opportunity to forget their struggles and make new friends.

The ground-breaking project has been co-created by charities Football for Humanity and Refugee and Asylum Participatory Action Research (RAPAR). GreaterSport has helped to fund the sessions, through Sport England's 'Together fund'. The Freedom Football Project is helping refugees from all over the world to feel happier, more settled and use sports to break down cultural and language barriers.

5 The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and are able to access and benefit from

Commitment by all sectors to work together on a delivery plan focused on missions to improve the mental health and wellbeing of citizens.

Areas to include – (Presumption towards community and integration provision)

- Support historically excluded groups and people with expertise through experience into employment opportunities to create a workforce that represents and is better able to support the population it serves.
- Invest in a system that embraces and learns from partners and experts. The system should be open to challenge and support as we adapt to more inclusive approaches and services.
- Expansion and integration of culturally appropriate services across the system that better tackle structural inequity.
- Create the ability to respond effectively to continual change in the social and political landscape and coherently in a co-designed manner to continual change in the social and political landscape.
- Make sure that people with complex and intersectional needs can access and get support from all services by adapting them to meet their cultural, social and economic conditions.

Greater Manchester LGBTQ+ Youth Led Project

Findings in the #BeeWell data 2022, show inequalities in wellbeing for LGBTQ+ young people. This has prompted a collaborative project between 42nd Street, The Proud Trust and The LGBT Foundation- all 3 organisations have a long history of working with LGBTQ+ young people across Greater Manchester but this is the first time they will have collaborated in this way.

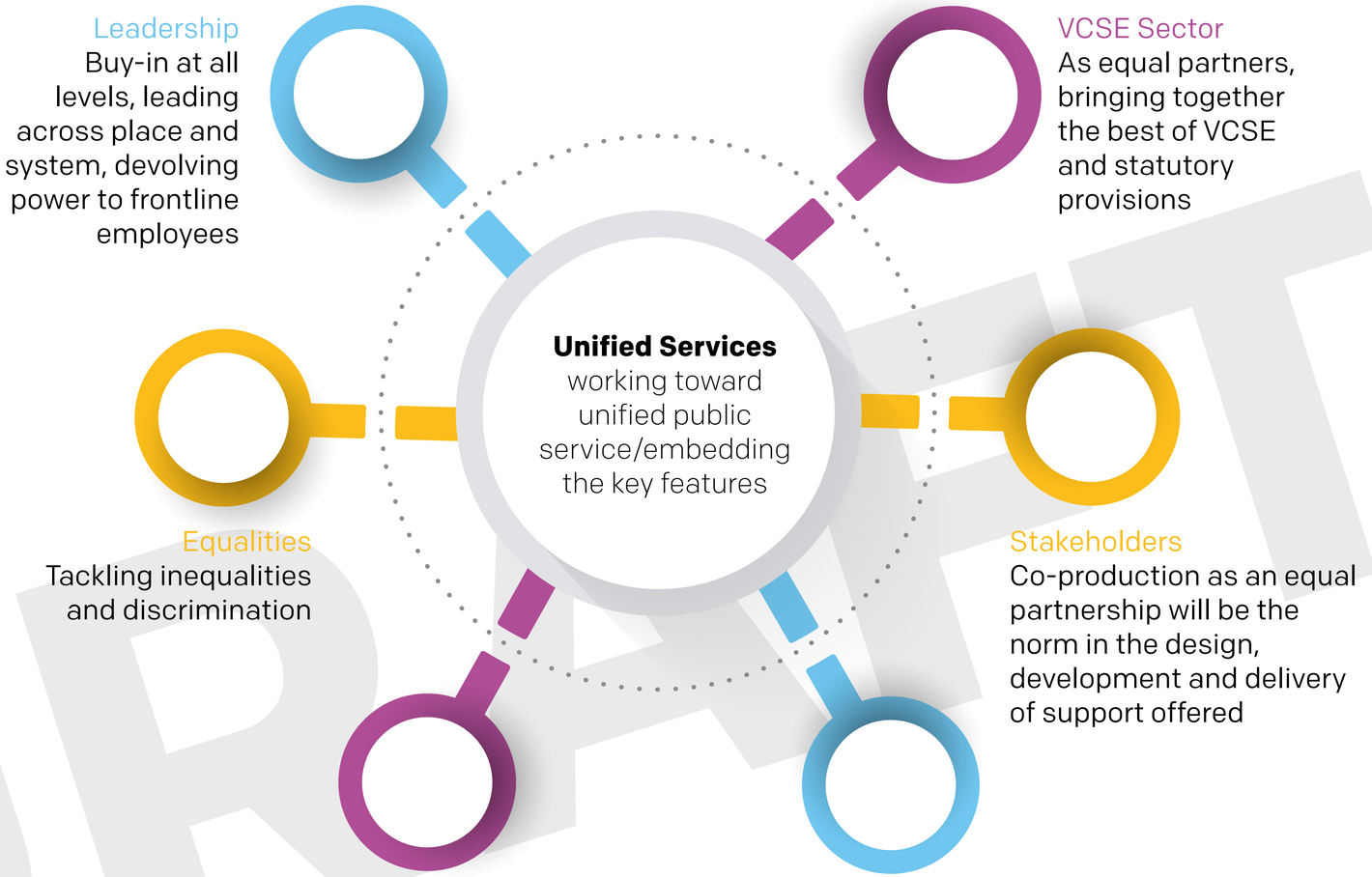
This project aims to understand the impact of the inequalities and discrimination experienced by LGBTQ+ young people, the impact on their mental health and wellbeing and the barriers that they experience to getting support. The partners will engage with young people to unpack what is driving the data. A critical part of engaging with LGBTQ+ young people will be for the project to give a voice to young people who often feel marginalised and who do not necessarily identify with or have the confidence and support to visit obvious places of support for curious, questioning and out LGBTQ+ young people. The project will focus on young people across Greater Manchester aged 13-19year olds and the partners will work alongside young people to co-produce approaches which aims to reach out to all LGBTQ+ young people across the city-region wherever they are in their journey and geography. As part of this work, young people will be offered the opportunity to participate in a young leaders course, which will enable them to lead peer workshops within schools, youth organisations, sports and faith clubs and other environments they feel are important to talk to young people in.

The partners will measure improvements in wellbeing for the young people involved in the co-design aspect of the project and as approaches are co-designed and adopted across the city region we will also monitor the wider impact on wellbeing for young people and their families. Overall this project will give us a greater understanding of the barriers faced by LGBTQ+ young people and the approaches required to address this critical area of inequality, discrimination and structural inequity across the health and social care system in Greater Manchester and beyond.

Enablers and ways of working:

The building blocks for achieving our goals and how we work across the system are as important as what we are trying to achieve. Without certain enabling conditions in place, we will not be able to achieve our goals. Ways of working are central to the Greater Manchester Strategy - the diagram on the right illustrates the areas most relevant to our Mental Health and Wellbeing Strategy.

Governance/Accountability – shared across the system



Capacity and resource – shared across the system

Our Missions

Our missions are for every person in Greater Manchester; they are not limited to a group or specific cohort of people.

This strategy aims to provide us with a set of missions that can be applied to remove barriers where we know marginalised and underserved populations have previously suffered and lacked support. While developing this strategy, we have undertaken an exercise to engage with a large number of the groups we are aware of and have enabled people to contribute to 'What does this mean to us?'

This, by no means, is reflective of every group/community which exists but is a commitment from Greater Manchester to build on this as we bring the strategy to life. It provides a minimum expectation of what everyone in GM should have when it comes to their mental health and wellbeing, regardless of their background, circumstances or complexities. We will continue to explore our citizens and ensure that our system, services and staff are equipped to do what it takes to adapt and meet people's needs rather than trying to provide the same to everyone.

We all have a part to play in Greater Manchester becoming a mentally healthy city region. Achieving our vision is dependent upon a strong partnership approach that takes positive action across the areas highlighted within the five missions. This means working in partnership with the public, VCSE and private sector to enable them to continue to take responsibility and provide leadership on aspects of the Strategy.

System engagement and board sign off

To be populated following sign off

Governance

The GM Mental Health Partnership Board will take overall responsibility for, and provide leadership on, reporting all progress relating to the GM Mental Health and Wellbeing Strategy back to Integrated Care Partnership Board.

Working with partners, a delivery plan and reporting framework is being produced to enable progress tracking against the five missions outlined within this strategy. The intension with the delivery plan is to give structure and meaning to each of the principles that sit under the missions, to ensure co-production throughout implementation, building on the co-production that led to the development and publication of the strategy.

NHS
Greater Manchester
Integrated Care

2023/24 Operational Plan: Resubmission Overview

17th May 2023

NHS Greater Manchester Integrated Care

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	2023/24 Operational Plan: Resubmission Overview
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
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AUTHOR/S:	Warren Heppolette Zulfi Jiva Michelle Featherstone Stephen Kennedy David Warhurst
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	n/a
PRESENTED BY:	Warren Heppolette

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
Financial Implication:	**Yes** ☒	**No** ☐

PURPOSE OF REPORT:

GM ICB resubmitted the 2023/24 operational plan on 4th May. This paper provides an overview of the updated position (from the submission on 30th March) across activity, workforce and finance.

KEY MESSAGES:

The GM system has made significant improvements in the plan from the last submission in March to this current resubmission, including the aim to deliver a breakeven position for the overall GM system. That improvement reflects considerable system wide activity, collaboration across organisations and the sharing of risk to inform an improved plan.

However, key challenges remain within the plan relating to performance:

- 65 week wait (ww) position
- Mental health out of area placement (OAP)
- Perinatal mental health services (PMH)

Whilst the proposed revenue plan is breakeven, with significant risk, the providers combined capital plan is non-compliant due to the level of risk that is not deemed manageable within the expenditure limit set for the GM ICS.

This paper outlines those challenges and signals the further work which will be required to meet the national objectives and deliver the shared ambitions the plan commits us to.

RECOMMENDATIONS:

GM ICB are asked to support the following recommendations:

- Note the work undertaken to date to improve our position across activity, workforce and finance.
- Note the need for further discussions about the providers capital plan.
- Note the resubmission of the GM Operational Plan on 4th May.
- Support the post-submission proposals.

1.0 BACKGROUND

1.1 GM ICB was required to resubmit the 2023/24 operational plan on 4th May. This was as a result of non-compliance on a set of performance measures and a particular concern against the financial deficit that we reported in our submission on 30th March

1.2 Strategic assurance meetings have recently taken place with both the NW and national NHSE teams to agree the improvements required to our operational plan:

1.3 To support the resubmission of an operational plan, a focused working group of finance, workforce, operational and planning staff were tasked to review our position across the key areas of under-performance and identify opportunities of improvement.

2.0 PLANNING GUIDANCE PRIORITIES

2.1 The 2023/24 planning guidance sets out three core priorities informed by three underlying principles:

Recovering our core services and improving productivity	**Make progress in delivering the key NHS Long Term Plan ambitions**	**Continue transforming NHS for the future**
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the "why" and "what", not the "how"		

2.2 The priority for recovering our core services and improve productivity will cover:

- Improve ambulance response and A&E waiting times
- Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- Make it easier for people to access primary care services, particularly general practice

2.3 Delivering the **Long Term Plan** and **transforming the NHS for the future** priorities includes the following key commitments:

- Improve mental health services and services for people with a learning disability and autistic people.
- Continue to support delivery of the primary and secondary prevention priorities and the effective management of long-term conditions.
- Ensure that the workforce is put on a sustainable footing for the long term, including publication of an NHS Long Term Workforce Plan.
- Level up digital infrastructure and drive greater connectivity, including development of the NHS App to help patients to identify their needs and get the right care in the right setting.

3.0 ACTIVITY & PERFORMANCE

3.1 The following performance metrics were not meeting the required standard set by NHSE within our previous submission:

- 65 week waits
- Mental Health Out of Area Placements
- Perinatal Mental Health service

3.2 65 Week Waits (ww)

3.2.1 Significant work has taken place to improve the residual 65ww projections from the previous submission (3590) to the most recent position (986).

3.2.2 This has been achieved through strengthening ambitions for productivity, mutual aid (between GM providers) and expanded use of independent sector. The residual value equates to specific sub-specialities where these measures are not sufficient due to a more specialist nature of provision:

3.3 Perinatal Mental Health

3.3.1 Our forecast position on Perinatal MH services has improved from 2600 to 2875 against the target of 3698.

	Q1	Q2	Q3	Q4
GM ICB	555	1215	1990	2875

3.3.2 We have identified additional activity that counts towards the target for GM.

3.4 Mental Health Out of Area Placements (OAPs)

3.4.1 The forecast submission at the end of March for OAPs across the two GM was as follows 3689

3.4.2 However, after further work and analysis we are proposing to reduce our projections on OAP for resubmission to 2803.

4.0 FINANCE

4.1 In the May submission, GM submitted a balanced plan for revenue, and a capital expenditure plan which is £71m above the system's envelope, remaining consistent with the March submission.

4.2 Revenue

4.2.1 The March submission was a deficit of c£240m, the flash submission made by GM to NHSE on the 18th April was a revised deficit of £159m, this was an improvement of £81m. This position received significant challenge by NHSE. These meetings, as well as the wider implications of submitting a deficit plan, resulted in an agreement by the system's leadership, that an improved to position would be presented to the NHSE CEO on 21st April 2023. The revised position is a breakeven position, with support from NHS England.

4.2.2 NHSE confirmed that they would not reject GM's revenue plan, but that there would be further discussions in relation to the support requested for the system to be able to plan for breakeven.

4.2.3 To enable each organisation to submit a revised plan, the overall GM position needed to be broken down to individual organisational level. This included confirming the allocations for each provider as well as the consideration of where risk should be allocated. The unidentified system savings of £115m remains in the ICB figures. The table below illustrates the position agreed for the May submissions:

Provider	Total
	£m
MFT	(0.0)
CFT	(8.0)
NCA	(32.2)
BFT	(12.4)
TGICFT	(31.5)
WWLFT	(6.5)
PCFT	0.0
SFT	(31.5)
GMMH	0.0
Provider reapportionment	-
Provider sub-total	**(122.0)**
ICB	-
ICB sub-total	**-**
Contingency	-
System Risk	115.0
System Risk mitigations	7.0
System sub-total	**122.0**
ICS Total	**(0.0)**

4.2.4 NHSE has now confirmed that the Excess Inflation value will be £17.9m. This means that the System Risk Framework Savings will be £130m, as set out in the table below.

Heading	£m
Unidentified System Risk	115.0
Gap on Inflation Funding	8.0
Sub-total	**123.0**
System Risk Mitigations	7.0
System Sub-Total	**130.0**

4.3 System Savings

4.3.1 As part of the agreement of the individual organisational plans the ICB is requiring each Board to consider the following when approving their plan:

- Each Board to be taken through a paper that sets out the actions that would be required in order to avoid submitting a deficit plan.
- Each Board to receive a paper setting out the consequences of having a planned deficit.
- In addition each Board recognises the ICB as the System Manager in this regard.

- Each Board will then sign up to the following words relating to the System Savings (focusing on cost reduction) and the allocation decisions regarding any future new funding.
- Each item must also be considered by the ICB Board for the ICB as the statutory organisation.

4.4 **Capital**

4.4.1 NHSE required the system to address the significant gap on the revenue plan before further discussions on the system's capital risk. Given the timing of agreeing a revenue position, there has still not been further discussions in relation to GM's providers' capital plan.

4.4.2 Consequently, the capital expenditure plan will mirror the March submission at c£249m. This ultimately results in a potential £71m overspend, despite the inclusion of a 5% allowable tolerance of £8.5m – total risk c£80m.

Trust	Pre-Committed	Depn	Bespoke	Current total	Share £13.1m	Revised Total
MFT	£16.3	£39.9	£20.0	**£76.2**	-£2.8	**£73.4**
CFT	£0.0	£21.3	£0.0	**£21.3**	-£1.5	**£19.8**
NCA	£0.1	£59.5	£20.0	**£79.6**	-£4.1	**£75.5**
BFT	£0.0	£13.7	£0.0	**£13.7**	-£0.9	**£12.7**
TGICFT	£5.1	£5.9	£0.0	**£11.0**	-£0.4	**£10.6**
WWLFT	£0.0	£12.5	£0.0	**£12.5**	-£0.9	**£11.6**
PCFT	£0.0	£5.6	£0.0	**£5.6**	-£0.4	**£5.2**
SFT	£5.0	£16.6	£0.0	**£21.6**	-£1.1	**£20.5**
GMMHFT	£6.4	£14.7	£0.0	**£21.1**	-£1.0	**£20.1**
Total	£32.9	£189.6	£40.0	£262.5	-£13.1	£249.4

Plan Risk	
CDEL Core	**£153.5**
GM Share of the £300m	£16.3
Balance	**£169.9**
5% tolerance	£8.5
CDEL - with allowable tolerance	**£178.4**
Capital in plan	£249.4
Over-commitment	**£71.0**
Explained by:-	
PAT Transaction	-£40.0
Capital in plan	-£31.0
Over-commitment	**-£71.0**

4.4.3 The recommendation to submit a £71m overspend is based on two fundamental issues that are driving risk in the system:

- **£40m Pennine Acute Transaction** – As part of this transaction, it was agreed nationally to provide capital to support the necessary developments to deliver the aims of the business case. The expectation is that the national team maintain this commitment.

- **Depreciation £31m above the current allocation of CDEL** – The system's capital allocation is not sufficient to cover the system's depreciation, this should be a minimal expectation.

4.4.4

4.4.4 Despite the submission illustrating an overspend, this does not mitigate capital risk; this is still only funding depreciation and contractual pre-commitments, yet there remains real and increasing significant risks, such as back log maintenance and the age of the system's infrastructure.

4.5 **Primary Care Capital**

4.5.1 The Primary Care capital allocation that has been notified equates to £5.413m. Expenditure plans are forecasting to spend £5.683m, which is an over-commitment of £270K. This is a 4.99% over-commitment, which is allowable within the planning guidance. Work is ongoing to agree the individual schemes that will delivered in 2023/24.

5.0 WORKFORCE

5.1 A total of six provider submissions have been refreshed, three providers confirmed no change from their 30th March submission.

5.2 **Summary of Workforce Changes**

5.2.1 The table overleaf includes current adjustments reported on the 26th of April and 2nd May and compares the data provided in the 30th of March submission.

Detail	Forecast/Plan	30 March Submission	26th April & 2nd May (MFT refresh 2nd May) Refresh	Change
All Workforce(WTE)	Mar 23 – Mar 24	494.6 wte (0.6%)	-1,227.8 (-1.4%)	-1,722.4 wte -348.2%
Substantive Workforce(WTE)	Mar 23 – Mar 24	1,888.2 wte (2.4%)	1,166.4 (1.5%)	-721.8 wte -38.2%
Bank(WTE) reduction	Mar 23 – Mar 24	-939.7 wte (-14.7%)	-1,864.2 (-25.8%)	-924.5 wte -98.4%
Agency(WTE) reduction	Mar 23 – Mar 24	-453.9 wte (-27.2%)	-530.0 (-30.7%)	-76.1 wte -16.7%

5.3 **Staff in Post Observations between March 2023 to March 2024 – Year 1 Plan**

5.3.1 Summary WTE:

Overall GM Workforce Growth	Reduction of 1.4%	-	Total WTE 86,433	
Substantive	Growth of 1.5%	+	Total 79,875	WTE
Bank	Reduction of 25.8%	-	Total 5,360	WTE
Agency	Reduction of 30.7%	-	Total 1,198	WTE

5.3.2 The 1.5% growth in substantive workforce equates to 1,166 wte, this is not uniform across all staff group categories and job roles.

5.4 **Bank & Agency Utilisation**

5.4.1 Analysis tells us that the reliance on Bank is showing an overall reduction of - 25.8% (1,864 wte) with steady monthly reductions across the 12 month period.

5.4.2 There is a clear direction of travel in the numerical plans that the reliance on Agency usage is also set to reduce by - 30.7% (530 wte) with steady monthly reductions across the 12 month period to achieve the overall plan by March 2024.

6.0 POST-SUBMISSION PLAN

6.1 Following submission of the plan we need to address two key risks for the 2023/24 planning period:

- The planning risk, whereby a number of areas need further planning to determine how they are to be achieved. These include, 65 week waits, mental health out of area placements and perinatal mental health services.
- The delivery risk, where submitted plans are compliant but carry material implementation risk. These include finance, urgent emergency care, cancer and learning disability & autism inpatients.

6.2 The ICB proposes establishing a Delivery Programme, on behalf of the ICS. The programme will oversee the continued development and implementation of the operational for the year. Due to the level of risk, this will be established in the manner of a Recovery programme. This will be convened through the ICB Delivery Directorate. It will focus on:

- General oversight of delivery of the operational plan
- Rapidly developing plans to resolve planning risks (within quarter one)
- Agree and monitor plans where there are high risks to delivery.

7. RECOMMENDATIONS

7.1 GM ICB is asked to support the following recommendations:

- Note the key activity, workforce and finance positions of the 2023/24 operational resubmission plan.
  - The system submits a balanced revenue plan, despite the risks outlined
  - The system submits a £71m overspend in relation to capital, but note the next steps outlined
- Note the resubmission of the GM Operational Plan on 4th May
- Support the post-submission proposal.

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Finance Committee Report

17th May 2023

NHS Greater Manchester Integrated Care

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Finance Committee Report
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 10/05/2023
AUTHOR/S:	Anthony Bunting, Business Support Administrator – Finance (Manchester), NHS GM
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	n/a
PRESENTED BY:	Kal Kay, Non-Executive Director and Chair of the Finance Committee

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
Financial Implication:	**Yes** ☐	**No** ☒

PURPOSE OF REPORT:

To highlight key issues and provide assurance to the Board.

KEY MESSAGES:

- To draw any matters from the Finance Committee to the ICB's attention including actions/issues to the escalated to the Board.

RECOMMENDATIONS:

- To note the contents of the report and provide feedback to the Committee Chair.

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KEY ISSUES AND ASSURANCE REPORT Finance Committee May 2023
The Committee draws the following matters to the ICB's attention-

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
Estates Surplus Declaration	The Committee were informed that the purpose of the report is to ask the Committee for support in notifying NHS Property Services of surplus properties, with one in Heywood, Middleton and Rochdale and one in Manchester where SEG have determined that they have no further use for the properties which are both empty and so wish to hand back to NHS PS. **GM ICB Finance Committee *APPROVED* the following Recommendations as set out in Estates Surplus Declaration** • Confirm support for the surplus declaration and the formal notification by the Chief Finance Officer to NHS PS.		
Strategic Finance and Estates Risk Register Update	The Committee were informed that the Strategic Finance and Estates Risk Register reflects risks identified from previous meetings, in addition to four new Finance risks, covering: Industrial Action, NICE impacts, ICB		

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
	transition and financial uplift funding for non-NHS providers. IC added that two Estates risks have also been added to the Register. **GM ICB Finance Committee *APPROVED* the following recommendations which were part of the Strategic Finance and Estates Risk Register Update:** • Consider the risks highlighted and the mitigating actions concerned, noting amended wording on risk 4 • Approve the four new Finance risks (Numbers 6-9) added based on previous Finance Committee conversation • Approve the two new Estates risks (Numbers 10-11) • Consider whether any additional Strategic Financial Risks need adding to the ICB's risk register		
GM Month 12 Financial Position	**GM ICB Finance Committee *NOTED* the following recommendations which were part of the GM Month 12 Finance Position** ▪ Review, discuss and agree year-end financial position presented ▪ Note the update on the submission of the draft Annual Accounts		

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
2023/24 Financial Plan Update	**GM ICB Finance Committee *SUPPORTED* the following recommendations as outlined within the paper:** • The system submits a balanced revenue plan, despite the risks outlined in section 2. • The system submits a £71m overspend in relation to capital, but note the next steps outlined in section 3.3. • Recognise the ask of Boards in relation to system savings set out in paragraph 3.		
Finance Recovery Sub Committee Terms of Reference	The Committee were informed that Finance Recovery Sub Committee is a Sub Committee of the Finance Committee and was put in place at the start of the ICB. SS advised the Committee that there has been an agreement to broaden the scope of existing forums. SS informed the Committee that at the Finance Recovery Sub Committee on Tuesday this week it was agreed that the Sub Committee would have its scope extended to now become the Finance and		

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
	Performance Sub Committee and now work was being undertaken to amend the membership and content. **GM ICB Finance Committee *APPORVED* the following recommendations as outlined in the report:** • Consider the proposed changes to the Terms of Reference for the Finance Recovery Sub Committee • Consider whether any amendments are required to the proposed Terms of Reference.		

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GM System Month 12 Finance Report

17th May 2023

MEETING:	NHS Greater Manchester Board
TITLE OF REPORT:	GM System Month 12 Finance Report
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: 1 02/05/2023
AUTHOR/S:	Jackie Murray Kathy Roe
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	Finance team
PRESENTED BY:	Sam Simpson

PURPOSE OF PAPER:

Decision Requested: **Yes** ☒ **No** ☐

For Discussion: **Yes** ☒ **No** ☐

For Noting/Information: **Yes** ☒ **No** ☐

Financial Implication: **Yes** ☒ **No** ☐

PURPOSE OF REPORT:

The purpose of the report is to update the Board on the financial position of NHS Greater Manchester and the overall ICS financial position as at month 12 and provide details of the submission of the Draft Annual Accounts for NHS GM, former CCGs and GM Providers.

KEY ISSUES TO BE DISCUSSED:

The Month 12 financial position has been discussed in detail at the NHS GM Finance Committee.

System Year End Financial Position

The Month 12 position for the system is a £0.2m surplus compared to a forecast breakeven position.

The following table presents the position by sector:

	Budget Year End £m	Actual Year End £m	Variance Year End £m
GM NHS Providers	(63.6)	0.2	63.8
NHS GM (incl Q1 CCGs)	63.6	0.0	(63.6)
Total ICS Surplus/(Deficit)	**0.0**	**0.2**	**0.2**

Remaining risks reported in previous finance reports which were split equally between sectors, have been mitigated in the final month of the financial year as follows:

- NHS GM - £5m of operational risks for prescribing and placements, which were mitigated by additional savings and unringfenced NHSE allocations received in month 12.
- GM providers - £5m of operational risks due to the potential impact of industrial action, with providers implementing operational plans to manage the risk.

In addition, efficiency savings have been delivered fully in year across both sectors, although the achievement is largely non-recurrent as outlined below:

- Providers: 40% of savings were recurrent against a target of 54%
- NHS GM: 11% of savings were recurrent against a target of 19% in the first 9 months of a new organisation

NHS GM Year End Position

Overall, NHS GM delivered an actual breakeven position at the year end, which is a £63.6m adverse position against plan due to the system efficiency redistribution agreed and transacted in 2022/23. The ICB was unable to formally change budgets for this and therefore an indicative overspend is recorded in the earmarked commitments line.

The key pressures against the original plan total £35.9m, with the main contributing areas being:

- £4.2m overspend on mental health expenditure due to increased placement costs, offset by slippage on Service Development funding.
- £12.7m overspend on Acute expenditure due to increased activity within the non-NHS sector, particularly around ophthalmology.
- £15.3m overspend on prescribing due to the standardisation of locality prescribing methodologies and volume increases over the latter part of the financial year.

The key underspends against the original plan total £35.2m, with the main contributing areas being:

- £8.3m underspend on primary care services due to underspends in locality schemes.
- £15.3m underspend on GP Medical, Pharmacy, Dental & Optometry mainly due to dental underperformance.
- £4m underspend on community services mainly within Salford and Trafford due to revised integrated fund arrangements.
- £6.1m Q1 benefit, which offsets with the Q1 position to ensure that the overall annual plan position was a net £63.6m surplus for the ICB and CCGs.

As part of the final position, NHS GM achieved the requirement to spend within the Running (Admin) Cost Allocation. A small underspend of £0.1m was reported against an allocation of £48.9m for 9 months of the year.

Draft Annual Accounts

NHS GM Accounts
Draft annual accounts were submitted to NHS England by 27 April 2023, and were presented to the Audit Committee on 20 April 2023, with NHS GM expecting to achieve all of its statutory duties.

It should be noted that there are no significant changes in accounting policies, following the implementation of IFRS 16 Leases by CCGs in their Quarter 1 2022/23 accounts.

External audit commences on the year end audit in early May 2023, with the audit period extended to mid-June 2023.

The Audit Committee will recommend to the Board sign off the accounts on 15 June 2023, ahead of the final submission to NHS England on 30 June 2023.

GM Providers
GM providers are following a similar timeline to that outlined above for NHS GM.

CCG Accounts
Updated Annual Reports for the 10 CCGs were submitted to NHS England by 27 April 2023. These included the CCG remuneration reports, as data has been made available by NHS Pensions to enable the approximation of pensions benefits earned in Quarter 1.

The CCG accounts remain under audit, although no significant issues have been raised by auditors to date, and no material items are expected to require adjustment to the draft CCG accounts. These will be presented to Audit Committee on 7 June 2023, with a recommendation to approve to the Board.

Recommendations

The Board is asked to:

- Review, discuss and approve the year-end financial position presented
- Note the update on the submission of draft annual accounts and the timescales for the submission of the final annual accounts in June 2023

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NHS Greater Manchester Finance Slide Pack Month 12 – March 2023

Part of Greater Manchester Integrated Care Partnership

Contents

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System Summary Financial Position

System Financial Position

NHS Greater Manchester Integrated Care

The outturn financial position for the Greater Manchester System is a £0.2m surplus compared with a forecast of breakeven. The following table presents the position by sector, showing the £0.2m being delivered by the provider sector:

	Budget Year End £m	Actual Year End £m	Variance Year End £m
GM NHS Providers	(63.6)	0.2	63.8
NHS GM (incl Q1 CCGs)	63.6	0.0	(63.6)
Total ICS Surplus/(Deficit)	**0.0**	**0.2**	**0.2**

At Month 11, the system reported a number of risks which totalled £10m net, which were split equally between sector. These risks were mitigated as follows:

- NHS GM - £5m of operational risks for prescribing and placements, which were mitigated by additional savings and additional prescribing and unringfenced NHSE allocations received in month 12.
- GM providers - £5m of operational risks due to the potential impact of industrial action, with providers implementing operational plans to manage the risk.

Efficiency targets have been fully delivered in year across both sectors, although the achievement is largely non-recurrent as outlined below:

- Providers: 40% of savings were recurrent against a target of 54%
- NHS GM: 11% of savings were recurrent against a target of 19% in the first year of a new organisation

System Financial Position

This additional analysis of partner positions is provided for information and to provide context.

	Budget Year End £m	Actual Year End £m	Variance Year End £m
Provider			
Income	6,703.6	7,394.9	691.3
Pay	(4,231.8)	(4,771.4)	(539.6)
Non Pay	(2,430.9)	(2,540.6)	(109.6)
Non-operating items	(104.5)	(82.7)	21.9
Total Provider Surplus/(Deficit)	**(63.6)**	**0.2**	**63.8**
Total NHS GM			
Allocation	5,137.7	5,137.7	0.0
Expenditure	(5,067.9)	(5,137.6)	(69.7)
Surplus/(Deficit)	**69.8**	**0.0**	**(69.7)**
Total GM CCGs (Q1)			
Allocation	1,505.9	1,505.9	0.0
Expenditure	(1,512.0)	(1,505.9)	6.1
Surplus/(Deficit)	**(6.1)**	**0.0**	**6.1**
Total NHS GM Surplus/(Deficit)	**63.6**	**0.0**	**(63.6)**
Total System Surplus/(Deficit)	**0.0**	**0.2**	**0.2**
Memo: total NHS GM + GM CCGs Q1			
Allocation	6,643.5	6,643.5	0.0
Expenditure	(6,579.9)	(6,643.5)	(63.6)
Total NHS GM Surplus/(Deficit)	**63.6**	**0.0**	**(63.6)**

Please note that data for providers is presented for the full year. ICB spend represents months 4 to 12. Data for the GM CCGs represents Q1 only.

Integrated Efficiency Position

NHS Greater Manchester Integrated Care

£m	Target	Actual	Variance	Gross Risk	Net Risk
Efficiency Risk: NHS GM	87.2	87.2	0.0	0.0	0.0
NHS GM Plans	87.2	87.2	0.0	0.0	0.0
Running Costs (part of the £87.2m forecast)	0.0	0.0	0.0	0.0	0.0
Efficiency Risk: Provider	310.0	312.0	2.0	0.0	0.0
Efficiency Risk: System	98.1	98.1	0.0	0.0	0.0
system savings held in provider plans	48.5	48.5	0.0	0.0	0.0
system savings held in NHS GM	31.6	31.6	0.0	0.0	0.0
system savings held in NHS GM - income assumptions	18.0	18.0	0.0	0.0	0.0
Subtotal Efficiency Risk	**495.3**	**497.3**	**2.0**	**0.0**	**0.0**

- The overall GM efficiency requirement of £495.3m has been delivered in full for 2022/23.
- This is a significant achievement, particularly given the level of risk reported earlier in the year. However, it needs to be noted that while the target has been met in full for both the ICB and across providers on an in-year basis (with a small over achievement for providers), recurrent achievement is low and was less than originally planned for.
- Delivering the majority on savings for 2022/23 non-recurrently compounds the financial challenge going forward. The financial outlook for 2023/24 and beyond looks extremely difficult.
- Identification of new, recurrent, transformational savings schemes to address this recurrent financial challenge need to be a priority for the system going forwards.

Efficiency Target

£495.3m

2022/23 efficiency target across NHS GM, Providers and System.

Actual Achievement

£497.3m

Efficiency targets for NHS GM and providers have both been achieved in full.

Variance

£2.0m

Over achievement against provider target.

Gross Risk

£0m

Zero risk at year end. Target for 2022/23 achieved in full on an in-year basis, as a result of non-recurrent interventions. However significant risk is carried forward into 2023/24 and beyond, with a requirement to address a projected deficit position and deliver against savings targets recurrently.

Capital Summary

NHS Greater Manchester Integrated Care

Primary Care Capital

The year end position was breakeven against allocation.

GM Primary Care Capital Plans	Plan YTD £m	Actual YTD £m	Variance YTD £m
Capital Allocation	(6.5)	(6.5)	0.0
Planned spend	6.4	6.4	0.0
Total	**(0.0)**	**(0.0)**	**0.0**

Provider Capital

2022-23 year-end value of £177.0m is £5.4m below plan, recognising that the plan exceeds the allocation, in line with NHSE planning guidelines. The capital allocation is £177.2m.

GM Provider Capital Plans	Plan YTD £m	Actual YTD £m	Variance YTD £m
Against Capital Allocation	182.4	177.0	5.4
Against CDEL	381.7	294.0	87.7
Total	**564.1**	**471.0**	**93.1**

The CDEL year-end value of £471.0m is £93.1m below plan, which is largely due to the impact of IFRS16 Leases within MFT.

Cash Summary

- The NHS GM cash position is measured against an Annual Cash Limit.

NHS Greater Manchester Cash Limit	%	£m
Annual Cash Limit	100.00%	5,085
Cash Profile as at M12	100.00%	5,085
Actual Cash Used	100.00%	5,085
Variance - Cash Under / (Over) Drawn against profile	**0.00%**	**0**

- At Month 12, NHS GM had drawn down the full balance of its cash limit to meet its required liabilities.
- ICBs are expected to end the month with a cash balance no greater than 1.25% of the original amount drawn down in month. At month 12, this equated to £6.2m. The closing cash balance was £1.3m.

- The GM Provider actual cash balances are monitored against their planned balances.

	2022-23		
	Plan £m	Actual £m	Variance £m
MFT	220	241	21
Christie	124	143	19
NCA	66	262	196
Bolton	37	58	22
Tameside	11	32	20
WWL	38	43	5
Pennine Care	22	56	33
Stockport	5	47	42
GMMH	80	112	32
Provider Total	**603**	**994**	**390**

- Cash movement against plan are caused by transactional movements, including timing differences in capital payments, receipts from debtors, and the timing of supplier payments.

Better Payment Practice Compliance

NHS Greater Manchester Integrated Care

NHS organisations are required to pay 95% of their invoices by value and volume within 30 days of receipt under the Better Payment Practice Code (BPPC). System performance as at year end is reported in the table below. The key emphasis of the BPPC is to improve the speed of payments to suppliers outside the NHS.

Note, the NHS GM column excludes CCG data for Q1.

% bills paid in target	MFT	Christie	NCA	Bolton	Tameside	WWL	Pennine Care	Stockport	GMMH	NHS GM
All										
By number	92%	89%	95%	88%	93%	90%	92%	88%	97%	96%
By value	96%	97%	90%	91%	96%	94%	92%	90%	97%	99%
Non-NHS										
By number	93%	89%	96%	88%	93%	90%	92%	88%	96%	96%
By value	97%	97%	95%	94%	96%	94%	92%	92%	98%	97%
NHS										
By number	68%	92%	78%	67%	90%	88%	92%	84%	100%	97%
By value	91%	98%	73%	70%	98%	92%	92%	55%	93%	100%

Whilst the target is 95% compliance, NHSE/I have rated performance as amber where they fall below 85% achievement.

Draft Annual Accounts 2022/23

NHS Greater Manchester Integrated Care

NHS GM Accounts

- Draft annual accounts were submitted to NHS England by 27 April 2023, and were presented to the Audit Committee on 20 April 2023, with NHS GM expecting to achieve all of its statutory duties.
- There are no significant changes in accounting policies, following the implementation of IFRS 16 Leases by CCGs in their Quarter 1 2022/23 accounts.
- External audit commences on the year end audit in early May 2023, with the audit period extended to mid-June 2023.
- The Audit Committee will recommend to the Board sign off the accounts on 15 June 2023, ahead of the final submission to NHS England on 30 June 2023.

GM Providers

- GM providers will follow a similar timeline to that outlined above for NHS GM.

CCG Accounts

- Updated Annual Reports for the 10 CCGs were submitted to NHS England by 27 April 2023. These included the CCG remuneration reports, as data has been made available by NHS Pensions to enable the approximation of pensions benefits earned in Quarter 1.
- The CCG accounts remain under audit, although no significant issues have been raised by auditors to date, and no material items are expected to require adjustment to the draft CCG accounts. These will be presented to Audit Committee on 7 June 2023, with a recommendation to approve to the Board.

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Recommendations

Recommendations

For the System Financial position, the Board is asked to:

- Review, discuss and agree year-end financial position presented
- Note the update on the submission of draft annual accounts and timescales for the submission of the final annual accounts in June 2023

For the NHS GM Financial position, the Board is asked to

- Review, discuss and agree the year-end financial position presented

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Appendices

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NHS GM Financial Position

NHS GM Financial Position

The financial summary by expenditure type for the year end is as follows:

	Budget M4-M12 £m	Actual M4-M12 £m	Variance M4-M12 £m
Allocations	**(5,137.7)**	**(5,137.7)**	**0.0**
Admin			
Running Costs	48.9	48.8	0.1
Total Admin	**48.9**	**48.8**	**0.1**
Programme			
Mental Health	524.6	528.9	(4.2)
Acute	2,694.1	2,706.8	(12.7)
Primary Care	92.6	84.3	8.3
GP Medical, Pharmacy, Dental and Optometry	649.5	634.2	15.3
Prescribing	409.2	424.5	(15.3)
Continuing Care	177.3	176.3	1.0
Community Health Services	484.3	479.9	4.4
Other expenditure	50.4	54.0	(3.7)
Earmarked commitments and efficiencies	(63.0)	0.0	(63.0)
Total Programme	**5,019.0**	**5,088.9**	**(69.9)**
Total Expenditure	**5,067.9**	**5,137.6**	**(69.7)**
CCG Q1 positions	**(6.1)**	**0.0**	**6.1**
Total NHS GM (including Q1 CCGs)	**63.6**	**0.0**	**(63.6)**

- Favourable variances are presented in green, adverse variances in red.

NHS GM Month 12 Key Messages

Overall, NHS GM delivered an actual breakeven position at the year end, which is a £63.6m adverse position against plan due to the system efficiency redistribution agreed and transacted in 2022/23. The ICB was unable to formally change budgets for the surplus movement and therefore an apparent overspend is recorded in the earmarked commitments line to account for this change.

The key pressures against the original plan total £35.9m, with the main contributing areas being:

- £4.2m overspend on mental health expenditure due to increased placement costs, offset by slippage on Service Development funding.
- £12.7m overspend on Acute expenditure due to increased activity within the non-NHS sector, particularly around ophthalmology.
- £15.3m overspend on prescribing due to the standardisation of locality prescribing methodologies and volume increases over the latter part of the financial year.

The key underspends against the original plan total £35.2m, with the main contributing areas being:

- £8.3m underspend on primary care services due to underspends in locality schemes.
- £15.3m underspend on GP Medical, Pharmacy, Dental & Optometry mainly due to dental underperformance.
- £4m underspend on community services mainly within Salford and Trafford due to revised integrated fund arrangements.
- £6.1m Q1 benefit, which offsets with the Q1 position to ensure that the overall annual plan position was a net £63.6m surplus for the ICB and CCGs.

As part of the final position, NHS GM achieved the requirement to spend within the Running (Admin) Cost Allocation. A small underspend of £0.1m was reported against an allocation of £48.9m for 9 months of the year.

NHS GM Efficiency – summary by savings type

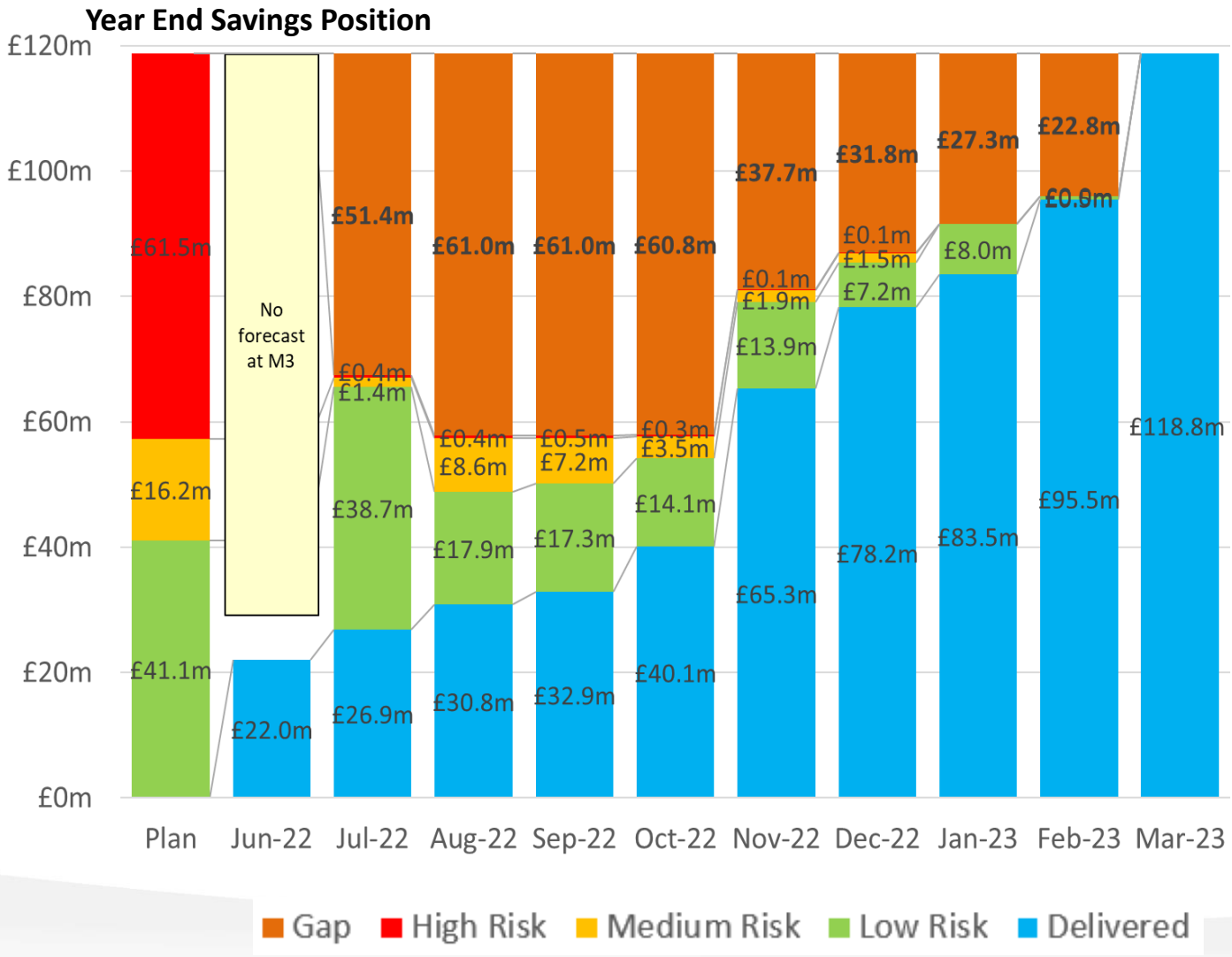
Greater Manchester Integrated Care

		2022/23 Year End		
		Plan £m	Actual £m	Variance £m
Recurrent Efficiencies		21.8	13.3	(8.5)
Non Recurrent Efficiencies		97.0	105.5	8.5
Total Efficiencies	11% 89%	**118.8**	**118.8**	**0.0**
Combined Efficiencies				
Area	R/NR Split on FOT			
GP Prescribing	92% 8%	9.6	6.4	(3.2)
Primary Care	51% 49%	5.7	3.5	(2.2)
Continuing Care	16% 84%	13.8	10.9	(3.0)
Running Costs	6% 94%	7.5	9.0	1.5
GM System Efficiency	100%	31.6	19.7	(11.9)
Technical Finance Adjustments	100%	29.0	25.8	(3.2)
Other	8% 92%	21.6	43.5	21.9
Total	11% 89%	**118.8**	**118.8**	**0.0**

- An additional £18m of system savings have been delivered over and above the £118.8m in this table. These were held by NHS GM and delivered through allocations and income.

NHS GM Efficiency – achievement and risk

- In published plans, submitted in June 2022, there was a plan to meet the £118.8m NHS GM efficiency target, albeit with £61.5m of high-risk schemes. At Month 12 this target is reported as achieved in full.
- While financial control totals have been met and the efficiency target is reported as fully delivered, it is important to appreciate that this achievement is not entirely the result of recurrent, transformational, activity backed savings schemes.
- The position has been dependent upon non-recurrent benefits in order to balance. Using the same logic as in previous months (i.e., to be consistent with the £22.8m gap reported at Month 11), the reported in month achievement would have been £4.6m in March, with a remaining gap of £18.6m (£9.6m relating to a shortfall in locality savings, with £9m relating to system savings).
- This shortfall has been mitigated by underspends against dental and other budgets, enabling the reporting of financial balance and achievement of the efficiency target on an in-year basis



NHS GM Aged Debtors

NHS Greater Manchester Integrated Care

The below table shows the aged debtors by category of organisation invoiced, and the number of days overdue the invoice is.

	Debtors invoiced not yet due £'000	Debtors 1-30 days £000	Debtors 31-60 days £000	Debtors 61-90 days £000	Debtors 91-120 days £000	Debtors 121-180 days £000	Debtors 181-360 days £000	Debtors 361+ Days £000	Total Debtors £k	Of which are overdue £'000
Non-NHS Companies	591	170	(16)	5	17	20	17	64	869	278
Public Bodies	6,017	5,328	831	140	77	91	417	8	12,909	6,892
Non-NHS Health bodies	86	99	5	0	8	19	89	126	432	346
Individuals	0	0	0	0	0	0	0	13	13	13
Local Authorities	23,932	2,027	797	46	0	52	242	(58)	27,037	3,105
Pharmacies	0	0	0	0	0	0	0	0	0	0
Staff	7	0	0	0	3	0	0	12	23	15
Total	**30,633**	**7,624**	**1,617**	**191**	**105**	**182**	**766**	**164**	**41,283**	**10,650**

The value of overdue debt (£10.7m) should be considered in the context of a total of £223.1m of invoices which have been raised since the formation of NHS GM (9 months).

The ICB holds a £1.3m provision for irrecoverable debt from former CCGs, GMSS and the ICB.

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Provider Financial Position

GM NHS Provider Financial Position and Key Messages

NHS Greater Manchester Integrated Care

The following table summarises the overall provider position reported at the 2022/23 year-end:

	2022/23 Plan £m	2022/23 Actual £m	2022/23 Variance £m
Income	6,703.6	7,394.9	691.3
Pay	(4,231.8)	(4,772.0)	(540.2)
Non-Pay	(2,430.9)	(2,540.0)	(109.1)
Non Operating Items (exc gains on disposal)	(104.5)	(82.7)	21.9
TOTAL Provider Surplus/(Deficit)	**(63.6)**	**0.2**	**63.8**
Surplus/Deficit Breakdown			
MFT	0.0	0.1	0.1
Christie	0.0	1.4	1.4
NCA	(12.8)	0.1	12.9
Bolton	(7.1)	(1.5)	5.6
Tameside	(12.3)	(3.0)	9.3
WWL	(8.4)	(2.9)	5.5
Pennine Care	0.0	5.3	5.3
Stockport	(23.0)	(3.3)	19.7
GMMH	0.0	3.9	3.9
Provider Surplus/(Deficit)	**(63.6)**	**0.2**	**63.8**

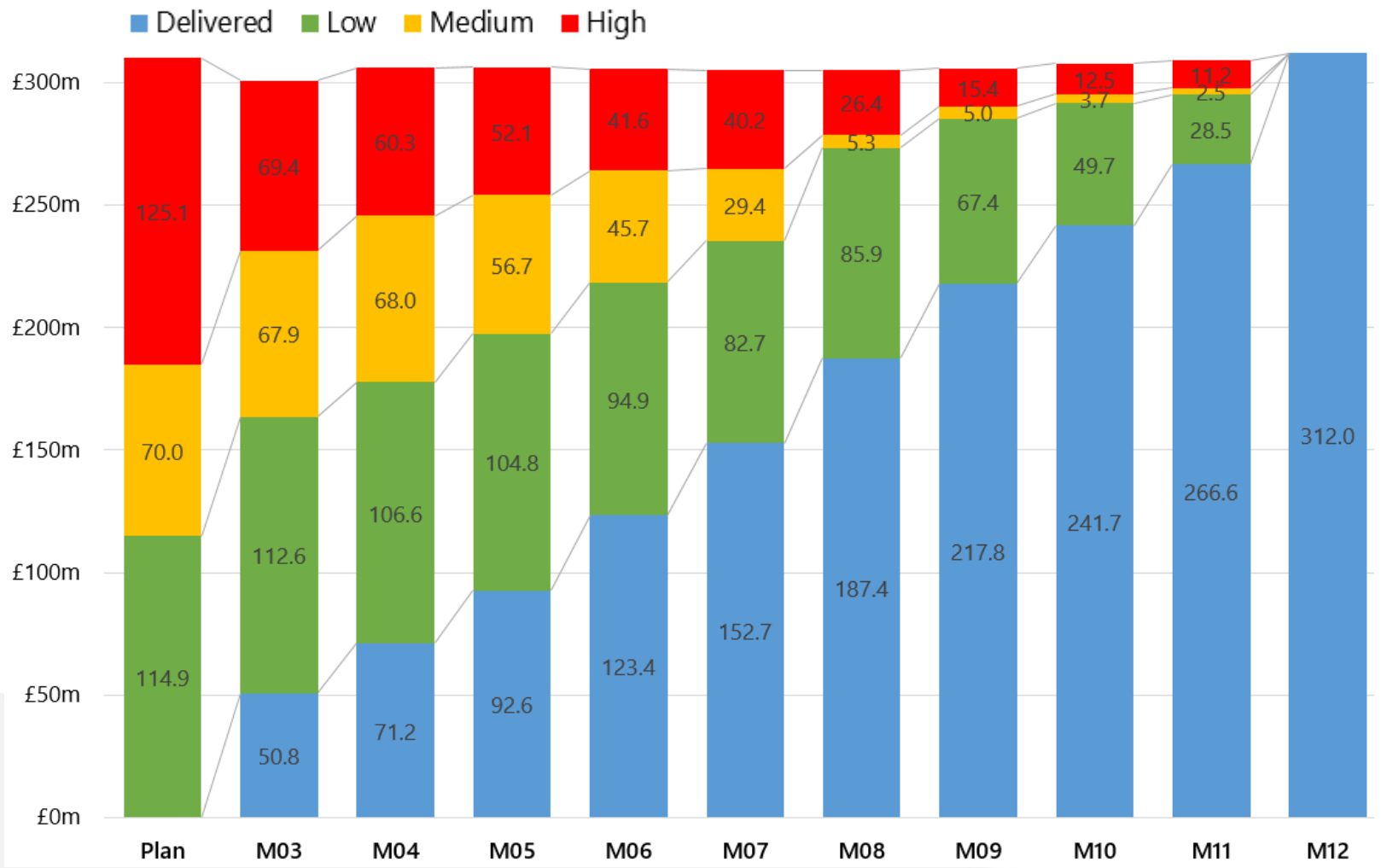
- The year-end position for GM Providers is a surplus of £0.2m against a plan of £63.6m deficit. This is in line with the agreement with NHS GM to redistribute the £42.1m surplus along with additional funding/benefits relating to Specialised Commissioning of £28.2m.
- This ensures that overall, both providers and NHS GM deliver a breakeven position. This has been reported in previous updates.
- Outturn by provider is provided in the table demonstrating a final surplus or deficit for each, however, note that all are improvements against the original plan.

GM NHS Provider Efficiencies Delivery

NHS Greater Manchester Integrated Care

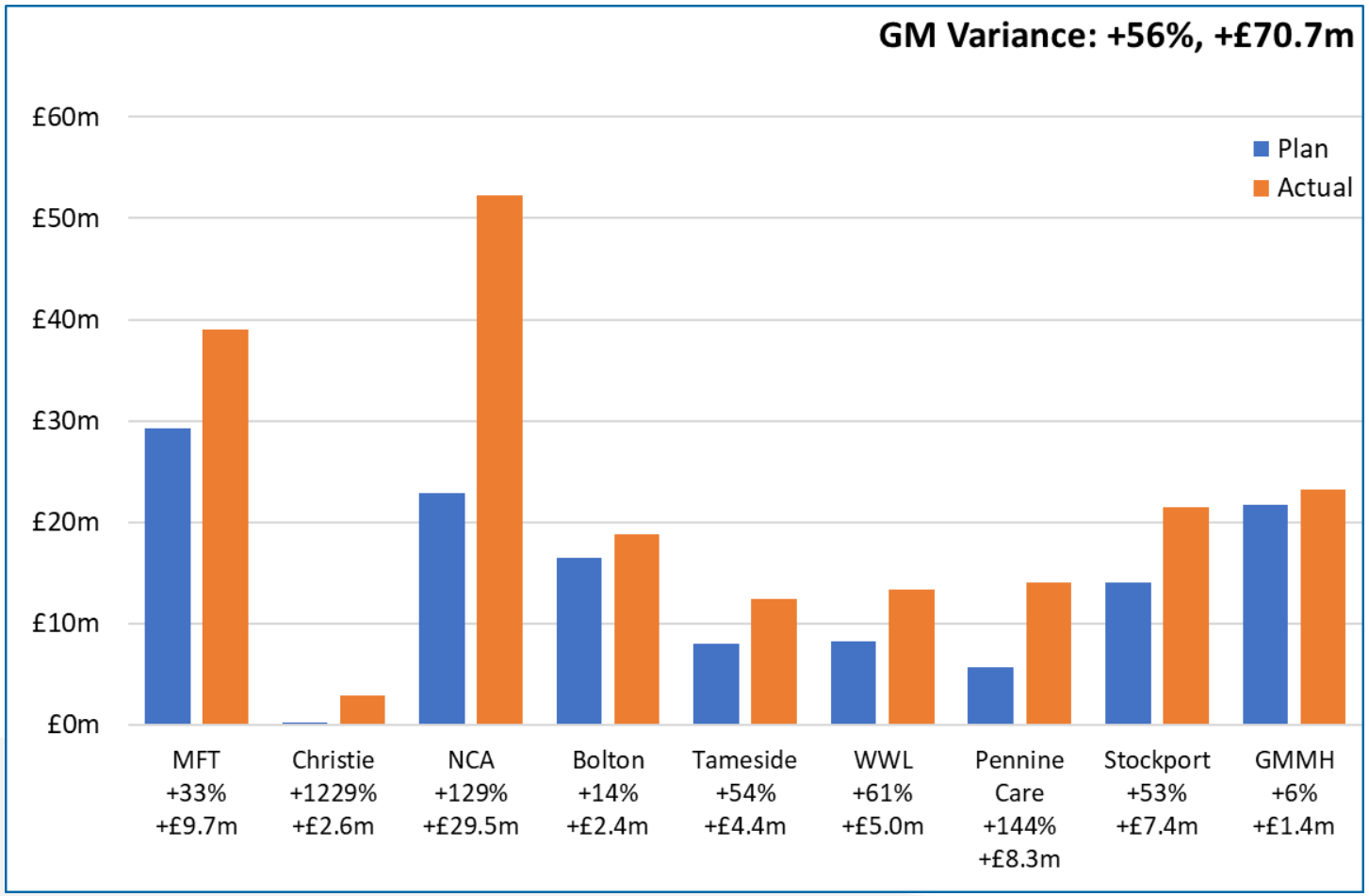
		2022/23 Year End		
		Plan £m	Actual £m	Variance £m
Recurrent Efficiencies		170.1	170.1	0.0
Non-Recurrent Efficiencies		139.9	139.9	0.0
Total Efficiencies	40% / 60%	**310.0**	**310.0**	**0.0**
Combined Efficiencies				
Provider	rec/non-rec split on FOT			
MFT	39% / 61%	117.2	117.2	0.0
Christie	35% / 65%	11.8	11.8	0.0
NCA	60% / 40%	77.3	77.3	0.0
Bolton	19% / 81%	20.6	22.2	1.7
Tameside	36% / 64%	13.6	11.2	(2.4)
WWL	14% / 86%	23.9	25.8	1.9
Pennine Care	28% / 72%	11.3	12.8	1.5
Stockport	32% / 68%	18.1	18.6	0.5
GMMH	39% / 61%	16.2	14.9	(1.2)
GM Providers Total	40% / 60%	**310.0**	**312.0**	**2.0**

GM NHS Provider Efficiency Risks



- Against an annual plan of £310m, £312m of actual provider savings have been delivered in 2022/23. Meaning that the efficiency target has been met in full, and slightly over delivered.
- The original plan was built on an assumption that 54% would be recurrent in nature.
- The actual proportion of savings that were recurrent was 40%. However, additional non-recurrent efficiency more than made up for the shortfall on an in-year basis.

GM NHS Provider Agency
2022/23 Performance



- NHSE announced a ceiling on agency spend effective from October 2022
- There is a requirement for all systems to reduce agency spend by at least 10%
- The total value of agency costs for 2022/23 was £197m (4.5% of gross pay costs)

GM NHS Provider Additional Capital Information

Total Charge against Capital Allocation (before impact of IFRS 16)

		MFT	Christie	NCA	Bolton	Tameside	WWL	Pennine Care	Stockport	GMMH	GM Providers
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
2022-23	Plan	68.6	(23.9)	81.9	9.3	4.1	11.1	5.9	12.8	12.7	182.4
	Actual	77.1	(25.7)	72.7	10.0	4.0	11.2	3.6	9.8	12.2	175.0
	Variance	(8.5)	1.8	9.2	(0.8)	0.1	(0.1)	2.3	2.9	0.5	7.4

Total CDEL

		MFT	Christie	NCA	Bolton	Tameside	WWL	Pennine Care	Stockport	GMMH	GM Providers
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
2022-23	Plan	263.8	(11.0)	143.8	32.3	14.9	28.1	12.2	43.0	36.9	564.1
	Actual	166.0	(15.6)	144.9	42.0	17.3	29.3	9.4	39.8	37.8	471.0
	Variance	97.8	4.6	(1.1)	(9.7)	(2.4)	(1.1)	2.8	3.2	(0.9)	93.1

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Quality & Performance Committee Report

17th May 2023

NHS Greater Manchester Integrated Care

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Quality & Performance Committee Report
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 05/05/2023
AUTHOR/S:	Claire Smith, Associate Director of Nursing & Quality Assurance, NHS GM
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	n/a
PRESENTED BY:	Dame Sue Bailey (SB), Non- Executive Director and Chair of the Quality & Performance Committee

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
Financial Implication:	**Yes** ☐	**No** ☒

PURPOSE OF REPORT:

To highlight key issues and provide assurance to the Board.

KEY MESSAGES:

- To draw any matters from the Quality & Performance Committee to the ICB's attention including actions/issues to the escalated to the Board.

RECOMMENDATIONS:

- To note the contents of the report and provide feedback to the Committee Chair.

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KEY ISSUES AND ASSURANCE REPORT Quality and Performance Committee 17th May 2023
The Committee draws the following matters to the ICB's attention-

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
Item 4 CNO Report	• Quality & Performance Committee received an update on the current regulatory position of our GM providers with a detailed view of providers of concern, including one independent mental health provider which closed on 14th April and all patients were safely transferred to new accommodation and services. • In regards to statutory duties, the Continuing Health Care position was reported and detailed the improvement plan activity in place for 4 GM localities.	• Ongoing monitoring of SOF 3 and 4 position • Continued high agency spend in this area as vacancies currently unable to be recruited due to the ongoing consultation	Ongoing July 2023
Item 5 Performance Report	• Quality & Performance Committee received an overview of current performance date with key risks being identified.	• A system wide escalation framework has been developed based on the principle of the pressure levels providing a snapshot of the full system that can help focus and target decisions and actions	Ongoing
Item 7 Oversight of enhanced surveillance of Trusts in SOF3	• Quality & Performance Committee received and approved a process paper that enables the oversight and monitoring of Trusts moving into SOF 3 (Segmentation 3 of the National Oversight Framework). This will continue to develop as the governance and oversight of the ICB is strengthened and further work	• Nil at present. This will continue to develop as the system matures.	Ongoing

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
	will continue to bring together the Tiered approach to performance monitoring to ensure a clear line of sight through ICB governance whilst providing clarity of process for Trusts/Providers involved a clear understanding of roles and responsibilities between ICB and NHSE Region.	• Escalation approach under development that triangulates quality, performance and finance to establish appropriate response to changes in SOF level.	September 2023
Item 8 Maternity Services Ockenden update.	• Quality & Performance Committee discussed the clinical risk associated with provision and delivery of maternity services in Greater Manchester. The committee discussion focused on the current position of provider compliance against the Ockenden standards in Greater Manchester and the measures in place, led by the Local Maternity & Neonatal System (LMNS) to ensure oversight of progress against the seven immediate essential actions from the Ockenden Report.	• Nil at present. Ongoing oversight will ensure specific risks raised as required.	Ongoing
Item 9 Rapid Quality Review for Learning Disability & Autism	• Quality & Performance Committee received the findings of a rapid quality review of Learning Disability & Autism provision following several concerns raised in terms of overall quality, individual provider closure and impact on individual care.	• Acknowledge the system risk of reduced placements for individuals with highly complex needs and the system – level work being undertaken to mitigate and find system focussed solutions. Escalation process being developed	July 2023

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
Item 14 Risk Management	• The Risk report was received by committee. This highlights the high-level risks and links to Board Assurance however greater focus is needed to align risks across all providers.	• Further work required to scope and further develop with a view to aligning across all provisions.	July 2023

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Integrated Care

Quality and performance report

May 2023

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NHS Greater Manchester Integrated Care

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Quality and performance report
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 09/05/2023
AUTHOR/S:	Ed Dyson – Director of Performance, improvement and assurance Waseem Khan – Quality and patient safety manager
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	n/a
PRESENTED BY:	Anne Gibbs – Chief Operating Officer Mandy Philbin – Chief Nurse

PURPOSE OF PAPER:		
Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
Financial Implication:	**Yes** ☐	**No** ☒

PURPOSE OF REPORT:

To provide assurance to the Board relating to performance quality and to highlight relevant risks in this regard.

KEY MESSAGES:

The health and care system in Greater Manchester is under extreme pressure and this is expected to continue. This generates risks to quality and performance which are highlighted to the Board. Board is asked to note material performance risks to elective 78 week waits, ambulance response/handover and cancer 62 day waits. Board is asked to note updates to maternity and providers with enhanced surveillance where additional support is being provided.

The pressures described in the report constitute a significant risk to the quality of delivery and experience for our population.

Greater Manchester
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RECOMMENDATIONS:

- To discuss the overall position regarding performance and quality
- To note material performance challenges set out in 2.4.
- To note and discuss quality updates

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1.0 BACKGROUND

1.1. This paper advises Board on the levels of assurance regarding performance and quality. It is drawn from review of performance and quality indicators within localities, system boards and committees within NHS Greater Manchester Integrated Care (NHS GM). The paper highlights material issues for Board attention.

2.0 CONSTITUTIONAL STANDARDS AND SYSTEM OVERSIGHT FRAMEWORK (SOF)

2.1 NHS GM is held to account by NHS England for constitutional standards and system oversight framework (SOF) indicators[1]. The objectives will be revised to reflect the 23/24 planning guidance[2] (p7). These indicators span quality and performance measures, each having a grounding in population health; patient outcomes; and / or patient experience.

2.2 The full set of indicators for NHS Greater Manchester is set out in appendix one. This comprises constitutional standards and SOF indicators. These show a significant number of indicators which are not meeting standards (key risks amongst these highlighted in 2.4). This reflects the nationwide challenges of high demand on services and the backlog of care arising from the Covid pandemic.

2.3 There are a common root causes behind many of these indicators. These are challenges across the NHS nationally. In addition to those listed there is an additional impact of industrial action. The impact will be dependent upon the nature and frequency of action through the year.

- High demand for services
- Workforce recruitment, retention and sickness/absence levels
- Financial resources

2.4 The most material challenges relating to the 22/23 period are summarised below.

Elective care – long waits

The closing position for GM at the end of March was a total of 1,297 patients who had waited more than 78 weeks. Of which 565 patients had chosen to wait longer and 655 were complex or unfit for treatment. This left 77 patients. There was one breach of the 104 week target. This patient was dated for treatment 4th April. The national planning guidance sets out an ambition to have no patients waiting over 65 weeks at the end of March 2024. Initial indications are that we will have a small residual number of patients. We are currently working to identify potential capacity through mutual aid and the use of the Independent Sector over the course of the next year to support the achievement of this ambition within GM.

[1] https://www.england.nhs.uk/nhs-oversight-framework/
[2] https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf

Given the position GM was in in the autumn this shows a significant recovery. It has involved operational and clinical teams to deliver high levels of additional capacity over a sustained period. In addition independent sector capacity and mutual aid between GM hospitals has aided this position.

Cancer

The latest validated position for cancer 62 day waits at the end of March is 820 patients in excess of 62 days against a trajectory of 668 and a planning target of 761. As with elective care the year end position shows a marked improvement from where we were in the autumn.

Mental health

There has been a significant growth in out of area placements in recent months. This is common across both providers but with some variation across localities. An improvement plan is in development including specific locality based targets for out of area placements and for discharge. There are challenges relating to availability of specialist care packages and suitable accommodation which drives levels of out of area placements.

Learning disability and autism

Greater Manchester has 109 adult inpatients with a learning disability and/or autism. This is higher than the planning target of 93. Action plans include developing further provision to support discharge including working with housing providers regarding developing suitable accommodation. A GM C(E)TR (Care and education treatment review) hub is being developed to support the timely review of people in hospital or at risk of admission.

Urgent and emergency care

In March 2023 A&E performance was 62.4%, a marginal increase on the previous month. By March 2024 GM will need to achieve a 76% performance figure. Bed occupancy levels are within standard, as are ambulance response times. The number of patients who have no medical requirement to remain in hospital remains high – typically over 900 people at anyone time. A GM target of keeping these numbers below 650 has been established.

3.0 QUALITY AND SAFETY

3.1 Maternity

Maternity services are highlighted as an area of special concern in the latest National CQC report and indicates that despite several policy initiatives and programmes in recent years, maternity care ratings are getting worse. Confidential enquiries into Maternity Services such as Morcombe Bay (2015), Ockenden Reports (2020 and 2022) and the East Kent report (2023) continue to

identify concerns regarding maternity services. This has led to the CQC National Maternity Inspection Programme which will inspect all NHS acute hospital maternity services that have not been rated since April 2021. The inspections will focus on 'safety' and 'well-led' domains.

The Local Maternity and Neonatal System continues to support and seek assurance that services are safe within the maternity providers within Greater Manchester and Eastern Cheshire (GMEC). This includes the analysis of maternity safety metrics, Quality surveillance, the establishment of key Safety fora, such as the Safety special interest group and oversight of key programmes of work, such as Ockenden and East Kent actions, CNST, CQC, Workforce, Equity and equality, Saving Babies' Lives, Midwifery Continuity of Carer and the Single maternity delivery plan.
The CQC have undertaken focused inspections for 3 providers within GMEC. The remaining maternity services will be inspected by the end of the year.

Following the publication of the maternity provider CQC reports meetings have taken place with the Trusts to discuss the findings of the reports. The Northwest Regional Maternity Team, the Integrated Care Board and the Local Maternity and Neonatal System have developed a programme of support and surveillance. The level of support and surveillance is individual to the trusts and dependant on the findings of the CQC report, the Maternity Self-Assessment and the review of maternity safety data. The level of support may include the onboarding to the National Maternity Safety Support Programme (MSSP). This may be supplemented with support from the NW Regional Maternity Team or the LMNS and ICB.

3.2 Primary Care Update

The engagement draft of the Primary Care Blueprint is due to be shared widely over the coming months. Within that the Quality, Improvement and Innovation chapter sets out how an embedded culture of delivering for quality across primary care, will support the drive for levelling up aspirations through continuous improvement, reduction of health inequalities and an ethos for shared learning. It is important to note that whilst this chapter focuses on Primary Care, the ambition is clearly aligned to the GM system quality strategy which reinforces the development of a single, cohesive quality approach across Primary Care in Greater Manchester.

The Primary Care sitrep, which reports pressures to the system, is currently under review. This work is focusing on the submissions, including the questions asked of providers, and wider metrics which will provide a consistent indication of relative pressures. The review is also concerned with ensuring that there is an appropriate and proportionate response in order to support providers and the wider system.

3.3 Providers Enhanced Surveillance and Improvements

In addition to what has been reported to board previously the below is a summary of any new updates. The Greater Manchester Quality and Performance Committee continues to manage and monitor all providers in enhanced surveillance.

Greater Manchester Mental Health

The Recovery Support Programme for organisations who have been moved into segmentation 4 of the NHS Outcomes Framework is an intensive support process and has been commenced for Greater Manchester Mental Health Trust this month. This is led by the NHS England National Team and sets out the rationale for entering the process in an entry meeting, held 4th May 2023. The ICB have supported GMMH to prepare a presentation to national colleagues that covers the key issues, the outputs of the NHS England diagnostic, the agreed exit criteria and target dates, the improvement plan and key risks and mitigations. The ICB have provided additional information regarding previous commissioning arrangements and oversight, support and approach to improvement. This is centred in the GM ICB Mental Health System Board for response to system issues within mental health services and supported by a strong framework to enable appropriate assurance, reporting and evidence of improvement that will form an integral part of the monitoring going forward.

Stamford House

This provider is a Residential Home in Rochdale and this has moved from being in special measures to being rated Good by CQC. This home was placed in the local Multiagency Concerns (MAC) process following the inadequate CQC ratings. An action plan was developed with quality visits weekly initially and then fortnightly for most of 2022. The home engaged well and was keen to return to its 'good' status with a new manager being employed within the last 12 months who was able to embed improvement and support staff. ICB Quality Improvement Nurse has supported in terms of signposting to training etc. Stamford House has now been reinspected by CQC and has received a Good rating, despite the new rating the MAC process continues to offer support in an exit strategy.

4 2023/24 PLANNING

4.1 Planning is covered within a separate paper. Key risks in delivery of the 23/24 planning objectives are captured below. These have developing action plans linked to them.

- 65 week waits
- Mental health out of area placements
- Mental health perinatal
- Urgent and emergency care
- Cancer 62 day target
- Diagnostic capacity
- Adults with learning disability and/or autism who are inpatients

5 RECOMMENDATIONS

5.1 The Integrated Care Board is asked to:

- To discuss the overall position regarding performance and quality
- To note material performance challenges set out in 2.4.
- To note and discuss quality updates

Appendices:
Appendix 1: Single Oversight Framework (SOF)

Appendix 1: Single Oversight Framework (SOF)

GM ICB Quality & Performance Dashboard

Overview

Greater Manchester Integrated Care Partnership

Achieved Not Achieved No Target

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	% Difference From Target
Belonging in the NHS	S072a	S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	Annual	Nov 23	▲				65.4%	65.8%	
Cancer	CAN001	CAN001: Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	Month	Feb 23	▲	93.0%	10,868	12,644	86.0%	76.2%	▼-7.0%
	CAN002	CAN002: Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	Month	Feb 23	▲	93.0%	338	467	69.4%	70.8%	▼-23.6%
	CAN003	CAN003: Cancer - 21-Day Wait From Decision To Treat To First Treatment	Month	Feb 23	▲	96.0%	997	1,068	92.4%	87.0%	▼-2.6%
	CAN004	CAN004: Cancer - 31-Day Wait For Subsequent Surgery	Month	Feb 23	▲	94.0%	150	167	89.8%	84.9%	▼-4.2%
	CAN005	CAN005: Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	Month	Feb 23	▲	98.0%	196	196	100.0%	98.6%	▲2.0%
	CAN006	CAN006: Cancer - 31-Day Wait For Subsequent Radiotherapy	Month	Feb 23	▲	94.0%	406	410	99.0%	98.5%	▲5.3%
	CAN007	CAN007: Cancer - 62-Day Wait From Referral To Treatment	Month	Feb 23	▲	85.0%	361	599	60.3%	61.0%	▼-24.7%
	CAN008	CAN008: Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	Month	Feb 23	▲	90.0%	51	73	69.9%	69.2%	▼-20.1%
	CAN009	CAN009: Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Month	Feb 23	-		206	283	72.8%	71.9%	
	CAN010	CAN010: Cancer - 104-Day Wait	Month	Feb 23	▼	0.00	91		91.00	125.00	▲
	PAT001	PAT001: Cancer Patient Experience	Annual	Mar 22	▲		9		8.93	8.83	
	S010a	S010a: Total patients treated for cancer compared with the same point in 2019/20	Month	Feb 23	▲	100.0%			87.1%	89.7%	▼-12.9%
	S011a	S011a: Cancer - percentage of patients on the waiting list who have been waiting more than 62 days	Null	Null	▼		818	13,767	5.9%	6.9%	
	S012a	S012a: Proportion of patients meeting the faster cancer diagnosis standard	Month	Feb 23	▲	75.0%	8,843	12,103	73.1%	63.6%	▼-1.9%
Elective care	DIA001	DIA001: Diagnostics Tests Waiting Times	Month	Feb 23	▼	1.0%	22,810	78,288	29.1%	34.3%	▲29.1%
	RTT001	RTT001: Referral To Treatment - 18 Weeks	Month	Feb 23	▲	92.0%	216,070	428,840	50.4%	49.8%	▼-41.6%
	RTT002	RTT002: Referral To Treatment - 52+ Weeks	Month	Feb 23	▼	0.00	26,264		26,264.00	26,302.00	▲
	RTT003	RTT003: Referral To Treatment - % Waiting List Change from March 2018	Month	Feb 23	▼	0.0%	446,612	412,068	216.3%	226.2%	▲216.3%
	S007a	S007a: Total elective activity undertaken compared with 2019/20 baseline	Month	Dec 22	▲	104.0%			90.5%	89.9%	▼-13.5%
	S007b	S007b: Elective Activity : Completed pathway elective activity growth	Month	Feb 23	▲	110.0%			94.9%	93.4%	▼-15.1%
	S009a	S009a: Total patients waiting more than 62 weeks to start consultant led treatment	Month	Feb 23	▼				26,264.00	26,302.00	
	S009b	S009b: Total patients waiting more than 78 weeks to start consultant led treatment	Month	Feb 23	▼				3,680.00	6,007.00	
	S009c	S009c: Total patients waiting more than 104 weeks to start consultant led treatment	Month	Feb 23	▼	0.00			94.00	101.00	▲
	S013a	S013a: Diagnostic activity levels: Imaging	Month	Feb 23	▲	120.0%	94,377	80,899	116.7%	117.6%	▼-2.3%
	S013b	S013b: Diagnostic activity levels: Physiological measurement	Month	Feb 23	▲	120.0%	7,678	8,327	92.2%	93.2%	▼-27.8%
	S013c	S013c: Diagnostic activity levels: Endoscopy	Month	Feb 23	▲	120.0%	8,508	7,471	113.9%	108.0%	▼-5.1%
	S013d	S013d: Diagnostic activity levels: Total	Month	Feb 23	▲	120.0%	110,563	96,698	114.3%	114.7%	▼-5.7%
Growing for the future	S074a	S074a: FTE doctors in General Practice per 10,000 weighted patients	Month	Feb 23	▲		1,966	3,339,394	5.89	5.75	
	S075a	S075a: Direct patient care staff in GP practices and PCNs per 10,000 weighted patients	Quarter	Feb 23	▲		1,469	3,339,394	4.37	4.04	
Leadership	S060a	S060a: Aggregate score for NHS staff survey questions that measure perception of leadership culture	Annual	Nov 23	▲				6.87/10	6.82/10	
Learning disabilities and autism	S029a	S029a: Inpatients with a learning disability and/or autism per million head of population	Quarter	Feb 23	▼	30.00	115	2,163,874	53.00	53.00	▲76.7%
	S030a	S030a: Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	Quarter	Nov 22	▲	100.0%	4,721	17,179	27.5%	10.5%	▼-72.5%
Looking after our people	S062a	S062a: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	Annual	Nov 23	▼				11.7%	11.8%	
	S063b	S063b: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	Annual	Nov 23	▼				17.8%	18.1%	
	S063c	S063c: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	Annual	Nov 23	▼				24.5%	25.0%	
	S067a	S067a: Leaver rate	Month	Jan 23	▼		6,446	79,676	8.2%	8.4%	
	S068a	S068a: Sickness absence rate	Month	Nov 22	▼		174,227	2,551,010	6.8%	6.9%	
	S069a	S069a: Staff survey engagement theme score	Annual	Nov 23	▲				6.70/10	6.78/10	
Maternity and children's health	MH001	MH001: First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	Month	Jun 22	▲	95.0%	77	92	83.7%	85.9%	▼-11.3%
	MH002	MH002: First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	Month	Jun 22	▲	95.0%	526	562	93.6%	93.9%	▼-1.4%
	MH004	MH004: Access Rate to Children and Young People's Mental Health Services	Month	Jun 22	▲	34.0%	31,640	59,099	53.5%	52.7%	▲19.5%
	S022a	S022a: Stillbirths per 1,000 total births	Annual	Nov 21	▼		130	33,532	3.88	3.67	
	S104a	S104a: Neonatal deaths per 1,000 total live births	Annual	Nov 21	▼		42	33,402	1.26	1.24	

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Overview

Greater Manchester Integrated Care Partnership

Achieved Not Achieved No Target

Measure Sub-Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	% Difference From Target
Mental health services	DEM001	DEM001: Estimated Diagnosis Rate For People With Dementia	Month	Feb 23	▲	66.7%	1		69.6%	69.4%	▲4.3%
	EIP001	EIP001: Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	Month	Jun 22	▲	60.0%	190	246	77.6%	78.8%	▲29.4%
	IAPT001	IAPT001: Improving Access to Psychological Therapies Seen Within 6 Weeks	Month	Jan 23	▲	75.0%			100.0%	71.6%	▲33.3%
	IAPT002	IAPT002: Improving Access to Psychological Therapies Seen Within 18 Weeks	Month	Jan 23	▲	96.0%			100.0%	93.0%	▲4.2%
	IAPT003	IAPT003: Improving Access to Psychological Therapies Recovery Rate	Month	Jan 23	▲	50.0%	2,411	5,250	46.0%	46.3%	▼-8.0%
	IAPT005	IAPT005: Improving Access to Psychological Therapies Access Rate	Month	Jan 23	▲	5.5%	12,680	411,421	3.1%	4.3%	▼-42.4%
	S081a	S081a: Access rate for IAPT services	Month	Dec 22	▲	100.0%	20,355	26,396	80.2%	77.9%	▼-19.8%
	S084a	S084a: Number of children and young people accessing mental health services as a % of LTP trajectory	Month	Jan 23	▲	100.0%	46,755	43,691	107.0%	104.8%	▲7.0%
	S085a	S085a: Proportion of people with severe mental illness receiving a full annual physical health check and follow-up interventions	Month	Dec 22	▲	100.0%	15,086	18,962	79.6%	76.9%	▼-20.4%
	S086a	S086a: Inappropriate adult acute mental health placement out of area placement bed days	Month	Jan 23	▼	0.00			3,975.00	3,225.00	▲
	S110a	S110a: Access rates to community mental health services for adult and older adults with severe mental illness	Month	Jan 23	▲	100.0%	20,930	22,615	92.5%	89.4%	▼-7.5%
	S126a	S126a: Adult Acute LoS Over 60 Days % of total discharges	Month	Jan 23	▼		226	1,015	22.2%	20.0%	
	S126b	S126b: Older Adult Acute LoS Over 90 Days % of total discharges	Month	Jan 23	▼		90	175	51.4%	56.8%	
Outpatient transformation	S101a	S101a: Outpatient follow up activity levels compared with 2019/20 baseline	Month	Feb 23	▼	75.0%	9,981	10,630	93.9%	99.1%	▲18.9%
Personalised care	S031a	S031a: Rate of personalised care interventions	Quarter	Feb 23	▲		162,227	3,227	50.30	40.10	
	S032a	S032a: Personal health budgets	Quarter	Feb 23	▲		6,795	3,227	2.10	1.40	
Prevention and long term conditions	DTOC001	DTOC001: Delayed Transfers of Care - Bed Days	Month	Feb 20	▼	200.00	428		428.00	199.06	▲114.0%
	S061a	S061a: Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled	Quarter	Feb 23	▲		925	3,723	24.8%	17.9%	
	S063a	S063a: % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	Annual	Feb 23	▲	90.0%	41,696	46,929	88.8%	87.7%	▼-1.2%
	S063b	S063b: % of hypertension patients who are treated to target as per NICE guidance	Annual	Feb 23	▲	80.0%	248,143	417,363	59.5%	46.9%	▼-20.9%
	S063c	S063c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarter	Nov 22	▲	46.0%	80,500	129,405	62.2%	61.2%	▲17.2%
	S066a	S066a: Number GP referrals to NHS Digital weight management services per 100k population	Quarter	Feb 23	▲		489	2,226,604	21.96	24.76	
	S116a	S116a: Proportion of diabetes patients that have received all eight diabetes care processes	Quarter	May 22	▲		70,040	182,060	38.5%	30.7%	
	S116a	S116a: Proportion of adult inpatient settings offering tobacco dependence services	Month	Jan 23	▲	100.0%	1	10	10.0%	10.0%	▼-90.0%
	S116b	S116b: Proportion of maternity settings offering tobacco dependence services	Month	Jan 23	▲	100.0%	2	6	33.3%	60.0%	▼-66.7%
	S117a	S117a: Proportion of patients who have a first consultation in a post covid service within six weeks of referral	Month	Mar 23	▲		96	166	61.5%	40.4%	
Primary care and community services	PAT003	PAT003: General Practice Extended Access	Annual	Feb 20	▲		1		100.0%	100.0%	
	S001a	S001a: Number of general practice appointments per 10,000 weighted patients	Month	Feb 23	▲		1,298,174	3,339,264	3,887.45	4,166.83	
	S106a	S106a: Proportion of patients discharged from hospital to their usual place of residence	Month	Feb 23	▲		16,709	17,284	90.9%	90.4%	
	S106a	S106a: Available virtual ward capacity per 100k head of population	Month	Mar 23	▲	40.00	394	2,171,976	15.30	15.30	▼-61.8%
	S107a	S107a: Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	Month	Jan 23	▲	70.0%			83.8%	91.1%	▲19.8%
	S108a	S108a: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from a general practice	Month	Jan 23	▲		2,384	3,203,746	74.40	137.90	
	S108b	S108b: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from NHS111 per 100,000 population	Month	Jan 23	▲		4,370	3,203,746	136.40	194.20	
	S109a	S109a: Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Month	Mar 23	▲	100.0%	6,873,323	6,047,169	116.4%	101.7%	▲16.4%
Safe, high quality care	DTOC002	DTOC002: Delayed Transfers of Care - Per 100,000	Month	Feb 20	▼		413	22	19.18	17.84	
	MSA001	MSA001: Mixed Sex Accommodation	Month	Feb 23	▼	0.00	2		1.03	1.29	▲
	QUAL001	QUAL001: MRSA	Month	Sept 22	▼	0.00	6		6.00	6.00	▲
	QUAL002	QUAL002: C.Difficile (Ytd Var To Plan)	Month	Sept 22	▼	0.0%					
	S037a	S037a: Percentage of patients describing their overall experience of making a GP appointment as good	Annual	Nov 23	▲		18,461	32,368	55.3%	71.0%	
	S040a	S040a: Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Month	Dec 22	▼	0.00			62.00	62.00	▲
	S041a	S041a: Clostridium difficile infection rate	Month	Dec 22	▼	1.000	1,055	880	1.188	1.3140	▲18.8%
	S042a	S042a: E. coli bloodstream infection rate	Month	Dec 22	▼	1.000	1,879	1,635	1.149	1.1523	▲14.9%
	S044a	S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	Month	Jan 23	▼	0.871	1,860,997	1,716,164	1.084	1.0854	▲24.5%
	S044b	S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Month	Jan 23	▼	10.0%	130,687	1,840,666	7.5%	7.7%	▼-2.5%
	S121a	S121a: NHS Staff Survey compassionate culture people promise element sub-score	Annual	Nov 22	▲				7/10		
	S121b	S121b: NHS Staff Survey raising concerns people promise element sub-score	Annual	Nov 22	▲				6.5/10		

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Overview

Greater Manchester Integrated Care Partnership

Achieved Not Achieved No Target

Measure Sub Category	Measure ID	Measure Full Name	Frequency	Month of Latest Month	Target Direction	Target	Numerator	Denominator	Latest Value	Previous Value	% Difference from Target
Screening, vaccination and immunisation	S046a	S046a: Population vaccination coverage: MMR for two doses (5 year olds)	Quarter	Feb 23	▲	95.0%	8,169	9,622	84.9%	83.8%	▼-10.1%
	S047a	S047a: Proportion of people over 65 receiving a seasonal flu vaccinatio	Month	Feb 23	▲	85.0%	277,946	484,362	78.0%	77.6%	▼-7.0%
	S060a	S060a: Cervical screening coverage : % females aged 25 : 64 attending screening within the target period	Quarter	Nov 22	▲	80.0%	549,252	801,217	68.6%	68.7%	▼-11.4%
Urgent and emergency care	AE001	AE001: Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	Month	Mar 22	▲	95.0%	73,996	117,666	62.9%	62.3%	▼-32.1%
	AE002	AE002: A&E 12 Hour Trolley Wait	Month	Mar 22	▼	0.00	2,036		2,036.00	1,752.00	▲
	AE003	AE003: Stranded Patients (LOS 7+ Days)	Month	Feb 23	▼	2,196.00	3,116		3,116.96	3,218.48	▲41.9%
	AE004	AE004: Super-Stranded Patients (LOS 21+ Days)	Month	Feb 23	▼		1,380		1,380.29	1,442.61	
	AMB001	AMB001: Ambulance: Category 1 Average Response Time	Month	Feb 23	▼	00:07:00	448		00:07:28	00:07:32	▲6.7%
	AMB002	AMB002: Ambulance: Category 1 90th Percentile	Month	Feb 23	▼	00:15:00	726		00:12:06	00:12:36	▼-19.3%
	AMB003	AMB003: Ambulance: Category 2 Average Response Time	Month	Feb 23	▼	00:18:00	1,140		00:19:00	00:24:53	▲5.6%
	AMB004	AMB004: Ambulance: Category 2 90th Percentile	Month	Feb 23	▼	00:40:00	2,128		00:35:28	00:50:04	▼-11.3%
	AMB006	AMB006: Ambulance: Handover Delays (>60 Mins)	Month	Mar 22	▼		0		7.8%	6.1%	
	S123a	S123a: Adult general and acute type 1 bed occupancy (adjusted for void beds)	Month	Feb 23	▼		5,096	5,472	93.1%	93.5%	
	S124a	S124a: Percentage of beds occupied by patients who no longer meet the criteria to reside	Month	Mar 22	▼		880	5,270	16.9%	16.2%	

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Feedback from GM System People Board

May 2023

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MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Feedback from GM System People Board
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 05/05/2023
AUTHOR/S:	Karen James – Chair of the GM People Board, and Janet Wilkinson – Chief People Officer
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	People & Culture Function
PRESENTED BY:	Janet Wilkinson

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
Financial Implication:	**Yes** ☐	**No** ☒

PURPOSE OF REPORT:

The purpose of this document is to provide a summary from the recent GM People Board (27th April 2023). The ICB Board is asked to note the content of the update, discuss the impact of the issues raised, and highlight any feedback which may inform future activity.

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Summary Report from the GM People Board 27 April 2023

The purpose of this document is to provide a summary from the recent GM People Board.

Points Arising from the Meeting

- This month's **People Story** was from Dr Sudip Banerjee, who shared his journey of working to receive his General Medical Council (GMC) membership after first arriving in the UK in 2012. After years of facing multiple barriers, the pandemic provided him with the opportunity to become an Unregistered Vaccinator and Super-user in the GM Mass Vaccination Programme. He later progressed into the Medical Support Worker (MSW) role. It was experience gained through these roles that supported him to meet the necessary GMC requirements and Sudip has now secured a permanent medical position in GM.

- The Board were updated on the current **financial position** from both an ICB and Workforce Development portfolio perspective. The Workforce Development allocation from Health Education England (now NHS England) has been confirmed and is significantly reduced compared to previous years.

- The first recommendation from the 2022/23 Workforce Development portfolio **evaluation** review has been implemented. The new evaluation template, accompanying guidance, and support workshops have been delivered. Initial feedback has been very positive. These resources have potential wider benefit and can be shared with your networks (see attached).

- **GM Wellbeing Programme** shared an update from the System Health and Wellbeing Oversight Group. There is a programme of activities being developed for 2023/24, including key activities to increase sustainability and impact on the practical wellbeing challenges facing workforce and responding to system priorities. An update of programme activity and developments will be shared at a future meeting.

- An overview of the recently launched **Cancer Workforce Strategy** were presented and well received. This strategy has been developed building on the foundations of the People and Culture Strategy. Consultation has been extensive, and the continuing integration and collaborative working with other aligned workstreams were commended. The People Board were keen to support this work and ongoing oversight of the strategy's delivery.

- As a matter for any other business, Board members welcomed the announcement of the shortlist for the **Greater Manchester Health and Care Champion Awards 2023**. The breadth and diversity of the shortlist celebrates the fantastic work taking place at all levels across the health and care system.

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Points Arising from the Meeting

- Key findings from the **NHS Staff survey** were presented and discussed. Although this data flows from only part of our integrated system, it was acknowledged that there were lessons to be learned, and the wider system might benefit from the resulting improvement work. The benefit of a cultural dashboard alongside the System Oversight Framework (SOF) was noted.

Decisions

- The first draft of the proposed **People and Culture Strategy Delivery Plan Summary** was shared for feedback. An interactive session was held to garner feedback from the Board on the content, visualisation, and whether this tool would enable the board to 'hold ourselves to account for delivery of the P&C Strategy across the system'. Feedback was very positive, on this basis the plan will be developed further and fully populated. Feedback included:

'*Clear alignment to the strategy*' '*Board appropriate*'

'*The level of content looks good. Visually impactful*'

Events Round Up

- In February and March 2023, we have held up to 25 events with an estimate of nearly 2,500 attendees. Events included The Workforce Summit 2023, How To Navigate Uncertainty, Psychology of Burnout, Exploring Resilience and we also kicked off our Workforce Bitesize spring and summer programme.
- Coming up in the next few months…
  - ❖ Our Workforce Bitesize spring and summer programme continues on Wednesday 17 May with Inclusive Public Services: the Bury and Rochdale experience
  - ❖ We have lots of other upcoming Bitesize sessions, click here to see the full programme.
  - ❖ The wellbeing team have lots more exciting sessions including the Walking Works sessions on Sunday 21 May at Pennington Flash in Leigh. For more information about what else they have on offer click here.

If you would like to contact us about any of the above, please email gm.workforce@nhs.net

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Audit Committee Report

17th May 2023

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MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Audit Committee Report
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 10/05/2023
AUTHOR/S:	Patrick Kelly, Interim Project Team – Finance & Governance, NHS GM
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	n/a
PRESENTED BY:	Richard Paver, Non-Executive Director and Chair of Audit Committee

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☐
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
Financial Implication:	**Yes** ☐	**No** ☒

PURPOSE OF REPORT:

To highlight key issues and provide assurance to the Board.

KEY MESSAGES:

- To draw any matters from the Audit Committee to the ICB's attention including actions/issues to the escalated to the Board.

RECOMMENDATIONS:

- To note the contents of the report and provide feedback to the Committee Chair, and
- To approve the Risk Management Proposal attached as an appendix.

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KEY ISSUES AND ASSURANCE REPORT Audit Committee 20th April 2023
The Committee draws the following matters to the ICB's attention-

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
Internal Audit Progress Report	MIAA reported on several finalised reviews of which the Board should be aware of the Limited Assurance on Board Appointments which was a review requested by the Chief People Officer.		
The Anti-Fraud Services Annual Report 2022/23	The ICB was assessed against the Government Functional Standard for Counter Fraud and an overall green rating is anticipated when the final version is submitted by 31 May after approval by the Accountable Board Member.		
External Audit Plan for the GM CCGs and The NHS GM ICB External Audit Plan for 2022/23	The Committee noted Grant Thornton's External Audit Plan for the 6 GM CCGs and The NHS GM ICB External Audit Plan for 2022/23 which outlined work undertaken, completed, reported, in addition to the associated fees.		

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale

Internal Audit Plan 2023/24	The Committee approved the Internal Audit Plan for 2023/24, whilst noting that it had been put together after consultation with Executives who in turn had discussed with Committee Chairs. The Committee was pleased to note it contained a limited contingency for any further work identified during the year. The report outlined a 3 year strategic internal audit plan which would be kept under review as part of the ongoing assessment of key risks		
Informing the Audit Risk Assessment for GM ICB 2022/23	The Committee approved the Informing the Audit Risk Assessment for GM ICB 2022/23, with the purpose of being assured that the ICB has provided all relevant information to Grant Thornton in exercise of their external audit duties.		
MIAA Internal Audit Charter	The Committee noted the MIAA Internal Audit Charter as part of an annual requirement under the Public Sector Internal Audit Standards and defines the internal audit's purpose, authority, and responsibility.		
Risk Management Report	The Committee approved the Risk Management Report which recommends to the Board, the roles, and responsibilities of the Audit Committee in relation to risk management. A copy is appended for the Board's approval to the enhanced role for the Committee**.**		
Draft Head of Internal Audit Opinion 2022/23	The Committee noted the Draft Head of Internal Audit Opinion 2022/23, the final version of which will be submitted to NHSE/I on the 30th June 2023. The Committee noted the moderate assurance opinion as a positive, given the transitional stage of the ICB, whilst also noting expectations of full substantial assurance going forward.		

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
Standing Items	The Committee noted the following stand items: • 3% of debts were more than 90 days but attracted low levels of risk. • One small item of loss (a Laptop) was recorded, but there is no risk associated and the loss is fully mitigated. • The use of waivers has significantly reduced, due to high levels of engagement, training, and communication with stakeholders across the System. • The Committee agreed to provide Board Summary Reports.		
Recruitment of two additional Audit Committee members	The Committee reviewed current arrangements for the appointment of two new Committee members and noted that there would be a report to the next Remuneration Committee to establish the roles including proposed duties and possible renumeration.		
MHIS 2021/22 Update – 4 Legacy CCGs KPMG	The Committee was advised that no misstatements are expected and that the MHIS standards have been met.		
MHIS 2021/22 Update – 6 Legacy CCGs Grant Thornton	The Committee was advised that Salford CCGs had not met the target, by £100k on a £60m target because of including ineligible expenditure, resulting in the need to issue a non-compliance statement.		

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
10 CCG, Q1 2022/23 Accounts and Annual Reports Update	• The Committee noted the 10 CCG, Q1 2022/23 Accounts and Annual Reports, comments on which had been provided and that these Annual Reports had been approved by Place Based Leads although aspects remained to be completed • The Final version of the accounts will be submitted for approval at the 7th June Audit Committee meeting. • The Committee noted that internet links within the accounts needed to be addressed and • The Committee requested that a standard approach is adopted across all 10 sets of Accounts explaining the process of moving from CCGs to the ICB.		
Draft Q1 – 4 Legacy CCG - 2022/23 Annual Report and Accounts – External Audit Draft Findings from KPMG	• There are no material areas of concern, however there will be a recommendation for additional controls relating to processing and approval of journals. • The Committee was also assured that there would be no issue in relation to KPMG undertaking a full handover of the information to GT.		
Draft Q1 – 6 Legacy CCG - 2022/23 Annual Report and Accounts – External Audit Draft Findings Grant Thornton	• The Committee was advised that the accounts are nearing completion and, whilst there are no material misstatements, some minor items need to be addressed, including: o Some issues relating to Service Auditor Reports were identified, requiring these to be addressed in the Annual Governance Statements.		
Programme Admin.Q2 – Q4, 2022/23	The Committee noted that the 2022/23 ICB Admin limit of £48.9m had been underspent by £0,1m		

Agenda Item	Committee Update/Resolution	Issue/Action to be escalated to the Board	Timescale
Draft Q2-Q4 2022/23 NHS GM Annual Report and Accounts	The Committee noted the draft Annual Report and Accounts, reflecting that changes continue to be made and feedback incorporated prior to submission on the 27th April.		
CBC-288 Tameside & Glossop Integrated Care NHS Foundation Trust Consultancy Business Case	The Committee noted the arrangements being made to address one instance of non-compliance against procurement processes.		
AOB	• The Committee agreed to review the Committee's workplan at the next meeting. • The Committee agreed that a process would be developed to identify the correct protocol to be followed when deciding whether papers go to private or public meetings.		

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MEETING:	Audit Committee
TITLE OF REPORT:	Audit Committee - Risk Management
DATE OF MEETING:	20/04/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: 13/04/2023
AUTHOR/S:	Rick Thompstone / Tom Conyers
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	N/A
PRESENTED BY:	Chris Gaffey, Associate Director of Corporate Services, NHS GM

PURPOSE OF PAPER:

Decision Requested: **Yes** ☐ **No** ☒

For Discussion: **Yes** ☒ **No** ☐

For Noting/Information: **Yes** ☒ **No** ☐

Financial Implication: **Yes** ☐ **No** ☒

PURPOSE OF REPORT:

This report provides proposals on the Audit Committee's remit in relation to Risk Management.

KEY ISSUES TO BE DISCUSSED:

Following discussions at the previous Audit Committee meetings and further liaison outside of the meeting, a set of proposals for the Audit Committee's role in risk management have been drafted for consideration by the Committee.

These proposals are based on the feedback received on the Risk Management Framework, the first draft of the Board Assurance Framework, as well as the discussion at the March 2023 Committee meeting where the 25 Strategic risks were presented.

This report focuses on the proposed remit of the Audit Committee in relation to risk management, and on this occasion the risks themselves are not included. Work is ongoing to address the outstanding gaps and issues highlighted by the Committee at their meeting in March 2023, and an update on progress against these will be presented as part of future reports.

RECOMMENDATIONS:

- To consider the proposals on the Audit Committee's role in relation to risks management.
- Following Audit Committee feedback on the proposals, to recommend that the proposals are shared with the ICB Board for approval.

CONTACT OFFICER:

Rick Thompstone – rick.thompstone@nhs.net

1.0 THE ROLE OF THE AUDIT COMMITTEE IN RISK MANAGEMENT

1.1 Based on discussions at previous Committee meetings, it is proposed that the Audit Committee's will have the following remit in relation to risk management.

1.2 As part of regular reporting, information will be provided to ensure:

a) That the Committee has an understanding of how well the risk management process is being embedded within the committees, in particular:
   - Whether risks are being escalated to the Committees
   - Whether risks are being escalated to the ICB

b) That the Committee has an understanding of how NHS GM are horizon scanning for emerging risks. Sources could include (but would not be limited to): linkage to complaints, locality board risk reporting, possible changes to relevant Government policy, economic background, pandemics etc.

c) That the Committee receive the full strategic risk register on a quarterly basis to ensure they have an overview of risk, and are able to monitor the direction of travel of risk scores and progress against mitigations over time to ensure risks are being adequately addressed.

d) That by exception, the Committee are able to conduct a deep dive into particular registers at a more detailed level where required / appropriate.

1.3 Work will continue on developing existing risks to ensure inherent, current and target risk scores are in place, as well as the detail on risk mitigations. It should be noted that the embedding of risk management continues to be a work in progress, and is dependent on engagement by and with the relevant teams and Committees across NHS GM. However, the aim will be to develop comprehensive risk reporting to the Committee over the coming weeks and months.

1.4 Should the Audit Committee agree with the proposals, the PMO Team will develop approaches to:

- Quarterly risk register reporting
- Deep dives
- Horizon scanning

2.0 ACTIONS FROM THE PREVIOUS AUDIT COMMITTEE

2.1 Further clarity is being sought on where some of the risk domains are be considered. It was noted that JPDC and the Execs meeting not statutory committees and so the risk domains within the BAF may need an alternative forum to be identified for risk consideration.

2.2 Remaining gaps in some of the risk detail within the register are being addressed, with the PMO reaching out to those work areas to gain the necessary detail and clarification to ensure the risks are comprehensively captured. This includes having relevant target risk scores and allow change over time to be considered.

2.3 The PMO are in communication with the Committees to understand how risk is being considered as part of each of the statutory committees of NHS GM.

2.4 The PMO has followed up with the Digital and Estates workstreams to gain updates on technology and estates risks. These updates are due in April and will be included in the next report to the Audit Committee.

3.0 RECOMMENDATIONS

3.1 The Audit Committee is asked to:

- Consider and approve the proposals on the Audit Committee's role in relation to risks management.
- Following Audit Committee feedback on the proposals, to recommend that the proposals are shared with the ICB Board for approval.

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Establishment of One Stockport Health and Care (Locality) Board and supporting governance arrangements

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NHS Greater Manchester Integrated Care

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Establishment of Locality Board (Stockport)
DATE OF MEETING:	17/05/23
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version 0.3 09/05/23
AUTHOR/S:	Jenny Noble, Board Secretary, NHS GM Chris Gaffey, Associate Director of Corporate Governance, NHS GM
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	N/a
PRESENTED BY:	Mandy Philbin, Chief Nurse, NHS GM
PURPOSE OF PAPER: **Decision Requested:** **Yes** ☒ **No** ☐ **For Discussion:** **Yes** ☒ **No** ☐ **For Noting/Information:** **Yes** ☒ **No** ☐ **Financial Implication:** **Yes** ☒ **No** ☐	

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PURPOSE OF REPORT:

The purpose of this report is to update members on the status of delegated approvals given to the NHS Greater Manchester Integrated Care Board (NHS GM ICB) Chair and Chief Executive to facilitate the establishment of Stockport's Health and Care (Locality) Board during April 2023 (action from previous ICB meeting (March 2023)).

RECOMMENDATIONS:

Members are asked to:

- Note the following approvals made during April 2023 (via delegation) in respect of the locality of Stockport:
  - Receive assurance that the relevant documentation provided by the Stockport locality meets the establishment criteria as expected;
  - Approve the establishment of One Stockport Health and Care (Locality) Board as both a joint committee of the ICB and Local Authority for services and funds within the Section 75 (S75 Agreement) and a committee of the ICB for those health budgets delegated to it that sit outside the S75 Agreement; and
  - Approve explicitly the S75 arrangements and 'pooled budget' outlined in the report and therefore agree signature to the S75 Agreement (and variations).

Members are further asked to:

- Consider delegated approval to NHS GM Chair and Chief Executive to approve any minor changes to Locality Board ToRs following consideration by the Associate Director of Corporate Services and Associate CFO.

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1.0 INTRODUCTION

1.1 The purpose of this report is to provide confirmation that following the receipt and review of relevant documentation during April 2023, approval was given to the formal establishment of Stockport Health and Care (Locality) Board to operate as both a joint committee of the ICB and Local Authority for services and funds within the Section 75 (S75 Agreement) and a committee of the ICB for those health budgets delegated to it that sit outside the S75 Agreement.

2.0 ASSURANCE AND DUE DILIGENCE PROCESS

2.1 As part of the assurance and due diligence process, localities were asked to provide a suite of documentation, supported by their respective Locality Board, for approval by NHS GM. This included:

- Proposed ToR for Locality Board;
- Acceptance of delegated budgets for Q2-Q4 2022/23;
- Schematic of locality governance;
- Partnership Agreement (where applicable);
- S75 Agreement reflecting the establishment of NHS GM & 2022/23 budgets and variations;
- Evidence of local governance processes and due diligence in support of the above; and
- Details/timeline for next steps.

2.2 Constructive open dialogue took place between NHS GM and each locality over several months. Thank you to colleagues who worked collaboratively to ensure that the final suite of documentation presented to local governance mechanisms was as robust as possible prior to submission to the ICB. All 10 Locality Boards have now been formally established as committees/joint committees of the ICB, meetings will routinely be held in public and papers including minutes will be published on the NHS GM website. In addition, 6 monthly updates from the Locality Boards will be provided to the ICB and in the annual report.

2.3 To ensure changes can be made in a timely manner, going forward it is proposed that the approval of any minor amendments to Locality Board ToRs are delegated to the NHS GM Chair and Chief Executive for approval. These will be considered by the Associate Director of Corporate Services and Associate CFO before being presented to the Chair and Chief Executive, and reported back to Board at the following meeting.

3.0 STOCKPORT LOCALITY

3.1 A verbal update was provided to NHS GM colleagues at the meeting on 15th March 2023 and delegated approval given to the NHS GM Chair and Chief Executive, to facilitate the establishment of Stockport's Health and Care (Locality) Board before 1st April 2023 which was subsequently extended to 1st May 2023.

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This has now been approved and feedback regarding neighbourhood working has been fed back to the locality.

4.1 RECOMMENDATIONS

4.1 Members are asked to note the following approvals made during April 2023 (via delegation) in respect of the locality of Stockport:

- Receive assurance that the relevant documentation provided by the Stockport locality meets the establishment criteria as expected;
- Approve the establishment of One Stockport Health and Care (Locality) Board as both a joint committee of the ICB and Local Authority for services and funds within the Section 75 (S75 Agreement) and a committee of the ICB for those health budgets delegated to it that sit outside the S75 Agreement; and
- Approve explicitly the S75 arrangements and 'pooled budget' outlined in the report and therefore agree signature to the S75 Agreement (and variations).

4.2 Members are further asked to:

- Consider delegated approval to NHS GM Chair and Chief Executive to approve any minor changes to Locality Board ToRs following consideration by the Associate Director of Corporate Services and the Associate CFO.

Appendices:

Appendix A: Terms of Reference – Stockport Health and Care (Locality) Board

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Strategic Risk Report

17th May 2023

NHS Greater Manchester Integrated Care

MEETING:	**Integrated Care Board**
TITLE OF REPORT:	Strategic Risk Report
DATE OF MEETING:	17/05/2023
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: 05/05/2023
AUTHOR/S:	Mandy Philbin
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	n/a
PRESENTED BY:	Mandy Philbin
PURPOSE OF PAPER: **Decision Requested: Yes ☐ No ☒** **For Discussion: Yes ☒ No ☐** **For Noting/Information: Yes ☒ No ☐** **Financial Implication: Yes ☐ No ☒**	

PURPOSE OF REPORT:

This report updates the Board on the progress since March in embedding the ICB's Risk Management Framework and approach across the committees and board meetings of the ICB. This report updates the Board of the emerging strategic risks, highlighting those risks escalated from the committees and the mitigations put in place to minimise the likelihood or impact associated with those risks.

RECOMMENDATIONS:

The Board is asked to:

- note the progress over the past month to embed the ICB's Risk Management Framework
- consider the risks highlighted and the mitigating actions concerned
- consider whether there any other Strategic risks need adding to the ICB's risk register

Contact Officer:
Mandy Philbin, Chief Nursing Officer

1.0 INTRODUCTION

1.1. This report updates the board on the highest scoring risks highlighted by the committees and boards of the ICB. This covers the areas of Finance, Quality and Performance, People and Culture as well as population health, Adult Social Care, Primary Care and VCSE.

1.2. The work continues to embed the risk management framework for each of the ICB's committees to identify their risks and issues, generate a risk register and ensure mitigations are in place. Early insight indicates there is variation in the reporting tools/reporting models and levels of risk maturity across the places and boards and into the ICB. This will require some substantive work to identify and prioritise some key strategic work/developments.

1.3. This report is presented as per the current delivery model and needs to be considered in the manner in which it is presented. In addition, the recent Internal Audit Report on the Risk Management approach and resulting recommendations will help inform and drive the future model for Risk Management.

1.4. The report currently does not include the collection and reporting of issues. Work is also underway to identify and align BAF risks matched against the ICS objectives and then linked to operational risks.

2.0 PROGRESS IN EMBEDDING RISK MANAGEMENT IN THE ICB

2.1. The immediate next stage of embedding the Risk Management Framework is for each of the ICB's committees to identify their risks and issues, generate a risk register and ensure mitigations are in place to minimise the likelihood and or impact of those risks and issues. Each committee should consider and update their risk register in line with their meeting frequency, highlighting those risks that would need escalating to Board.

2.2. Risks are being considered at each of the committee meetings of the ICB, together with key system board meetings. The strategic risks from each of these meetings are identified and then escalated to the ICB for consideration and discussion.

2.3. In this risk report, we asked for all strategic risks to be scored (by the relevant committee or board) as this will allow ICB members to assess the severity of the risks and consider the actions identified. The risk scores in this report represent the current risk score, these are the scores prior to the finalisation of the identified mitigating actions. It is expected that risks scores would reduce when the actions have been completed.

2.4. This report identifies the current risks identified to date, as the process to embed the risk reporting begins to take place. Risk Appetite is a

critical aspect of Risk Management to support the board in effective and informed decision making – the risk appetite for the Board needs to be considered in a future board development session to ensure board members are able to carry this out.

2.5. A Risk Policy document is being developed that will support the existing Risk Management Framework and will set out the operational detail required for risk management and the alignment needed between the boards and committees of the ICB in terms of managing and reporting risks.

3.0 RISK REGISTER

3.1. The paper sets out the Strategic Risks that have been identified to date, relating to the delivery of the ICPs Strategic Objectives.

3.2. There are 48 strategic risks reported in Appendix 1, representing the highest risk areas to be considered by GM ICB.

3.3. The highest scoring risk areas are then detailed in Appendix 2, this shows those risks that have been identified by the committees/boards of the ICB for escalation. The criteria for this are a combination of risk score (suggested threshold of 15+) together with agreement that the risk requires either or both of intervention and / or awareness from the ICB. Therefore, some risks will score higher than 15 and not be included in the strategic report. This will be determined by each committee/board.

3.4. It is worth noting that there is likely to be variation on the measurement of the consequence of the risks which will manifest itself in variation in the assessment that builds the risk score. Work on this will be iterative as we further develop the risk reporting process and identification throughout the system.

3.5. There are 13 new risks that have been added to the strategic risks covering People & Culture, Net Zero, Finance and Estates. These risks are:

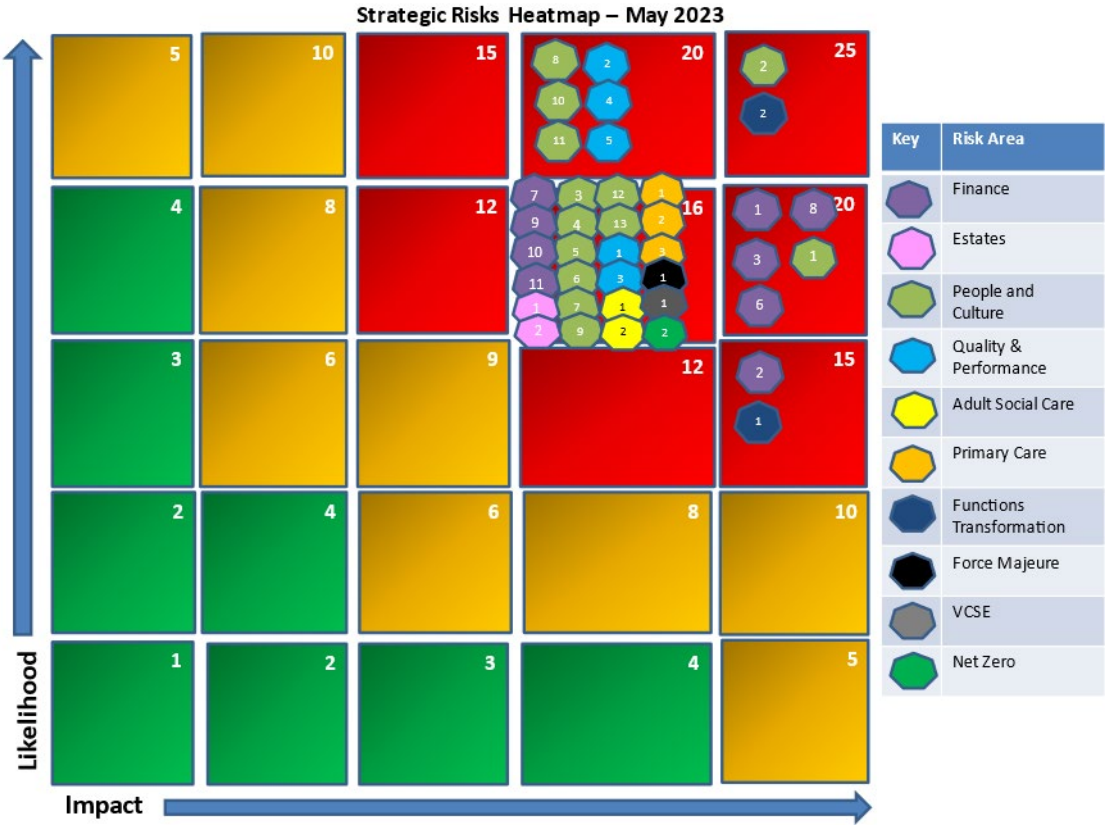
3.6.

Risk Area	Risk Description	Risk Score
People & Culture	There are a series of complex risks relating to the delivery of Occupational Health provision across Primary Care networks, which need attention to clarify roles, responsibilities, allocated budgets and	20

	capacity for services to meet the Primary Care footprint and expectations	
People & Culture	There is a risk that information required to be accessed to enable business as usual and legal requirements may not be accessible.	16
People & Culture	Programme contracts not being finalised in a timely manner meaning slow movement of funding flows impacts on programme initiation for smaller organisations	16
Net Zero	Failure to assess and plan for health-related climate risks, with a focus on vulnerable groups	16
Finance	Risk of failing to maximise elective recovery funding and other funding opportunities and activity	20
Finance	Failure to secure sufficient capital allocations required to meet ICS requirements	16
Finance	Failure to mitigate against industrial action across the ICS, caused by a lack of staff resource to deliver minimum safety requirements will create risks to service capacity and patient care quality	20
Finance	Financial pressures may lead to failure to meet NICE requirements relating to Greater Manchester Medicines Management Group mandatory work	16
Finance	Failure to deliver the ICB Transition Programme, caused by a failure to deliver the required restructure of the ICB due to various delays will present a risk to service capacity and patient care quality due to inability to adequately implement required ICB staffing structures	16
Finance	Risk to service delivery due to lack of financial uplift for non-NHS Providers	16
Estates	Risk to Continuation of unresolved primary care lease and occupancy agreement issues between property companies and primary care tenants; and affordability of proposed variations to primary care lease / occupancy agreements.	16
Estates	Risk of implementation of the PCN Estates Toolkit programme generates system expectations of significant increased investment; and the development of a 5-year	16

	estates prioritisation plan may be unaffordable within current envelope and climate	
Functions Transformation	Redesigned Structures may not generate enough efficiencies combined.	25

3.7. The heat map below details the strategic risks (only the highest scoring risks) based on scores and shows where the risks fall by work area.



4.0 RECOMMENDATIONS

4.1. The Board is asked to:

- note the progress over the past month to embed the ICB's Risk Management Framework
- consider the risks highlighted and the mitigating actions concerned
- consider whether there any other Strategic risks need adding to the ICB's risk register

Appendix 1: Full List of Strategic Risks and Alignment to Strategic Objectives

Strategic Objectives	No. of Risks	Risk number(s)

	1. Improve outcomes in population health and healthcare	18	**P&C1, P&C2, P&C3, P&C4, P&C5, P&C8, P&C10, P&C11, P&C12, P&C13, QUP5, QUP7, QUP8, QUP9, QUP10, ACS2, PRC1, PRC2, PRC3, FTR1, EPR1, NTZ1, NTZ2**
	2. Tackle inequalities in outcomes, experience, and access	13	**P&C1, P&C2, P&C3, P&C4, P&C6, P&C8, P&C10, QUP5, QUP8, QUP10, PRC3, FTR1, VSC1**
	3. Enhance productivity and value for money	17	**FIN1, FIN2, FIN3, FIN4, FIN5, FIN6, FIN7, FIN8, FIN9, FIN10, FIN11, EST1, EST2, P&C3, P&C4, P&C8, P&C9, P&C10, QUP10, ASC1, ASC2, PRC3, FTR1, EPR1, VCS1**
	4. Help the NHS support broader social and economic development	5	**P&C7, ASC1, FTR1, EPR1, VSC1**

Risk Number	Risk	Risk Score
FIN1	Failure to deliver Financial Balance both for NHS GM organisationally and as an ICS	20
FIN2	Inability to deliver required QIPP savings due to ongoing COVID challenges and ICS transition work, current reporting significant open risk across the GM ICS for 2023/24	15
FIN3	Use of Non-Recurrent money used to fund recurrent costs. For example, non-recurrent allocations service development or Covid.	20
FIN4	Decision making is slow and unclear during transition leading to financial challenges	12
FIN5	Disaggregation of Glossop Area from the former Tameside and Glossop CCG. (Glossop now transferred into Derbyshire ICB/S)	8
FIN6	Risk of failing to maximise elective recovery funding and other funding opportunities and activity	20
FIN7	Failure to secure sufficient capital allocations required to meet ICS requirements	16
FIN8	Failure to mitigate against industrial action across the ICS, caused by a lack of staff resource to deliver minimum safety requirements will create risks to service capacity and patient care quality	20
FIN9	Financial pressures may lead to failure to meet NICE requirements relating to GMMMG mandatory work	16
FIN10	Failure to deliver the ICB Transition Programme, caused by a failure to deliver the required restructure of the ICB due to various delays will present a risk to service capacity and patient care quality due to inability to adequately implement required ICB staffing structures	16

FIN11	Risk to service delivery due to lack of financial uplift for non-NHS Providers	16
EST1	Risk to Continuation of unresolved primary care lease and occupancy agreement issues between property companies and primary care tenants; and affordability of proposed variations to primary care lease / occupancy agreements.	16
EST2	Risk of implementation of the PCN Estates Toolkit programme generates system expectations of significant increased investment; and the development of a 5-year estates prioritisation plan may be unaffordable within current envelope and climate.	16
P&C1	The system is unable to retain workforce and thus there is a risk of a failure to deliver safe and effective care (social and health) to the population of Greater Manchester across the system	20
P&C2	There is a risk of industrial action from staff across the system. This is a risk to patients, service delivery and system and organisational reputation	25
P&C3	There is a risk of increase in competition for consultants across the wider system and increased costs or reduction in capacity	16
P&C4	There is a risk that staff across the system will become disengaged	16
P&C5	There is a significant risk to the Health and Wellbeing of the Workforce	16
P&C6	Lack of diversity in the workforce especially at senior levels	16
P&C7	There is a risk to the ambition for joint working across sectors and the One Workforce model with attraction to work within Social Care	16
P&C8	There is a risk that poor culture will lead to workforce gaps and result in higher leavers rates due to current economic climate and cultural attitudes	20
P&C9	There is a lack of capacity / funded resources within the People and Culture Function	16
P&C10	There is a significant risk that the Occupational Health provision for NHS GM as a single provision will not be in place from 1st April 2023, when current contract arrangements end	16
P&C11	There are a series of complex risks relating to the delivery of Occupational Health provision across Primary Care networks, which need attention to clarify roles, responsibilities, allocated budgets and capacity for services to meet the Primary Care footprint and expectations	20
P&C12	There is a risk that information required to be accessed to enable business as usual and legal requirements may not be accessible. This includes employment/HR files, personal files, ESR & Mandatory Training records and historic data files which NHS GM People Services have stored	16
P&C13	Programme contracts not being finalised in a timely manner meaning slow movement of funding flows impacts on programme initiation for smaller organisations	16
QUP1	Potential lack of alignment of quality and performance governance and reporting	12
QUP2	Potential lack of oversight of safeguarding during transformation	12

QUP3	Low compliance to Learning Disabilities & Autism (LDA) health agenda	12
QUP4	Failure to deliver statutory duties for CHC	8
QUP5	Delays in both ambulance response times, and ambulance handovers directly impact on patient safety and patient experience	20
QUP6	Risk to increase in clinical outcomes variation and health inequalities across our population	12
QUP7	Achievement of 78-week elective waiting time target by March 2023	20
QUP8	Cancer backlog reduction. Improving performance against the key cancer standards	16
QUP9	Urgent care system cannot deliver timely and effective care	20
QUP10	Mental health - high levels of out of area placements	20
ASC1	Demand and complexity of care requirements affects market sustainability in Adult Social Care	16
ASC2	Unable to recruit and retain existing workforce in Adult Social Care	16
PRC1	There is a risk to the stability and sustainability of the continued provision of high-quality primary care	16
PRC2	Covid-19 has negatively impacted the health, wellbeing, and resilience of the workforce. The primary care workforce has been supporting patients and worked hard in service of the public throughout the COVID19 pandemic; having to adapt to different ways of working throughout several waves of the pandemic and the following vaccination programme. Furthermore, the current economic position presents retention and recruitment challenges.	16
PRC3	The rapid expansion of additional services to be delivered under the national community pharmacy services framework presents significant challenge to capacity. Failure to implement would disadvantage the local population in accessing services, and failings in delivery present clinical safety concerns	16
STR1	Failure to secure system agreement for the joint Forward Plan	12
NTZ1	Failure to deliver the objectives and commitments of the NHS GM Green Plan	12
NTZ2	Failure to assess and plan for health-related climate risks, with a focus on vulnerable groups	16
FTR1	Failure to deliver ICB Functions Transformation programme to agreed timescales	15
FTR2	Redesigned Structures may not generate enough efficiencies combined	25
VCS1	A failure to recognise and deal with the sustainable funding financial crisis in the VCSE will result in service cuts and closures	16
EPR1	GM insufficiently prepared for emergencies	16

Appendix 2: Strategic Risks and Mitigations (Risk Scores 15+)

Risk No	Risk	Mitigating Actions	Current Risk Score
FINANCE			
FIN1	**Failure to deliver Financial Balance both for NHS GM organisationally and as an ICS** **Cause:** Failure to develop and deliver recurrent savings schemes across both ICB and ICS, exacerbated by due to pandemic disruption and emergent organisational and system governance. **Impact:** GM's credibility damaged which may lead to formal intervention by NHSE	**Controls:** • New SFIs and Scheme of delegation has been issued. • Training packages issued to Budget holders on the awareness of new systems and processes • Introduction of STAR Process internally **Mitigating Actions:** • Current structures being maintained and strengthened through ICS design process to maintain delivery capability.	• Current Risk Score: 20 • Likelihood: 4 • Impact: 5
FIN2	**Inability to deliver required QIPP savings due to ongoing COVID challenges and ICS transition work, current reporting significant open risk across the GM ICS for 2023/24** **Cause:** Competing priorities from delivery of performance targets including elective recovery and ICS transition activities leads to insufficient attention on delivery of savings programmes.	**Controls:** • Financial Recovery Sub-Committee formed with Exec membership from across system partners Exec led savings delivery group formed Introduction of STAR Process to challenge any discretionary areas of spend	• Current Risk Score: 15 • Likelihood: 3 • Impact: 5

	Impact: GM system fails to meet financial targets and/or does not address underlying financial challenges.		
FIN3	**Use of Non-Recurrent money used to fund recurrent costs. For example, non-recurrent allocations service development or Covid.** **Cause:** Mismatch of commitments without clearly identifying matching funding sources **Impact:** Increases the underlying financial problem which is masked and leads to increased financial challenge in future years	**Controls:** • Month end reporting with detailed reporting on non-recurrent funds received and their application **Mitigating Actions:** • Month end reporting and knowledge of what's in budgets and current commitments now BAU as part of Month end reporting. • Across the ICS reporting is taken each month with a distinct split between recurrent and non-recurrent positions being obtained, on delivery of savings	• Current Risk Score: 20 • Likelihood: 4 • Impact: 5
FIN6	**Risk of failing to maximise elective recovery funding and other funding opportunities and activity** **Cause:** Failure to maximise delivery of elective recovery and other funding opportunities in an efficient way **Impact:** Failure to deliver care to GM residents Failure to maximise elective and other funding opportunities for GM System Creates a bigger underlying financial problem which is masked and leads to increased financial challenge in future years	**Controls:** • Month end reporting with detailed reporting on elective recovery and other funding and activity and matching of ERF and other funding **Mitigating Actions:** • Month end reporting and knowledge of what's in budgets and current commitments now BAU as part of Month end reporting. • Across the ICS reporting is taken each month with a distinct split of ERF and other funding and activity.	• Current Risk Score: 20 • Likelihood: 4 • Impact: 5

FIN7	**Failure to secure sufficient capital allocations required to meet ICS requirements**. **Cause:** Lack of capital funding to deliver minimum safety requirements for GM system due to national funding restrictions **Impact:** Risks to service capacity and patient care quality due to inability to replace ageing infrastructure and equipment	**Controls** Capital managed through GM Provider Directors of Estates group and GM Provider DoFs to ensure funding used to greatest effect across the system **Mitigating Actions:** Quality impact assessments within each Trust will need to identify specific care impacts for each capital scheme at risk.	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4
FIN8	**Failure to mitigate against industrial action across the ICS**. **Cause:** Lack of staff resource to deliver minimum safety requirements for GM system due to national industrial action. **Impact** • Risks to service capacity and patient care quality due to inability to provide staffing during industrial action. Impact on delivery of elective work exacerbating risks to patients from delays	**Controls** Detailed monitoring undertaken and managed through weekly SORT meetings, with oversight by Quality and Performance Committee **Mitigating Actions** • EPRR bring actively implemented with senior leadership • Close co-operation between providers to make best use of capacity across GM ICS	• Current Risk Score: 20 • Likelihood: 4 • Impact: 5
FIN9	**Financial pressures may lead to failure to meet NICE requirements relating to GMMMG mandatory work** **Cause** • Lack of budget may impact on ability of NHS GM to implement NICE Guidance	**Controls** Governance process implemented which includes assessment by GMMMG and Approval by Clinical Effectiveness and the GM executive	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4

	• Lack of process for financial analysis/health economics to support decision making within NHS GM **Impact:** Failure to implement national guidance relating to medicines e.g., NICE	**Mitigating Actions:** Proposal for Medicines Governance to be presented to the GM Executive in May 2023, this will: • streamline decision making • ensure there is a process for mandatory guidance to be implemented • ensure there is a process for assessing and approving guidance which is discretionary. Financial Analysis/Health Economic Assessment of guidance: • Approach for analysis in development with Finance and Medicines Optimisation - Approach to be tested with the CGM guidance from NICE	
FIN10	**Failure to deliver the ICB Transition Programme**. **Cause:** Failure to deliver the required restructure of the ICB due to various delays **Impact:** Risks to service capacity and patient care quality due to inability to adequately implement required ICB staffing structures	**Controls** Management of the ICB restructuring Programme through strong engagement, communication, and delivery of objectives. **Mitigating Actions** Clear project management in place with weekly reporting to Executive Team Business critical role panel in place to ensure sufficient capacity in place in key functions	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4

FIN11	**Risk to service delivery due to lack of financial uplift for non-NHS Providers** **Cause:** Failure to deliver the required services, due to inability of non-NHS providers to provide services within available funding levels. **Impact:** Risks to service capacity and patient care quality due to reduced numbers of non-NHS providers.	**Controls** Management of the ICB transition to ensure adequate service provision across all providers. **Mitigating Actions** Clear commissioning of services on a regular basis to ensure capacity matches' provision. Contract sign off process will allow providers to flag concerns regarding deliverability of the commissioned services.	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4
ESTATES			
EST1	**Risk to Continuation of unresolved primary care lease and occupancy agreement issues between property companies and primary care tenants; and affordability of proposed variations to primary care lease / occupancy agreements.** **Cause:** Historic unclear agreements between practices and property companies particularly relating to financial charges and subsidy arrangements, changes in occupancy over time which have not been reflected in lease documentation, inflexible lease funding models, lack of progress to address occupancy issues or unaffordable property charges for variations involving occupation of LIFT buildings. **Impact:** • Accumulated disputed tenant debt with property	**Controls** • Supporting NHS PS and CHP in a review of lease issues with primary care tenants to develop a consistent planned approach to resolve issues • Proactively progressing discussions with property companies and LIFT Cos to unblock issues relating to lease variations and affordability • Building relationships with national and regional property colleagues to influence policy and approach	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4

	companies, predominantly related to tenant service charges, preventing variations to primary care occupancy agreements being completed and access to property company capital for changes to accommodation. • Changes to occupancy agreements or improvements to accommodation to increase or improve access are not progressed impacting on patient access and service provision • Significant debt accumulated over years could cause primary care tenants to incur financial resilience issues should property companies pursue through legal routes. Variation in, and inequity of, subsidy arrangements and practice contributions to premises costs across GM.	**Mitigating Actions** • Providing clear communications to enable a greater understanding of estates models, national drivers, and challenges. • Supporting the transition to direct payments to prevent future debt accumulating.	
EST2	**Risk of implementation of the PCN Estates Toolkit programme generates system expectations of significant increased investment; and the development of a 5-year estates prioritisation plan may be unaffordable within current envelope and climate.** **Cause:** Lack of capital and revenue funding identified nationally towards primary care estates improvements. Poor utilisation of existing estate, with void and underutilisation subsidies invested in current estates. Pressures on existing primary care estate related to service demand including exponential residential growth in some areas, increased health inequalities,	**Controls** • Emphasis on estates solutions to explore best use of existing resource and public sector accommodation • Support from LIFT COs to explore estates solutions • Locality support and challenge to proposals to ensure robust • Thorough collation of baseline and future requirements to enable bid for national funding e.g., sustainability to be prepared and increase available funding	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4

	requirement for training rooms and employment of ARRS workforce. **Impact:** • Schemes prioritised in line with affordability which will mean some schemes may not be delivered for several years impacting on plans for improved access and service delivery • DDA / regulatory compliance may not be met • In areas of significant growth and pressure patients may be unable to access face to face appointments or there may be list closures Potential loss of ARRS funds if staff cannot be employed	• Development of GM approach to increase funding through section 106, other sources **Mitigating Actions** • Working with NHS PS and CHP to propose pilot work and use of property company capital Collation of data on utilisation and benchmarking should enable focus on key priorities and best use of resources.	
PEOPLE AND CULTURE			
P&C1	**There is a risk of a failure to deliver safe and effective care (social and health) to the population of Greater Manchester across the system** This is caused by workforce shortages across the whole health and care sector. High leaver rates across all sectors not matched by low recruitment rates. The impact of this is the inability to deliver services and failure to meet the needs of the population resulting in further decline in population health, further ill health and ultimately deaths. This is a risk to patients, service delivery and system and	Controls - People plan to support strategic direction - Dedicated Director within ICS Actions - Workforce planning at organisational level - GM level activities on recruitment and retention - Sector level activities on recruitment and retention - Organisational activities on recruitment and retention - Alignment of overarching strategies to support delivery plans at all levels	• Current Risk Score: 20 • Likelihood: 4 • Impact: 5

	organisational reputation		
P&C2	**There is a risk of industrial action from staff across the system. This is a risk to patients, service delivery and system and organisational reputation** 7 National Trade Unions are planning to or are currently balloting their members to seek support to take industrial action in relation to the pay award Over the winter period there will be a reduction in the staff numbers and disruption to services. Patient outcomes will be significantly affected. The ICB will be responsible for reporting for the system on any days of action.	Controls - Contingency planning on behalf of the system Actions - Internal planning - Ensuring there is a joined-up approach to EPRR - Requirement for a digital reporting solution	• Current Risk Score: 25 • Likelihood: 5 • Impact:5
P&C3	**There is a risk of increase in competition for consultants across the wider system and increased costs or reduction in capacity** The BMA is now advising all consultants to ensure that extra-contractual work is paid at the BMA minimum recommended rate and to decline the offer of extra-contractual work that doesn't value them appropriately.	Actions: - Joint conversations between Acute Trusts across the system looking to implement an agreed rate of pay for specific extra-contractual work	• Current Risk Score: 16 • Likelihood: 4 • Impact:4

	Reduction of consultant availability for extra-contractual work and disruption to services. Additional costs for work undertaken by consultants outside of their contractual work.		
P&C4	**There is a risk that staff across the system will become disengaged** Extended period of uncertainty on the ICB workforce and a shortage of capacity caused by Organisational Change, including the NHS England Team and the directorate approaches to agile working. The impact will be a loss of talent and low levels of staff engagement, high levels of sickness and high leaver rates	Controls - Demonstration of progress with filling posts Actions - Staff communications and engagement - The development of a staff engagement/communications framework for all managers, - Transition updates - Demonstration of progress with filling posts	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4
P&C5	**There is a significant risk to the Health and Wellbeing of the Workforce** Multiple factors, including disengagement, burnout, demand, lack of workforce supply, lack of skill and development High levels of sickness having an adverse impact on the delivery of services. Additional workload on the workforce remaining. Inability to deliver high quality services and continuous improvement to meet the needs of the population.	Controls - GM Retention Steering Group focussing on coordination of staff experience and retention activities Actions - GM level activities on staff experience - Sector level activities on staff experience - Organisational activities on staff experience	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4

P&C6	**Lack of diversity in the workforce especially at senior levels** Multiple factors, including career pathways, education ensuring appropriate representation at senior level. Lack of consistent appropriate policies and system level plan for Equality and Diversity. Adversely affecting recruitment and retention and thus staffing levels. Unable to achieve required levels for statutory reporting resulting in organisational reputation.	Controls - A driven Diverse Talent Delivery plan, informed by data and intelligence from Workforce Race Equality Standard, Disability Equality Standard and pay gap reports alongside national and regional disparity reports (such as the recent Messenger Review and the No Tick Boxes reports) Actions - Delivery plan as a result of Workforce Race Equality Standard and Disability Equality Standard - Development of appropriate policies - Implementation of appropriate policies	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4
P&C7	**There is a risk to the ambition for joint working across sectors and the One Workforce model with attraction to work within Social Care** Lack of parity of terms and conditions and pay rates between NHS and Social Care. Hyper-local recruitment. Lack of consistent Career Development offer. Adversely affecting recruitment and retention and thus staffing levels. Inability to deliver services and failure to meet the needs of the population	Controls - Programmes such as Step into Care and its expansion - People Plan Implementation - Joint workforce planning Actions - Support of attraction and development opportunities through Social Care Academy - Programmes such as Step into Care and its expansion - Further development and expansion of Blended Roles opportunities - Linking to universities to design care models	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4

P&C8	**Higher leavers rates due to current economic climate and cultural attitudes** Cost of living crisis. Higher pay rates offered in other industries. Fall-out from Covid – people have re-evaluated how they want to work (work to live not live to work) Adversely affecting all above P&C risks, especially recruitment and retention and thus staffing levels. Inability to deliver services and failure to meet the needs of the population	Controls - Good Employment Charter Actions - Health and Wellbeing activities for the workforce - Understanding and evaluating the position - New ways of working	• Current Risk Score: 20 • Likelihood: 5 • Impact: 4
P&C9	**There is a lack of capacity / funded resources within the People and Culture Function** Organisational Change and Short-term funding Inability to undertake Business as Usual functions and to support system workforce programme and continuous improvement. Leading to inability to deliver the P&C Strategy, provide workforce intelligence, support provider work programmes, and deliver effective OD interventions.	Controls - Development of the P&C Operating model Actions - Flexible working to support emerging priorities - Seeking external investment wherever possible - On-going System Resourcing discussions	• Current Risk Score: 16 • Likelihood: 4 • Impact: 4

P&C10	**Lack of occupational health service for NHS GM** There is a significant risk that the Occupational Health provision for NHS GM as a single provision will not be in place from 1st April 2023, when current contract arrangements end. Cause: The procurement activity to identify a single provider for NHS GM has not been able to secure provision due to the overall capacity issues across current provider networks. Following a redesign of the approach in December, the capacity across the system has been explored and unable to yield a positive outcome. Impact: This will result in the organisation not able to operate safely to support recruitment and wellbeing referrals and respond to workforce needs through manager referrals. The organisation will also not be able to deliver the P&C Strategy and national Grow OH & Wellbeing Strategy effectively.	A series of mitigating actions are under discussion to respond to the current challenges: - Recommendation that existing provision is extended by 12 months to 31st March 2024 with a 30 day opt out clause. - The commercial options are explored to look at viable options - A wider system investment is made to prioritise the system level challenges both for NHS GM and the wider ICS. - Outcomes from the discussions and next actions will be shared once agreed.	• Current Risk Score: 20 • Likelihood: 5 • Impact: 4
P&C11	**Delivery of Occupational Health provision across Primary Care Networks** There are a series of complex risks relating to the delivery of OH provision across Primary Care networks, which need attention to clarify roles, responsibilities, allocated budgets and capacity for services to meet the Primary Care footprint and expectations.	A series of mitigating actions are under discussion to respond to the current challenges: • Work collaboratively with Primary Care stakeholders to clarify the current position based on i. Investment ii. Activity iii. Coverage • Clarification of the roles and responsibilities for Primary Care OH provision moving forward, and that the resource / finance flow matches this, with	• Current Risk Score 20 • Likelihood: 5 • Impact: 4

	Cause: There are complexities to the Block Contract arrangements which have bee put into place with providers during the pandemic, which is less about service delivery, and more the arrangement of a number of services being provided by NHS suppliers into a single contract arrangement to reduce administrative impact. Our post TUPE arrangements include a number of activities, some which have clear SLAs for delivery, others which are not defined enough - like Occupational Health for NHS GM. There is an expectation/ assumption that as monies historically for OH provision were transferred to CCGs, and now localities, OH is the responsibility of localities, and now therefore NHS GM. Impact: NHS GM has a key role to cohere the issues, and opportunities across the GM system of OH providers, to navigate to a series of solutions and recommendations. This risk has created the complexity for both Primary Care and providers in the block contract arrangements that are hard to navigate, and are having an impact on the capacity, the stakeholder relationships to improve GM capacity moving forward, as well as the procurement of OH services for NHS GM employee group. there are also risks that the finance and invoicing of these services lacks clarity and oversight, as well as the generated MI data to analyse service delivery and provision moving forward. There is also a risk that this expectation of NHS GM will be received by our locality colleagues as a lack of support from the corporate GM team - and needs clarification.	allocated staffing to support. • work collaboratively with our providers to identify the areas of development to create a more sustainable service with more stable capacity to include Primary Care provision. Outcomes from the discussions and next actions will be shared once agreed.	

P&C12	**Risk of inaccessible information required to enable business as usual and legal requirements** There is a risk that information required to be accessed to enable business as usual and legal requirements may not be accessible. This includes employment/HR files, personal files, ESR & Mandatory Training records and historic data files which NHS GM People Services have stored. The information held may not be compliant with various regulations. Cause: A fragmented approach and lack of information shared and transferred across during the transition period Impact: This means the organisation is at risk of not meeting legal requirements, including CQC regulations and GDPR which will result in further reputational impact. IS027001 certification is due for renewal in June 2023. The organisation will not currently regain this certification. This may disrupt business services locating historic files and potentially impact staff wellbeing if issues are not resolved within a timely manner.	- Any legal challenges are addressed with appropriate legal advice - Ensure all historic files are transitioned across to a single filing and storage system in a logical manner in a rapid timeframe, this has a requirement for IT resource to ensure appropriate transition and that information governance is effectively applied - Ensure there is adequate support available for individuals to adapt to the changes - Develop a consistent and logical way of storing data to prevent further risks occurring	• Current Risk Score 16 • Likelihood: 4 • Impact: 4

P&C13	**Risk of delayed funding flows impacting on programme delivery** Programme contracts not being finalised in a timely manner meaning Slow movement of funding flows impacts on programme initiation for smaller organisations Cause: Limited capacity in the provider contracting team Finances are triggered once contracts are put in place, limited capacity in the finance team leads to further delays Impact: Lack of underpinning paperwork to fall back on when/if programmes should encounter slippage in delivery. Delays in contracting result in delays transferring funds, leading to delays in starting activity for some organisations. Delays in starting work, resulting in staggered project starts leading to additional workload for the programme management team, challenges around scheduling training and support sessions, transferring funds before year end before the work in complete (ordinarily we would withhold the final payment until delivery). As we now reach year-end this is becoming more pressing as still no contracts in place/financial flows.	Contracting team now in place (as of 20/1) and a series of documents were required for submission which has been actioned. Awaiting sign off of contracts. Awaiting discussions on finance support for 23/24 Many transactions initiated and/or accrued for 22/23, but a lot of queries and outstanding items remain.	• Current Risk Score 16 • Likelihood: 4 • Impact: 4
QUALITY AND PERFORMANCE			
QUP1	**Delays in both ambulance response times, and ambulance handovers directly impact on patient safety and patient experience**	Controls - UEC Programme and assurance oversight in place.	**Current Risk Score: 16** Likelihood: 4

	Cause: Greater Manchester Acute Providers with a type 1 ED are unable to release ambulance crews due to overcrowding and lack of flow within their hospitals Emergency Departments. Impact: Unknown risk from lack of timely conveyance, increase decompensation and delay in treatment for those requiring emergency treatment. E.g., Increase stroke, MI This adversely impacts on the time it takes for NWAS to respond to urgent time critical calls creating potential harm to patients waiting with ambulance crews in a queue at the department and further exposes patients waiting for an emergency response in the community to significant delays and risk of harm from those delays.	- Monitoring performance and quality data and reporting via SORT and QPC. - SORT managing daily operational issues. - Each FT holds accountability for UEC target, - Targeted interventions of winter pressure moneys Actions - Programme lead for UEC identified Update April 23: - Category one (most acute) response times have been routinely delivered. - Ambulance turnaround times have been the significant risk to safety and performance. These have been improving and the 40 minute standard achieved in March. However, the number of handover times exceeding 30 minutes remains high. - Category two ambulance response times are now within the 30 minute response time target. - Ambulance Handover Collaborative has been taking place with Aqua support with all 10 localities and NWAS. This has been support improvement initiatives and focussing on preventing waits over 60mins. - Direct Access to SDEC has been a focus for a number of providers, ensuring flow through ED departments to create physical space and resources to maintain timely handovers. - Pathways for NWAs to access in the community continue to be reviewed to ensure alternatives to	Impact: 4

		conveyance and admission where clinically appropriate. - GM are linked in to the regional handover improvement board. - Development of the System Control Centre (SCC), has enabled oversight of the delays and allows for escalation of long waits. - New GM dashboard monitoring key handover standards and related metrics has been developed to ensure the whole system has oversight and is sharing the risk	
QUP2	**Achievement of 78-week elective waiting time target by March 2023** A high overall backlog of elective activity accumulated during the Covid pandemic and an increase in urgent referrals for some specialties impacting on capacity available to support other priorities in such as long waiters Workforce recruitment challenges Some 78-week waiters are in services which are currently vulnerable such as dermatology. Long waits for residents to receive treatment.	Actions: - The Elective reform and recovery board is currently focussing on the following to support achievement of the 78 week wait trajectory: • Reducing DNAs (patient did not attend appointment/procedure) • Reducing overall referrals • Increase in theatre utilisation including delivery of HVLC (High Volume Low Complexity) standards • Increasing utilisation of surgical hubs and provision of mutual aid across GM • Collaborative use of available independent sector capacity to support long waiters • Links to national mutual aid for long waits	**Current Risk Score: 20** Likelihood: 5 Impact: 4

QUP3	**Cancer backlog reduction. Improving performance against the key cancer standards.** Failure to deliver any improvement against the waiting time standards due to: • above forecast demand • competing pressures on bed/diagnostic capacity • diagnostic capacity and reporting – including the inability to deliver the best practice timed pathways (BPTPs) • workforce	Actions The Greater Manchester Cancer Board is focussing on: • New pathway developments e.g., teledermatology, FIT • Improvement programmes in place e.g., first line diagnostics, specialist diagnostics • Additional capacity e.g., community diagnostic hubs • Greater linkages to primary care – GP clinical lead in each of 66 primary care networks • Revised performance trajectories to March in place	**Current Risk Score: 16** Likelihood: 4 Impact: 4
QUP4	**Urgent care system cannot deliver timely and effective care.** This risk applies throughout the year but is pronounced during the winter period. Access rates for e.g. A&E and 999 are slower than standard. This constitutes both a safety risk and a performance risk. Main drivers of this risk: • High levels of demand upon all aspects of the urgent care system. • High levels of patients in hospital no longer needing	Actions GM Urgent and Emergency Care (UEC) Board approved actions in the Winter Plan, including: • Increasing bed capacity where possible – Providers opening additional G&A bed capacity. • Implementation of virtual wards • Improving access to alternatives to hospital such as 2hr Urgent Community Response (UCR) and Same Day Emergency Care (SDEC) services. • Building capacity in primary and community care, to support admissions avoidance and speedier discharges.	**Current Risk Score: 20** Likelihood: 5 Impact: 4

	acute medical care • Workforce recruitment challenges.	• Focus on Discharge & Flow improvement programme, working with system partners to support social care capacity to improve the discharging of patients who no longer have a medical need to reside • Delivery of a System Control Centre to support system escalation and delivery of mitigations. • Public communications to promote alternative routes to access urgent care e.g., 111. • Focused and system-wide partnership work on ambulance handover pressures.	
QUP5	**Mental health** system has high levels of out of area placements, driven by • High level of demand • High bed occupancy within acute mental health units • Workforce challenges • Financial resources Out of area care can lead to a poor experience for service users when placed away from home and family	Actions The Mental health system board have determined the following actions • Establishment of a GM mental health workforce group and lead role. • Liaison with finance regarding mental health investment linked to long term plan • Development of GM mental health and wellbeing strategy (by Jan 2023) intended to support system performance.	**Current Risk Score: 20** Likelihood: 5 Impact: 4

ADULT SOCIAL CARE			
ASC1	**Risk: Demand and complexity of care requirements affects market sustainability.** As part of developing the market we will place particular focus on understanding and responding to the increased demand and complexity of people and ensure that the market that is diverse, creative, and sustainable to meet future requirements. We have seen demand and complexity increase and know that this will continue. Cause: For home care providers the cost of fuel is increasing the overheads for their business model. For accommodation-based services such as care homes, providers are experiencing 100% increases in the cost of utilities on what are often large properties. During the Covid-19 pandemic, we saw the cost of insurance increase as a similar level, some of which remains at the revised level. The Fair Cost of Care Exercise will not include these cost pressures as the exercise uses costings which predate the cost-of-living crisis. Impact: Increasing delays and inability to find appropriate social care provision	Controls - GM ADASS oversight, informed by GM Markets Delivery Group and Heads of Commissioning forum Actions - We need to factor this change into market activity, including understanding what care and support people require and ensuring outcomes-based care and support for children with complex needs as they move towards and into adulthood, adults (younger and older) with complex mental health, people with complex dementia and those with complex learning disabilities and/or autism.	**Current risk score: 16** Likelihood: 4 Impact: 4
ASC2	**Risk: Unable to recruit and retain existing workforce** Cause: There is a significant challenge with recruitment and retention (average turnover in the independent sector is 33.3%). Some areas such as nursing and social care practice are particularly impacted. Impact: Collectively, this impacts on the resilience of the social care market. Pressures and cost implications of the implementation of the Real Living Wage and projected increases	Controls - GMADASS supported through the GM ASC workforce transformation programme Actions - Through the development and implementation of the GM Adult Social Care Workforce Strategy and local plans, including delivery of a GM Social Care Academy and local academies (hub and spoke model) and growing the blended roles initiative, we will support the growth and	**Current risk score: 16** Likelihood: 4 Impact: 4

	in the National Living Wage will contribute towards resolving this challenge but will add further cost pressures on providers and local authorities.	retention of the current and future social work and social care workforce. This will include a focus on wellbeing and resilience, to support our care workforce to rebuild and ensure parity of esteem with other sectors	
PRIMARY CARE			
PRC1	**Risk: There is a risk to the stability and sustainability of the continued provision of high-quality primary care** Cause: Primary care has experienced a significant rise in demand due to ill health as a result of covid-19, unmet need, the backlog of elective care, changes in the interface between primary and secondary care, GP and Community Pharmacy interactions, demand for dental services and ongoing workforce challenges. Flexibilities of delegated commissioning by ICBs to drive local solutions are still not established within the national contracting and regulatory arrangements. Impact: Reduction in the timely and quality provision of Primary Care; increase in incidents and sub-optimal patient care, together with a reduction in workforce and loss of reputation.	Controls - Primary Care System Board - Primary Care Pressures Working Group Actions 1) Development of Winter Planning framework 2) Refresh of primary care pressures group action plan 3) Implementation of primary and secondary care interface principles 4) Development of dental access plan 5) Implementation of community pharmacy and general practice interface recommendations	**Current risk score: 16** Likelihood: 4 Impact: 4
PRC2	**Risk: Covid-19 has negatively impacted the health, wellbeing, and resilience of the workforce. The primary care workforce has been supporting patients and worked hard in service of the public throughout the COVID19 pandemic; having to adapt to different ways of working throughout several waves of the pandemic and the following vaccination programme. Furthermore, the current economic position presents retention and recruitment challenges.** Cause: The pandemic rapidly changed the way primary care	Controls - Primary Care Workforce Steering Group Assurance 1) Utilisation of HEE STAR tool to develop retention plans for dentistry and community pharmacy 2) Refresh of primary care workforce programme to focus on priorities	**Current risk score: 16** Likelihood: 4 Impact: 4

	delivered care. It has led to an increase in demand and ongoing pressure. There are significant workforce challenges, with increased sickness and absence, providers choosing to retire early or leaving the profession entirely and added to that primary care has an ageing workforce, with many approaching retirements age. Anecdotally the workforce is feeling underappreciated and undervalued. Impact: There is a risk of continued staff burnout and loss of the workforce, which will negatively impact patient care and service quality. This would also significantly impact the delivery of broader GM recovery and transformation ambitions.		
PRC3	**Risk: The rapid expansion of additional services to be delivered under the national community pharmacy services framework presents significant challenge to capacity. Failure to implement would disadvantage the local population in accessing services, and failings in delivery present clinical safety concerns**. Cause: There are a number of new advanced services being rolled out nationally. this is against a backdrop of increased pressure and significant workforce challenges across primary care. Impact: An increase in pharmacies notifying closures at short notice and requesting reduction in supplementary hours. This presents challenges of patient access and will particularly negatively impact weekend and evening provision at a time of implementation of PCN Enhanced Access service delivery.	Controls - Primary Care System Board Assurance 1) Facilitation of additional programme capacity to support implementation of community pharmacy advanced services 2) Engagement and collaborative working with Primary Care Provider Board to deliver support to services 3) Establishment of governance to support delivery and assurance of advanced services	**Current risk score: 16** Likelihood: 4 Impact: 4
Functions Transformation			
FTR1	**Risk: Failure to deliver ICB Functions Transformation**	- Daily Touchdown Sessions with HR/Programme /Comms team, regular review of the programme	**Current Risk score: 15** **Likelihood: 3**

	programme to agreed timescales **Cause**: Complexity of the programme of work due to new legislation, accountabilities and insufficient resources required to deliver the consultation and Implementation of new structures for 1900 Staff may impact the timescales to deliver the programme. **Impact**: Staff Morale, unable to deliver against the objectives of each function, delayed efficiencies.	plan. - Weekly Consultation Panel Feedback Sessions - Weekly Function and Locality Lead support sessions - All stakeholders fully engaged include TU.	**Impact: 5**
FTR2	**Risk: Redesigned Structures may not generate enough efficiencies combined.** **Cause:** ICB Efficiency Target increasing against the required target of £125m. Newly formed functions and locality structures have seen increase in roles and funding required to deliver against the Functions/Locality strategy. **Impact:** Further review of structures required, impacting implementation post consultation.	- Financial Check and Balance throughout the Consultation process. - Review of further efficiencies that can be made elsewhere in the system.	**Current Risk score: 25** **Likelihood: 5** **Impact: 5**
Force Majeure			
EPR1	Risk: GM insufficiently prepared for emergencies Cause: Insufficient emergency plans in respect of the following: - Malicious attacks - Serious and organised crime - Environmental hazards - Human and animal health	Managed via the National register, local resilience forum (GMRU) and GM Community risk register https://www.gov.uk/government/publications/national-risk-register-2020	**Current Score: 16** Likelihood:4 Impact: 4

[redacted]	- Major accidents - Societal risks Impact: Inadequate response to event		
VSCE			
VSC1	Risk: a failure to recognise and deal with the sustainable funding financial crisis in the VCSE will result in service cuts and closures Cause: a failure to recognise and deal with the sustainable funding financial crisis in the VCSE Impact: 1. Additional burden and cost on NHS services 2. Poorer outcomes for Patients. 3. The additional cost of standing critical services back up if service cuts not prevented but are subsequently recognised as necessary 4. Makes it harder to grow the VCSE services needed to support the ICS Integration & system transformation strategies	Actions: • Identification of services at risk • Methodology for assessing the impact of potential service closure • An escalation and resolution pathway Commissioning and Funding VSCE need to be commissioned and funded fairly and appropriately both in terms of current service provision that will otherwise cease VCSE need to be seen as potential solution partners available to provide more services that meet identified need. A 'fair funding protocol' is being explored with the CA which will ensure that appropriate amount of funding is being released for the VCSE.	**Current risk score: 16** Likelihood: 4 Impact: 4
Net Zero			
NTZ2	Risk: Failure to assess and plan for health-related climate risks, with a focus on vulnerable groups Cause: A potential lack of assessment and planning for health	Net Zero team are developing an ICS adaptation plan that focuses on the health impacts and vulnerabilities, part of a series of public sector plans for GMCA.	**Current Risk Score: 16** **Likelihood: 4** **Impact:4**

	related climate risks due to a number of competing priorities and a potential lack of awareness of these increasing contributory factors (e.g. air pollution, extreme heat, etc). Trust plans largely focus on risks to infrastructure and buildings. Impact: Healthcare organisations are unprepared to manage the volume and types of increased presenting health conditions caused by climate change, which would result in poorer patient care and outcomes. Without an integrated approach across the city-region to improve resilience, risks will not be properly considered.	Identify and roll out suitable training for different groups of staff. Undertake high level risk and vulnerability assessments.	

De-escalated Risks

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NHS
Greater Manchester
Integrated Care

Forward Plan 2023/24

17th May 2023

NHS Greater Manchester Integrated Care

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Forward Plan 2023/24
DATE OF MEETING:	17/05/2023
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AUTHOR/S:	Jenny Noble, Board Secretary, NHS GM
WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):	n/a
PRESENTED BY:	Mandy Philbin, Chief Nurse, NHS GM

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
Financial Implication:	**Yes** ☐	**No** ☒

PURPOSE OF REPORT:

To present the ICB Forward Plan for 2023/24 for information.

KEY MESSAGES:

- To allow the preparation of meetings in advance, the forward plan is presented to the Integrated Care Board for comments and noting.
- It is proposed that the Board continues to meet monthly, alternating between formal meetings and informal development sessions except for June 2023 to sign off the Annual Report and Accounts and Joint Forward Plan, and February 2024 to sign off the Financial Plan.
- Dates for formal Board and Committee meetings will be published on the website shortly.

RECOMMENDATIONS:

- To note the forward plan for 2023/24 and provide comments as needed.

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ICB Board Forward Plan 2023/24														
					Extraodinary									
	Frequency	Author/s	Presented by	May	June	July	September	November	January	February	March			
Standing Items														
Welcome, Introductions and Apologies	Bi-monthly	Jenny Noble	Chair											
Declarations of Interest	Bi-monthly	Jenny Noble	Chair											
Draft minutes of previous meeting and matters arising inc action log	Bi-monthly	Jenny Noble	Chair											
Leadership Reports														
Chair's Briefing	Bi-monthly	Verbal	Chair											
Chief Executive's Update	Bi-monthly	David Dobson	Mark Fisher											
Annual Reports														
Annual Safeguarding Report	Annual	Andrea Patel	Mandy Philbin											
Annual Medicines Report	Annual	Kenny Li	Manisha Kumar											
Annual Engagement Report (will be part of annual report in 23/24)	Annual	Claire Norman/Claire Connor	Warren Heppolette											
Information Governance: ICB IG Framework	Annual	Malcom Whitehouse	Warren Heppolette											
Information Governance: Data Security Protection Toolkit	Annual	Malcom Whitehouse	Warren Heppolette											
Annual Report and Annual Accounts	Annual	Chris Gaffey/Jenny Noble/Kaye Abbott	Mark Fisher / Sam Simpson											
Annual Quality Account (June 24)	Annual	Anita Rolfe	Mandy Philbin											
People and Culture Annual Review	Annual	Anna Cooper-Shepherd	Janet Wilkinson											
Strategy and Planning:														
ICP Strategy	Quarterly updates	Paul Lynch	Warren Heppolette											
ICS Joint Forward Plan	Annual	Paul Lynch	Warren Heppolette											
ICS Operating Plan	Annual	Zulfi Jiva/Michelle Featherstone	Warren Heppolette											
ICS Financial Plan	Annual	Stephen Kennedy/David Warhurst	Sam Simpson											
Primary Care Blueprint	Annual	Rob Bellingham	Sarah Price											
Estates Strategy	Annual	Jo Larkin	Sam Simpson											
Digital Strategy	Annual	Malcom Whitehouse	Warren Heppolette											
GM Mental Health and Wellbeing Strategy	Annual	Charlene Mulhern	Manisha Kumar											
People and Culture Strategy	6 Monthly updates	Anna Cooper-Shepherd	Janet Wilkinson											
Procurement Plan	6 Monthly	Stephen Moore/Izhar Chaudhary	Sam Simpson											
Corporate and Governance:														
Constitution Review including Governance Handbook, Financial Scheme of Delegation & TOR	Annual	Jenny Noble/Izhar Chaudhary	Mandy Philbin											
Updates from Locality Boards as committees	6 Monthly	Jenny Noble	Mandy Philbin											
Board Assurance Framework	Quarterly	Chris Gaffey/Rick Thompstone	Mandy Philbin											
Corporate Governance Assessment	Annual	Chris Gaffey/Izhar Chaudhary	Mandy Philbin											
Core Business/Committee Reports:														
Finance Report	Bi-monthly	Jackie Murray	Sam Simpson											
Quality and Performance Report	Bi-monthly	Ed Dyson/Waseem Khan	Mandy Philbin/Anne Gibbs											
People and Culture Report	Bi-monthly	Jane Seddon	Janet Wilkinson											
Audit Committee Report	Quarterly	Patrick Kelly	Audit Committee Chair											
Remuneration Committee Report	Ad hoc	Jane Seddon	Janet Wilkinson											
Minutes of Committees:														
Audit Committee	Quarterly	Patrick Kelly	For info											
People and Culture Committee	Bi-monthly	Jane Seddon/Sarah Riley	For info											
Finance Committee	Bi-monthly	Anthony Bunting	For info											
Quality and Performance Committee	Bi-monthly	Cathy Cane	For info											
Primary Care Commissioning Committee	Quarterly	Ben Squires/Ellysia Sanderson	For info											
People Board	Bi-monthly	Susan Howard	For info											
Requested Agenda items:														
Ageing Hub	One off	Beth Mitchell	Warren Heppolette											
Establishment of Stockport Locality Board	One off	Chris Gaffey/Jenny Noble	Mandy Philbin											
Proposed ToR for HWP System Board	One off	Chris Gaffey/Jenny Noble	Mandy Philbin											
Freedom To Speak Up Report	TBC	John Herring/Luzani Moyo	Janet Wilkinson											

Minutes

NHS GM People & Culture Committee

Date: 9 February 2023

Time: 2 – 3.30 pm

Venue: Microsoft Teams

Present	Apologies
Shazad Sarwar, Janet Wilkinson, Steve Dixon, Hannah Dobrowolska, Jackie Driver, John Herring, Kal Kay, Jane Seddon, Stephen Voyse	Mark Fisher, Warren Heppolette, Alison Mckenzie-Folan, Sarah Price, Neil Thwaite, Jess Williams

Item No.	Topic	Action
1.	**Welcome, Introductions and Apologies** There were still some issues with partner member attendance, which JW will address.	
2.	**Minutes and Actions from meeting 12 January 2023** The minutes and actions of the meeting held on 12 January 2023 were accepted as a true and accurate reflection of the meeting. **Action: Future actions on the tracker will have completion deadlines added.**	
3.	**Strategy Development** • Invitations had been sent out for the annual People & Culture Summit which is to be held on 7 March at Museum of Science & Industry featuring excellent speakers and a selection of workshops. The event now oversubscribed. It was noted that SV had unfortunately not received an invitation to the event. • The Champions Awards have received over 100 nominations. JW encouraged the committee to support and encourage nominations via their networks. • It was noted that the Summit and the Awards events have been running for several years and the panels always include a diverse range of members. • The People & Culture function is still running on an interim structure which is to be presented in Check & Challenge.	JH JD
4.	**OD & Culture Update** • Staff Survey update - JH reported that this had had a return rate of 40%, which is good for a NHS survey. The team will continue to try to improve the return rate and will build on information received. The report's action	

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	plan will be developed with staff and brought back to this committee once completed. The Chair welcomed this approach. • Mandatory Training Review This has been received by the Audit Committee. The compliance rate is satisfactory. There will be a mandatory training policy developed before 23 April. Training for specialist roles is being considered. JD was unhappy with the EDI training and there were concerns about the COI module. There was a discussion on how the training could be more visible to staff, eg a pop-up reminder on PCs, or a mandatory training day for new starters. SD welcomed the report and supported the recommendations that had been made, adding that he had found the additional training modules enjoyable and relevant. **Action: JH will bring updates on both these items to the next meeting.**	
5.	**Transition Update** Sophie Atkinson attended the meeting on behalf of Jess Williams, and had circulated an update prior to the meeting. All GM function models have now been approved, nearly all the GM function structures and locality structures have been received. The team will meet TUs to look at a consultation date for onboarding NHSE staff. The key risks were the timescale for delivery of the programme, NHSE transfer delays and a risk that the overall programme might not deliver the required efficiencies. The Committee thanked Sophie Atkinson and Jess Williams and her team for their work on this.	
6.	**People Service Update** • NHSE Transfer – this had been discussed in the Transition Update. • MARS – JS's team is still progressing the applications (79, with 48 being supported by the panel). The scheme had opened in December and closed in January. The recurrent savings made by the scheme are still being finalised along with settlement agreements. There were concerns that valuable members of the organisation would leave but JS assured the committee that some applications had rejected for this reason. • Workforce Report – GM's head count as reduced again slightly to 1,629. Sickness rate has increased slightly and the team are focussing on what is needed in terms of support and health and wellbeing. HD found the report very useful in terms of training differences across localities and staff feedback. JS will provide a more meaningful report in due course which will be shared with PBLs and Deputies to obtain their views.	
7.	**System Development** WF Efficiency work – JS shared a slide with the committee. SD thanked JS for her work on this.	
8.	**Risk Register & Committee Risk process & Current Risks** (standing item) The risk register contained 9 risks which all scored above 15 and covered the system and organisation. It had been shared with People Board. JD raised the question of adding an Equality Impact Assessment risk (disparities in	

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	terms of ethnicity). KK had concerns about the industrial action risk and wondered if it still needed to be considered a risk. JS added that there was now a risk of potential strike action fatigue. KK was also concerned about levels of staff engagement based on the staff survey response of 40%. SD pointed out that these are real issues and there was need to deal with their consequences across the organisation. **Action: To discuss risks in depth at next meeting.**	
9.	**Any Other Business** There was no other business.	
10	**Date and Time of Next Meeting**: 4 April 2023 10.30 – 12.00 MS Teams.	

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Minutes

NHS Greater Manchester Integrated Care Finance Committee

Date: Thursday 23rd February 2023
Time: 09.30am – 11.00am
Venue: Microsoft Teams

MEMBERS:		
Kal Kay	**KK**	Non-Executive Director, Finance Committee Chair
Manisha Kumar	**MK**	Chief Medical Officer
Sam Simpson	**SS**	Chief Finance Officer
IN ATTENDANCE:		
Kathy Roe	**KR**	Deputy Chief Finance Officer
Jackie Murray	**JM**	Chief Finance Officer – GMSS
Sue Bailey	**SB**	Non-Executive Director
Richard Paver	**RP**	Non-Executive Director
Alison Ormrod	**AM**	MIAA (Observing)
Stephen Kennedy	**SK**	Financial Strategic Lead
Gill Gibson	**GG**	(Attending on behalf of Mandy Philbin)
Ben Galbraith	**BG**	Finance Programme Director
Patrick Kelly	**PK**	Interim Project Team – Finance & Governance - Minute Taker
APOLOGIES:		
Mark Fisher	**MF**	Chief Executive
Paul Dennett	**PD**	Local Authority Partner Chair, Integrated Care Partnership
Vish Mehra	**VM**	GP/Partner Member
Steve Dixon	**SD**	Chief Delivery Officer
Mandy Philbin	**MP**	Chief Nurse
Izhar Chaudhary	**IC**	Associate Chief Finance Officer, Finance Governance Lead

Item No	Item
	PART A (PUBLIC)
1.	**Introductions and Apologies (Chair)** KK welcomed everyone to the meeting, including Alison Ormond from MIAA and Richard Paver, both in an observer capacity. Apologies were received from: Mark Fisher, Paul Dennett, Vish Mehra, Steve Dixon, Mandy Philbin, and Izhar Chaudhary.

	Attendance Matrix This was for information.
2.	**Declarations of Interest/Conflicts of Interest (All)** No declarations or conflicts of interest were declared.
3.	**Minutes of the Previous Meeting (Part A)** Minutes of the meeting held on the 26 January 2023 were presented for sign off. **GM ICB Finance Committee *APPROVED* the minutes from January's meeting.**
4. / 5. / 6	**Action Log (Chair)** Action 23: SS advised that the review of future meeting dates should consider providing sufficient time to allow debate and provide the level of assurance required against the workplan. The action is ongoing and will be presented to a future meeting. Action 24: [Item 5] - BG advised that the most recently provided recurrent / non recurrent funding gave an analysis of a constantly updating position and this action is now closed. Action 25: [Item 6] - KK acknowledged the update on nursing recruitment and retention and advised that the action is now closed. Action 26: SS advised that this action is now complete as the Financial Recovery Sub Committee would continue to meet throughout 2023/24. **GM ICB Finance Committee *APPROVED* the Action Log.**
7.	**Risks Register – update (Ben Galbraith)** BG informed the Committee that work is continuing with finance team colleagues to embed the finance risk register and manage the three existing Strategic Finance Risks. In relation t the first risk, Failure to deliver Financial Balance both for NHS GM ICB and as an ICS, BG advised that conversations on both for this year and next year's plans are ongoing. For the second risk, Inability to deliver required QIPP savings due to ongoing COVID challenges and ICS transition work, current reporting is a net open risk of circa £100m across the GM ICS, BG advised that this risk will be refreshed as the 2023/24 financial year approaches because, challenges remain, such as COVID and strikes, which impacting on providers ability to develop and deliver savings plans. BG advised that the third risk, Use of Non-Recurrent money used to fund recurrent costs. For example, non-recurrent allocations service development or Covid, generates a big gap in relation to realigning services built up to respond to COVID, now that, in some cases, the funding for these is reducing based on a needs-based formula. SB sought assurance that a proactive approach to risk management was being pursued.

	SS advised that risks are communication across all Committees, and that whilst Execs, don't sit on all Committees, the risk sits predominantly with providers and triangulation of risks takes place there initially in their overarching Risk Register, which is reported through the BAF. Any quality impacts are assessed as part of the triangulation for planning purposes and risks arising from savings are addressed.
8.	**GM Month 10 Financial Position (Jackie Murray)** JM informed the Committee that GM ICS is reporting a year-to-date deficit of £32.9m against planned deficit of £4.9m, which now means a year-to-date overspend of £28m. This is an improvement of £34.8m since last month. The £28m is predominantly due to shortfall in delivery against the efficiency targets across both NHS GM and the NHS Providers. JM advised that significant work has been undertaken across the system to deliver a break-even position and the work included a Board approved proposal to realign delivery timescales against some system efficiencies. JM outlined the proposal and confirmed that due to Board reporting timescales on Month 10, the realignment has been reflected in forecast position presented to this Finance Committee, but that the year-to-date impacts will be reflected in the March Finance Committee report. The outcome of these actions is to bring the position to break-even and identifies variances against the original plans. JM continued that despite the break-even position being reached, there remains a gross system risk of £50.2 million, down from £66.9m in the previous month. Mitigations of £30.2m have been identified against the £50.2m, bringing the bringing the net risks down to £20m. The £20m consists of £14.7m relating to delivery of efficiency and £5.3m relates to operational risk in particular the prescribing, independent sector, and mental health placements. KR asked the committee to acknowledge the level of collaboration and work undertaken to reach this point. However, work continues across the system to understand and manage the risks and actions required to reach the break-even position. KR advised the Committee that £5.3m of the £20m arises from national impacts relating to pressures on prescribing budgets arising from supply shortages of cheaper generic drugs and that issues like these are outside of NHS GM's control. Work continues to address the remaining £14.7m and progress against this will be reported to the March Committee meeting. SB congratulated those involved in reaching the current position and asked if the ICB was being realistic about the mental health risk which within the control of NHS GM? KR responded that work was ongoing with our locality mental health providers as part of the 2023/24 planning arrangements to ensure we've got the right bed capacity aligned to forecast demand, despite seeing some sharp increases in mental health out of area placements. There is the combined issue of aligning staff resources for the required level of bed capacity. SS assured the Committee that the GM Mental Health Programme Board is prioritising addressing the out of area placements, because, whilst it is not good from a financial perspective, but it absolutely is not good from a patient and their family perspective. The

	key is to ensure that we are not just looking at things from a finance perspective, but we absolutely understand it from a clinical quality, safety, and outcomes perspective. **GM ICB Finance Committee *NOTED* the following recommendations which were part of the GM Month 10 Finance Position** ▪ **Note the approved redistribution of system efficiencies to enable the delivery of an actual breakeven forecast position in both providers collectively and NHS GM** ▪ **Note the financial position presented for both year to date and forecast** ▪ **Note the remaining moderate level of financial risk in the system**
9.	**Financial Recovery Update including Finance Recovery Committee** KR informed the Committee that the ICB is facing a multitude of challenges covering finance, performance, productivity, and efficiency challenges which need to be prioritised and addressed. KR advised the Committee that the ICB is working with NHS England to secure funding for additional external capacity to help understand these challenges. **GM ICB Finance Committee *NOTED* the Financial Recovery Update including Finance Recovery Committee.**
10.	**Finance Training and Awareness** JM advised the Committee of the latest updates which were: • Each budget holder was issued with a finance pack and underwent a self-certification process to ensure awareness and understanding of their responsibilities under key areas such as SFIs etc. • The Audit Committee members have also undergone awareness and responsibility training in relation to NHS accounting etc. • The Board have had several finance training sessions, • The ICB has a finance skills development and accreditation process and network with other NHS organisations and indeed is an exemplar in several areas. JM continued to explain that further training being developed and delivered will cover, Financial Management, a review of the Budget Holder Training Pack and indeed the finance training requirements for everybody across the organisation KK was pleased to hear the progress. **GM ICB Finance Committee *NOTED* the Finance Training and Awareness update**
11.	**Approach to Financial Planning 2023/24** SK displayed a presentation and advised the Committee that the first draft of the 2023/24 planning submission was being submitted to NHS England and this was an alignment of finance between the ICB and the providers in the region. SK continued to outline how the planning guidance evolved since before Christmas 2022, resulting in extensive work on behalf of NHS GM and the NHS Providers as part of one of the largest systems in the country.

	SK referred to the alignment of income and expenditure assumptions and the application of 4.5% of predominantly non recurrent efficiencies during 2022/23. The impact of these non-recurrent efficiencies will form part of the ongoing work with our additional NHSE funded capacity to ensure the resulting challenges are addressed through the planning process. SK noted that a triangulation process had been undertaken to align correlation between funding and activity changes and workforce. SK confirmed that a lot of work had gone into the submission by a lot of people across the region and that regular updates to the Committee would continue. **ACTION: SK to share the presentation with the rest of the Committee.** MK thanked SK for the update and enquired whether requirements for the NICE technology TAs and HST appraisals within 90 days had been factored in. SK advised he would review the details and revert back. **ACTION: SK to advise on NICE appraisal requirements within the plan.** KK enquired as to when the detailed plan would be brought to the Committee. KR confirmed that the details will be presented to the March Finance Committee. **GM ICB Finance Committee *NOTED* the Approach to Financial Planning 2023/24**
12.	**Work Plan** KK noted that this was for information and thanked the team for updating this item. **GM ICB Finance Committee *NOTED* the Work Plan**
13.	**Any Other Business** No other business was raised, under Part A of the agenda.
13.	**Date and Time of Future Meeting** 30th March 2023, 10:00am-11:30am

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Minutes

NHS Greater Manchester Integrated Care Finance Committee

Date: Thursday 30th March 2023
Time: 10.00am – 11.00am
Venue: Microsoft Teams

MEMBERS:		
Kal Kay	**KK**	Non-Executive Director, Finance Committee Chair
Mark Fisher	**MF**	Chief Executive
Vish Mehra	**VM**	GP/Partner Member
Sam Simpson	**SS**	Chief Finance Officer
Sue Bailey	**SB**	Non-Executive Director
Claire Lake	**CL**	Deputy Chief Medical Officer - Attending on behalf of Manisha Kumar
Gill Gibson	**GG**	Deputy Chief Nurse - Attending on behalf of Mandy Philbin
IN ATTENDANCE:		
Kathy Roe	**KR**	Deputy Chief Finance Officer
Jackie Murray	**JM**	Corporate Director of Operational Finance – Finance Management
Stephen Kennedy	**SK**	Financial Strategic Lead
Ben Galbraith	**BG**	Finance Programme Director
Izhar Chaudhary	**IC**	Associate Chief Finance Officer, Finance Governance Lead
Anne Rainsbury	**AR**	Associate Partner, Carnall Farrar (Observing the meeting)
Patrick Kelly	**PK**	Interim Project Team – Finance & Governance - Minute Taker
APOLOGIES:		
Manisha Kumar	**MK**	Chief Medical Officer
Paul Dennett	**PD**	Local Authority Partner Chair, Integrated Care Partnership
Mandy Philbin	**MP**	Chief Nurse

Item No	Item
	PART A (PUBLIC)
1.	**Introductions and Apologies (Chair)** KK welcomed everyone to the meeting. Apologies were received from: Paul Dennett and Manisha Kumar. KK informed the committee that AR was observing the meeting today. **Attendance Matrix**

	This was for information.
2.	**Declarations of Interest/Conflicts of Interest (All)** No declarations or conflicts of interest were declared.
3.	**Minutes of the Previous Meeting (Part A)** Minutes of the meeting held on the 23 February 2023 were presented for sign off. The following amendments were requested: ▪ KK advised the Committee that SB is a member and requested that she is moved from "In Attendance" to "Members" at the top of the minutes. **GM ICB Finance Committee *APPROVED* the minutes from February's meeting.**
4.	**Action Log (Chair)** Actions 26 and 27 are marked as complete. Action 23: SS advised that this is on track to go to April's Board meeting. Action 28: SS advised that this item will be brought back to the April meeting as there is a specific piece of work being undertaken with Greater Manchester Medicines Management Group (GMMMG) to understand when there are NICE requirements that we absolutely must do and within a timeframe irrespective of financial implications, and when there are others for which there might be a decision and we need to understand what the financial implications are. SS informed the committee that a paper is going Executive Team on Monday 3 April 2023 from GMMG. **GM ICB Finance Committee *APPROVED* the Action Log.**
5.	**Risks Register – update (Ben Galbraith)** BG informed the Committee that the risk rating of risk item number one has been increased. BG then advised that there have been a couple of additional risks added: ▪ Risk item number 4 reflecting pressures on elective delivery and the financial aspects. ▪ Risk item number 5 relating to capital. VM questioned the apparent lack of resolution to industrial actions, and the subsequent costs such as asking consultants to cover does this need to be included within risk item number 1. BG agreed there is a financial impact but felt that the risk to operational delivery was greater than the financial impact and there is a difficulty in capturing things which are live and fast-moving actions. **ACTION: BG to capture impact of industrial actions within the risk register.** KK felt that the Risk Register should be future focused on potential events as opposed to existing issues, such as the current industrial, since action plans for these are already in place. BG agreed with this but highlighted the uncertainly around the degree of impact.

	KK questioned the new risk item number 4 concerning failure to maximise the ERF funding. KK queried if this should this be broader to maximise other funding received and requested an update to the month end report. **GM ICB Finance Committee *APPROVED* the following recommendations which were part of the Risk Register:** • **Consider the risks highlighted and the mitigating actions concerned, noting increased score on risk 1** • **Approve the new risks added based on previous Finance Committee conversation** • **Consider whether there any other Strategic Financial Risks need adding to the ICB's Risk Register**
6.	**GM Month 11 Financial Position (Jackie Murray)** JM informed the Committee that GM ICS is reporting a year-to-date deficit of £28.3m against planned deficit of £2.5m, which now means a year-to-date overspend of £25.8m. This is an improvement of £2.2m since last month. The forecast position is still reporting a breakeven position which has been reported in the previous meetings, and this is a result of the redistribution of system efficiencies. JM noted the remaining net risk which has been reported and has reduced from £21.6m last month to £10m this month. JM informed the Committee that the £10m net risk relates to operational risk, with higher activity in the independent sector, mental health placements and higher prescribing costs. SS provided assurance to the Committee that the organisation will deliver in this year and thanked the team and the system for the hard work undertaken. **GM ICB Finance Committee *NOTED* the following recommendations which were part of the GM Month 11 Finance Position** ▪ **Note the financial position presented for both year to date and forecast** ▪ **Note the remaining level of financial risk in the system**
7.	**Financial Recovery Update Plan Update (Kathy Roe)** KR informed the Committee that the action of placing the organisation in formal recovery from November 2022 has paid dividends, allowing significant system action over a small period, resulting in the final 2022/23 financial position. KR advised the Committee that action is now required to address the scale of the challenge for 2023/24 onwards, and the only way to achieve this is by working together as a System. KR highlighted that Financial Recovery is here to stay and work will continue in the coming weeks. SS informed the Committee that there is a need to ensure that Financial Recovery work focuses on what is driving the financial position and observing the governance in light of this would be useful, as well as reflecting the workforce and the link to performance and quality. **GM ICB Finance Committee *NOTED* the Financial Recovery Plan Update**

8.	**Any Other Business** KK highlighted that there was an extraordinary board meeting earlier this morning, and normally this Committee would have had a budget to approve but due to timing it was discussed at the extraordinary board meeting this morning. No other business was raised, under Part A of the agenda.
9.	**Date and Time of Future Meeting** 27th April 2023, 2:00pm-3:30pm

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Minutes

NHS Greater Manchester Integrated Care Finance Committee

Date: Thursday 4th May 2023
Time: 2:00pm – 3:30pm
Venue: Microsoft Teams

MEMBERS:		
Kal Kay	**KK**	Non-Executive Director, Finance Committee Chair
Vish Mehra	**VM**	GP/Partner Member
Sam Simpson	**SS**	Chief Finance Officer
Sue Bailey	**SB**	Non-Executive Director
Claire Lake	**CL**	Deputy Chief Medical Officer - Attending on behalf of Manisha Kumar
IN ATTENDANCE:		
Kathy Roe	**KR**	Deputy Chief Finance Officer
Jackie Murray	**JM**	Corporate Director of Operational Finance – Finance Management
Stephen Kennedy	**SK**	Financial Strategic Lead
Izhar Chaudhary	**IC**	Associate Chief Finance Officer, Finance Governance Lead
Patrick Kelly	**PK**	Interim Project Team – Finance & Governance - Minute Taker
Jo Larkin	**JL**	Programme Director – Estates (Item 5 only)
APOLOGIES:		
Mark Fisher	**MF**	Chief Executive
Manisha Kumar	**MK**	Chief Medical Officer
Ben Galbraith	**BG**	Finance Programme Director
Paul Dennett	**PD**	Local Authority Partner Chair, Integrated Care Partnership
Mandy Philbin	**MP**	Chief Nurse

Item No	Item
	PART A (PUBLIC)
1.	**Introductions and Apologies (Chair)** KK welcomed everyone to the meeting. Apologies were received from: Manisha Kumar, Mark Fisher, Paul Dennett, Mandy Philbin and Ben Galbraith. **Attendance Matrix** This was for information.

2.	**Declarations of Interest/Conflicts of Interest (All)** No declarations or conflicts of interest were declared.
3.	**Minutes of the Previous Meeting (Part A)** Minutes of the meeting held on the 30 March 2023 were presented for sign off. **GM ICB Finance Committee *APPROVED* the minutes from March's meeting.**
4.	**Action Log (Chair)** IC informed the Committee of the intention to ensure that Committee Members will receive papers five working days before meetings, so that adequate time is available to provide the appropriate level of scrutiny. Late papers should be the exception and not the rule. IC advised the Committee that a clear work programme is being developed and will be discussed later in the meeting. IC added that the workplan will allow individuals the time to prepare papers for the meetings and will also be shared with key colleagues within the ICB. KK added that the Committee could approve items within the meeting cycle and if something arises between meetings which is urgent a decision can be made on it. Action 23, 28, 31 and 32: All actions will be marked as complete once this meeting has taken place. **GM ICB Finance Committee *APPROVED* the Action Log.**
5.	**Estates Surplus Declaration** JL informed the Committee that the purpose of the report is to ask the Committee for support in notifying NHS Property Services of surplus properties, with one in Heywood, Middleton and Rochdale and one in Manchester where SEG have determined that they have no further use for the properties which are both empty and so wish to hand back to NHS PS. JL added that where there is a full vacancy hand back to NHS PS it is classed as a surplus declaration as opposed to a hand back. JL highlighted that this would allow NHS PS to circulate and advertise to other NHS Providers or sell the building. JL noted that if NHS PS sell the building, the ICB will get up to 50% of the capital proceeds which can be used within Greater Manchester. NHS PS will charge a 3.5% cost of capital charge. The capital receipt could be used on other NHS PS buildings if the ICB choose to do so. VM queried if 50% of the capital proceeds can be returned to the ICB, and NHS PS take a 3.5% revenue charge, where does the remainder of the money go. JL advised that the rest of the money is retained by NHS PS, for clarity JL explained that NHS PS would keep 50% of the capital proceeds, and the other 50% of capital proceeds which goes to the ICB then incurs the 3.5% revenue charge annually which has been signed off by the Department of Health. KK enquired whether the savings and the capital were reflected in the ICB 2023/24 Financial Plan or an addition to it. KR confirmed that the funds would be in addition to the existing 2023/24 Financial Plan.

	GM ICB Finance Committee *APPROVED* the following Recommendations as set out in Estates Surplus Declaration • **Confirm support for the surplus declaration and the formal notification by the Chief Finance Officer to NHS PS.**
6.	**Strategic Finance and Estates Risk Register Update (Izhar Chaudhary)** IC informed the Committee that the Strategic Finance and Estates Risk Register reflects risks identified from previous meetings, in addition to four new Finance risks, covering: Industrial Action, NICE impacts, ICB transition and financial uplift funding for non-NHS providers. IC added that two Estates risks have also been added to the Register. KK queried if the Committee should be referencing the PMO as a mitigating action in terms of financial stability. **ACTION: IC to add the PMO as a mitigating action in terms of financial stability to the Risk Register.** KK queried risk 9 and the clear commissioning of services, KK wanted to check and challenge the statement of having clear commissioning of services. SS informed the Committee that the ICB needs to ensure it is clear on this going forward but highlighted that this wording might need to be reflected on outside of the meeting. IC highlighted that some services are very prescriptive in some respects, and if the services are not prescriptive, it should be detailed within the contract. **ACTION: IC / SS to look at the wording of risk 9 in relation to clear commissioning of services.** IC informed the Committee that currently the Risk Register covers the Strategic Finance and Estates Risks, but in future Operational Risks will also be reported. **GM ICB Finance Committee *APPROVED* the following recommendations which were part of the Strategic Finance and Estates Risk Register Update:** • **Consider the risks highlighted and the mitigating actions concerned, noting amended wording on risk 4** • **Approve the four new Finance risks (Numbers 6-9) added based on previous Finance Committee conversation** • **Approve the two new Estates risks (Numbers 10-11)** • **Consider whether any additional Strategic Financial Risks need adding to the ICB's risk register**
7.	**GM Month 12 Financial Position (Jackie Murray)** JM informed the Committee that GM ICS is reporting a s small surplus of £0.2m which has been delivered by the Provider section within Greater Manchester. JM noted that the variances are reported against the plan which the team were unable to change when the decision was made to distribute the system efficiencies, and this is why large variances are being shown. JM added that the actual position NHS GM achieved a balanced position with Providers achieving a small surplus of £0.2m.

	JM noted that the previous months report was reporting a net risk of £10m but the remaining risks were mitigated in the final month of the year mainly due to the delivery of some additional savings and the receipt of allocations from NHS England which were ring fenced. JM highlighted that in terms of the saving targets, whilst they were delivered in full, delivery was largely non-recurrent, and this impacts on the 2023/24 financial plan. JM informed the Committee that the NHS GM position was breakeven, and this was in addition to the quarter one CCG surplus which was brought forward of £6.1m. JM advised the Committee that in addition to this it should be noted that within the NHS GM position the ICB did achieve the requirement to spend within the running cost allocation which for 9 months of the year was £48.9m, with a small surplus of £0.1m. SS wanted to record how hard everyone has worked to achieve this position. KR highlighted that this is true System partnership working but urged caution on this position as the coming year is going to be even more difficult. VM queried given where the ICB is now, what does it need to do to go again next year noting several of the saving areas were non-recurrent. SB felt that people need to be clear on what the ask is, and it is about setting the correct tone going forward. CL felt that the ICB needs to look at the quality impact on some of the underspends to maintain the quality and prevention work. JM then provided the Committee with an update relating to the draft Annual Accounts. JM advised the Committee that a progress report has been provided and the draft Accounts were submitted last week after being presented to Audit Committee. JM highlighted that it is expected that all NHS GM statutory duties will be met. JM noted that the Q1 CCG accounts were submitted last week, and there are some areas which are still under audit but nothing material is expected to come out of these and so these will go to the next Audit Committee meeting. **GM ICB Finance Committee *NOTED* the following recommendations which were part of the GM Month 12 Finance Position** ▪ **Review, discuss and agree year-end financial position presented** ▪ **Note the update on the submission of the draft Annual Accounts**
8.	**2023/24 Financial Plan Update** KR informed the Committee that this has been quite a journey since February 2023, where there was a potential draft plan showing a deficit of £557m. KR highlighted that in a small number of weeks the system has been able to agree a position of breakeven, however this is with huge risks and caveats. SK informed the Committee that the plan has been submitted today, and, whilst it is balanced on revenue, the capital perspective is £71m above plan. SS noted that the ICB will continue to update on capital, as the capital plan is not compliant. KK highlighted to the Committee that the Board had an extraordinary meeting this morning and this Financial Plan was approved by Board and has been submitted. SS added that it

	was right and proper that this discussion took place at Board before Finance Committee in this instance. CL raised a query around what the Industrial Action and pay awards will have in relation to the plan. SS informed the Committee that the Industrial Action has not been factored into the plan in a financial perspective and the likely impact will be around performance e.g., impact on elective activity and outpatient appointments which is a poor outcome for our patients. SS noted that in relation to the pay award if there is one over and above the planning guidance it will be additional funding from NHS England. **GM ICB Finance Committee *SUPPORTED* the following recommendations as outlined within the paper:** • **The system submits a balanced revenue plan, despite the risks outlined in section 2.** • **The system submits a £71m overspend in relation to capital, but note the next steps outlined in section 3.3.** • **Recognise the ask of Boards in relation to system savings set out in paragraph 3.**
9.	**Finance Recovery Sub Committee Terms of Reference** SS informed the Committee that there is a subsequent meeting taking place this afternoon which Ed Dyson was required to attend and so he could not attend this meeting. SS highlighted that Finance Recovery Sub Committee is a Sub Committee of the Finance Committee and was put in place at the start of the ICB. SS advised the Committee that there has been an agreement to broaden the scope of existing forums. SS informed the Committee that at the Finance Recovery Sub Committee on Tuesday this week it was agreed that the Sub Committee would have its scope extended to now become the Finance and Performance Sub Committee and now work was being undertaken to amend the membership and content. KK raised a query in relation to section five, responsibilities, does something need to be added about the Sub Committee recommending to the Finance Committee where additional finance might be required to support a CIP or QIPP. IC advised that Committee that a discussion has taken place outside of the meeting where a diagram is provided which explains the governance, not just in terms of finance but where items are approved. KK felt that this would be useful. **GM ICB Finance Committee *APPORVED* the following recommendations as outlined in the report:** • **Consider the proposed changes to the Terms of Reference for the Finance Recovery Sub Committee** • **Consider whether any amendments are required to the proposed Terms of Reference.**
10.	**Step Down Funding Update** KR informed the Committee that the paper has come to this meeting for noting and to show

	members how the late fund was utilised since it was received in late January 2023. KR noted that this was a different type of funding, as the funding needed to be claimed or drawn down based on the ICB submitting evidence that it had been utilised appropriately to improve patient flow and discharges. KR added that daily updates were required to NHS England. **GM ICB Finance Committee *NOTED* the Step Down Funding Update**
11.	**Review of the 2023/24 Finance Committee Workplan** IC asked the Committee Members to advise him in the coming weeks of any additional areas they would like to be discussed at future meetings, so that they can be added to the 2023/24 workplan. SB felt that it would be interesting to see what synchronicity there is between the Quality and Performance workforce plan and the Finance plan so there is no double up of work. SB felt that this would be more for the Board to sort out than Finance Committee. SS advised the Committee that much of the work plan will be driven by items which are needed to be discussed throughout the year. **GM ICB Finance Committee *NOTED* the Review of Workplan 2023/24**
12.	**Review of Future Meeting Dates** IC informed the Committee that the meeting dates are currently in the diary, but the timings are not in place for all meetings which are scheduled. IC advised that these will be confirmed as soon as possible, and invites will be sent out. KK noted that later in the year the meeting dates will be changing to a Tuesday, and this should ensure there are no clashes going forward. SS advised the Committee that a full schedule of all Board and Committee meetings has been requested so that there are no clashes in future. **GM ICB Finance Committee *NOTED* the Review of Future Meeting Dates**
13.	**Any Other Business** No other business was raised, under Part A of the agenda.
14.	**Date and Time of Future Meeting** 25th May 2023, 2:00pm-3:30pm

NHS
Greater Manchester
Integrated Care

Minutes

Greater Manchester Audit Committee

Date: Monday 13th March 2023

Time: 11.30am – 1.00pm

Venue: Mersey C, 3rd floor, 3 Piccadilly Place, Manchester, M1 34BN

MEMBERS:		
Richard Paver (Chair)	**RP**	Non-Executive Director, Audit Committee Chair
Shazad Sarwar	**SSa**	Non-Executive Director, Chair of People & Culture and Remuneration Committee
ATTENDANCE:		
Chris Gaffey	**CG**	Associate Director of Corporate Services
Paul Bell	**PB**	Senior Anti-Fraud Manager, MIAA
Louise Cobain	**LC**	Executive Director - Assurance, MIAA
Darrell Davies	**DD**	Regional Assurance Director, MIAA
Perminder Sethi	**PS**	Grant Thornton
Ben Galbraith	**BG**	Finance Programme Director
Tom Conyers	**TC**	Programme Lead PMO (Item 1-7 only)
Jenny Noble	**JN**	Board Secretary
Kathy Roe	**KR**	Deputy Chief Finance Officer
Andrew Bidolak	**AB**	Senior Resilience Manager (Item 7 only)
Patrick Kelly	**PK**	Interim Project Team – Finance and Governance
APOLOGIES:		
Kaye Abbott	**KA**	Head of Financial Control

Item No.	Item
1.	**PART A** **Introductions and Apologies (Chair)** It was noted that apologies had been received from: Kaye Abbott It was noted that the meeting was quorate.

	Attendance Matrix RP noted that this was for information.
2.	**Declarations of Interest/Conflicts of Interest (All)** There were no declarations or conflicts of interest declared.
3.	**Minutes of previous meeting held 24th January 2023 (Chair)** **Matters Arising from the previous minutes** No items were discussed. **The Audit Committee *APPROVED* the minutes from the previous meeting held on the 24th January 2023.**
4.	**Action Log (Chair)** As agreed at the previous meeting the action log is now reviewed and managed offline. BG would liaise with leads regarding actions and the action log would be kept up to date by BG/AB. RP noted the need to seek an update on the Committee membership from HR **ACTION #34: BG – Seek an update on the Audit Committee membership from HR.** **The Audit Committee *APPROVED* the Action Log**
5.	**Draft Head of Internal Audit – Interim Opinion** DD informed the Committee that the current update document provides assurance to NHSE that an Internal Audit process is in place which will allow for an annual opinion to be provided. DD also confirmed that the update document outlines initial proposals for the 2023/24 Internal Audit plan, which aligns to the three-year strategic plan, ensuring that core areas were covered. SSa noted that Equality, Diversity, and Inclusion was not covered by the 2023/24 plan but, whilst recognising concerns that EDI needed to have a deep dive at some level soon, he recognised that the draft is flexible whilst the organisation is still in transition. RP asked in terms of outstanding work for next year's plan, whether there were any other delays. DD confirmed that all other areas were in progress, and he was confident that all the other areas of work would be achieved in the relevant timeframe. **ACTION: BG - Ensure that Executives talk to Committee Chairs, to identify possible priorities for the 2023/24 Internal Audit plan which might address areas of concern around assurance.** **The Audit Committee *NOTED* the Draft Head of Internal Audit Opinion.**
6.	**Draft 2023/24 Draft Internal Audit and Counter Fraud Plans** PB informed the Committee that the Fraud Risk Assessment and intelligence Report has been prepared based on national requirements, national and local fraud intelligence and that ICB Executive Team feedback has been incorporated into the report.

	PB advised the Committee that the Report represented approximately 75% of the planned activity and that it prioritised areas such as personal health budgets, cyber enabled fraud, payroll etc. PB advised that a future presentation to the Committee would show an updated plan, covering additional areas such as the NHS three-year strategy which is being launched in April 2023. PB summed up this point by stating that the forthcoming strategy will define fraud responsibilities at NHS and ICB level, as currently there is a lack of clarity in some areas, for example, Primary Care. RP enquired whether the activity being undertaken is reflective of that experienced by other ICBs. PB advised the Committee that in the absence of specific ICB NHS Counter Fraud guidance, MIAA has created a Fraud Risk Assessment Template in conjunction with other ICBs as part of a national Counter Fraud Subgroup. SSa enquired that whether, in the absence of specific ICB NHS Counter Fraud guidance that generically other ICBs are similar, and if so, that there would be learning opportunities. PB confirmed that there is an ICB Counter Fraud Subgroup where intelligence is shared, and this is enhanced by MIAA which represents the three North West ICBs. SSa enquired whether the Executive lead responsibility should be shared, since there are People Officer items covered in the report, specifically around training and awareness. PB confirmed that SS is the Accountable Executive Lead for Counter Fraud in the ICB, however additional detail could be highlighted in terms of responsibilities of the operational lead. PB highlighted that risks are identified in the IA section which are not included in the work plan for this year are identified on the last page of the document. RP felt that in principle this was a good document but highlighted the areas which haven't been included and queried if it was possible to include them at a later date. LC felt that the plan would need to be risk assessed. KR informed the Committee that constant challenges may arise going forward due to the various issues facing the ICB. KR advised the Committee that there are priorities to go to should the opportunity arise to do these. BG enquired as to the extent that there are other deferred items included in the plan. PD confirmed that all the deferred items for 2022/23 were included in the 2023/24 plan. SSa suggested a deep dive around EDI this year and the People and Culture Committee could assist with this. BG queried if this was an Internal Audit task for this year, or an officer task for this year and then an Internal Audit task for next year. BG felt that there was some work to be completed outside of the meeting around counter fraud but asked when the assessment was due. PB confirmed that the submission is due at the end of May 2023 and noted that component three of the return is the most important part of the submission, which was due to be started imminently. BG enquired on levels of performance in relation to the May 2023 deadline for submission. PB confirmed that everything is on track.

	The Audit Committee *NOTED* the Draft 2023/24 Internal Audit and Counter Fraud Plans.
7.	**EPRR / Cat 1 Responder** RP informed the Committee that this was a question he had raised in terms of how prepared the ICS is for its EPRR responsibilities and its designation as a Category 1 Responder. AB informed the Committee that, as indicated to his report, the ICB has partial compliance ratings across the EPRR standards, resulting in the need for the organisation to declare itself non-compliant with those standards, but that work is ongoing towards full compliance. AB assured the Committee that whilst the organisation is currently reliant on legacy EPRR arrangements, it has drafted ICB specific EPRR and Business Continuity Policies, which are being informed and developed to incorporate learnings from events such as the current NHS workforce disputes. SSa enquired as to what learnings from the current Junior Doctors dispute, have been captured. AB advised the Committee that the ICB's on-call programme has been amended to facilitate the national directive to have updates every two hours during the duration of the strike action. RP appreciated the actions being taken in relation to pre-planned responses but enquired as to learnings being taken in relation to emergency responses to events such as the Manchester Arena Bombing as outlined in the recent report concerning that event. AB advised the Committee that one of the main findings from the Arena Bombing Report highlighted that organisations would benefit by encouraging staff to attend and be engaged in training exercises and that there are a number of these planned with a three-day national power outage incident exercise occurring soon. AB advised the Committee that the partial compliance against core standards was focused on Business Continuity aspects as opposed to Incident Response (EPRR). The reason for this is mainly because the organisation is still in transition and that structures are to be confirmed, so it is not appropriate to finalise EPRR arrangements until there is more clarity on the structure. RP noted that the Committee will revisit this area in due course as the organisation moves towards compliance over a reasonable period. **The Audit Committee *NOTED* the EPRR / Cat 1 Responder update.**
8.	**Board Assurance Framework (ICB Strategic Risks)** TC sought clarification from the Committee as to the level of risk detail required to be reported to the Committee. RP informed the Committee that, under the current Committee TOR, the role of the Audit Committee would appear to be a requirement to scrutinise Strategic Risks and mitigations contained in the Risk Register, whilst ultimately the Board has responsibility for scrutinising

	the Board Assurance Framework. RP highlighted that the current Risk Register shows that there are no risks currently assigned to the technology section and queried if it was a case of risk reviews have not taken place on this area. RP continued his observations by recommending that the risks are separated into risks where control is largely external to the organisation and ICB internal risks where the organisation does have a level of control. TC advised the Committee that the PMO team are strengthening links between risks and complaints and advised that Locality Board risks should now start to feed into the process following Locality Board establishments. TC noted that risk managers across the NHS share knowledge to ensure other ICB learnings are incorporated as best practice. SSa noted that Strategic Risks and mitigations should be addressed at Committee level, where risk scoring can be reviewed before these are considered by the Audit Committee. SSa highlighted the large system structural risk and noted that some of the additional risks linked may not yet be visible to providers, and this needs to be addressed so that a constructive discussion can then take place. TC advised that these wider risks do form part of the risk conversations which are being undertaken. RP noted that the current approach does not reflect the current risk score pre and post mitigation, in addition to reflecting the trajectory towards the target and reviewing wider emerging risks and that these developments need to be taken forward. BG raised a query relating to the information provided in a table on page 54 which the oversight is that JPDC, which are System Boards rather than ICB groups, BG felt that we needed to have ICB owners for these. BG noted that Executive Team is detailed in the table outlined above, but Executive Team is not a formally constituted group. TC advised that this a reflection of where the best homes for these risks are and the team will make the appropriate changes as required. **The Audit Committee *NOTED* the Board Assurance Framework (ICB Strategic Risks) and would report to the forthcoming Board meeting that changes to the Committee's Terms of Reference should be made to include a more significant role in relation to Risk Management.**
9.	**Freedom of Information (FOI) Process and Controls** CG informed the Committee that the NHS GM now has the statutory responsibility to respond to Freedom of Information (FOI) requests. CG advised that since transition, work has been undertaken centrally, but that locality arrangements have continued in tandem. The GMSS policy has been used centrally whilst locality policies remain in use whilst work continues developing an overarching NHS GM FOI Policy. CG assured the Committee that FOI regulations are standard, so there is little scope for variation in interpretation between the current central and locality policies. CG highlighted the performance against 156 FOIs received centrally, 27 of which were not responded to within the 20 working days requirement. CG advised the Committee that the team are trying to get interim arrangements in place for managing the central mailbox. CG noted the following next steps to the Committee: ▪ To get Interim arrangements in place

	▪ Redirection of locality inboxes into one central point ▪ Finalise FOI policy for the organisation. SSa asked if it would be possible to receive details of which localities the FOIs have been received from and how we have responded to them to see if there is any variation across the localities. CG advised that the data received is what has been received centrally, in terms of localities it's not an ideal picture now as there may be double counting and it will a much better system once all localities' inboxes are redirected into one central inbox. RP requested further detail in relation to the FOI breaches to understand which have not been responded to within the 20 working day response timescales. CG agreed to provide further analysis and information on the reported breaches and reasons for the delay. RP felt that the publications scheme would assist with the requirement to respond to all FOIs and that once the function is working as intended, the Committee would like to see a revised presentation. **ACTION: CG – to share details of the 27 FOI breaches with the Committee after the meeting.** **ACTION: CG – to develop an FOI publication scheme and bring to Committee for approval.** **ACTION: CG – to return to Committee with a revised presentation once the steps outlined in this presentation have been undertaken and the function is performing as intended.** **The Audit Committee *NOTED* the Freedom of Information (FOI) Process and Controls update.**
10.	**Statutory Publication Requirements** CG informed the Committee that the Freedom of Information (FOI) Act requires all public authorities to produce a Publication Scheme that specifies the classes of information which the public authority publishes or intends to publish. CG continued to explain that the information provided with the appendices of the report to this Committee identifies the Publications scheme which the ICB follows. CG highlighted the need and intention to formally publish this on the ICBs website in due course. CG advised the Committee that section 2.2 of the report sets out the seven different classes of information which the ICB should provide. CG and JN committed to reviewing the ICB's website in conjunction with the Communications and IG Teams to ensure it aligns with the Publication Scheme, identify gaps, and address any accessibility issues. RP felt that making things accessible on the website is something which needs to be worked on. RP also highlighted that some meetings on the website only have agendas provided, with no papers included. SSa sought clarification as to when the work will be completed or whether a timeline can be provided at a future meeting. • **ACTION: CG / JN – to develop an implementation timeline covering actions to**

	be undertaken in relation to improvements required for both the FOI Process and Controls and the Statutory Reporting Requirements. **The Audit Committee *NOTED* the Report on Statutory Publication Requirements.**
11.	**GT – Progress Report and Sector Update** PS informed the Committee that the Audit Progress Sector Update Report was provided for information purposes but wanted to highlight the following areas of work to the Committee: ▪ Undertaking audit of 6 legacy CCGs ▪ Mental Health Information Standards (MHIS) ▪ Planning for the ICB audit RP enquired as to where specific MHIS delays were occurring. PS advised that delays were a combination of delays receiving the information in addition subsequent processing delays once the information has been received by Grant Thornton. RP queried the problems of pension disclosure which still appears to be unresolved on and asked if there is a solution in sight. PS confirmed that this has not progressed at a national level since the previous meeting and that GT was trying to finish all the substantive testing for the CCGs which can be completed by the end of March / early April 2023. PS noted that all the firms have been talking to each other and confirmed that KPMG will be adopting a similar approach for the four legacy GM CCGs they are covering. **The Audit Committee *NOTED* the GT Progress Report and Sector Update.**
11a.	**Any other business** CG highlighted that future meeting dates will need to be checked to ensure they align with annual report sign off.
12.	**Date and time of future meetings** The following dates are now in diaries for future meetings: • 20 April 2023 • 07 June 2023 – to sign off the 10 CCG Accounts and Annual Report (TBC) • 15 June 2023
13.	**PART B (PRIVATE)**

NHS
Greater Manchester
Integrated Care

Minutes

Greater Manchester Audit Committee

Date: Thursday 20th April 2023

Time: 11.00am – 12.00pm

Venue: Lostock A&B, 3rd floor, 3 Piccadilly Place, Manchester, M1 34BN

MEMBERS:		
Richard Paver (Chair)	**RP**	Non-Executive Director, Audit Committee Chair
Shazad Sarwar	**SSa**	Non-Executive Director, Chair of People & Culture and Remuneration Committee
ATTENDANCE:		
Sam Simpson	**SS**	GM ICB, Chief Financial Officer
Ben Galbraith	**BG**	GM ICB, Finance Programme Director
Kaye Abbott	**KA**	GM ICB, Associate Chief Finance Officer – Financial Control
Izhar Chaudhary	**IC**	GM ICB, Associate Chief Finance Officer – Financial Governance
Chris Gaffey	**CG**	GM ICB, Associate Director of Corporate Services
Alistair Ross	**AR**	GM ICB, Senior Finance Manager - Financial Accounts
Jenny Noble	**JN**	GM ICB, Board Secretary
Stuart Moore	**SM**	Head of Market Management and IT Procurement
Darrell Davies	**DD**	MIAA, Regional Assurance Director
Paul Bell	**PB**	MIAA, Senior Anti-Fraud Manager
Perminder Sethi	**PS**	Grant Thornton
Sarah L Ironmonger	**SLI**	Grant Thornton
Debra Chamberlain	**DC**	KMPG, Director
Patrick Kelly	**PK**	Finance Support (Minute taker)
APOLOGIES		
Neil Thwaite	**NT**	Greater Manchester Mental Health Foundation Trust, Chief Executive
Louise Cobain	**LC**	MIAA, Executive Director - Assurance

Item No.	Item

1.	**PART A** **Introductions and Apologies (Chair)** It was noted that apologies had been received from: Neil Thwaite and Louise Cobain It was noted that the meeting was quorate. **Attendance Matrix** RP noted that this was for information.
2.	**Declarations of Interest/Conflicts of Interest (All)** There were no declarations or conflicts of interest declared.
3.	**Minutes of previous meeting held Monday 13th March 2023 (Chair)** **Matters Arising from the previous minutes** DD pointed out some corrections required to the minutes, noting that: • Section 5 states Draft Head of Internal Audit Interim Opinion, where the first paragraph relates to the discussion around the Opinion, but the second two paragraphs relate to the discussion of the Audit Plan and • Section six, states Draft Internal Audit Plan, however there is no reference to the Internal Audit Plan in that section. **The Audit Committee *APPROVED* the corrected minutes from the previous meeting held on Monday the 13th March 2023.**
4.	**Action Log (Chair)** CG advised the Committee of progress against actions due for completion by the 20th April: Action # 34 – The process to identify additional Audit Committee Members. CG advised the Committee that a timeline is being developed to bring outputs back to the Committee and in the meantime, efforts continue to develop the Independent Member Job profile. SSa noted his preference for the new members not to be described as Associate NEDs because this title makes them sound like they are part of the Board, as opposed to being Independent Members of the Audit Committee. SSa advised the Committee of his preference for the new members to be referred to as Independent Members and that they are not necessarily selected from ICS partner organisation, but, as a priority, members who can bring relevant independent experience. RP confirmed to the Committee, that the intention is to recruit truly independent people who have no connection with health, but perhaps a member of a Trust Audit Committee, who could provide the necessary System experience. RP noted his preference that the Independent Member would be remunerated, but not the member from a Partner Trust. SS advised the Committee that Non-Executives only get paid for work undertaken and that there is a point to note about career path progression for these roles, with expectations that experience is there from day one. SSa noted that he would expect to see the recruitment come through the Renumeration

	Committee in due course. SLI noted that there is a trend to see an increase in Independent Audit Committee members within the Healthcare, Police and Housing sectors. RP noted that arrangements for the recruitment process are ongoing. Action #35 and #36 – The Annual Report and Accounts. CG advised the Committee that these items are presented to the 20th April meeting and are now closed. Action #40 - Ensure the Executives talk to Committee Chairs and confirm priorities for the Internal Audit Plan. CG advised the Committee that conversations had taken place which informed those priorities, and this action is now closed. Action #41 To share the details of the 27 FOI. CG advised the Committee that these details had been shared on the 20th April and he invited feedback on these. CG also noted that dedicated FOI Interim arrangements resource will be in place within the coming week. Action #46 RP noted his belief that the Freedom to Speak Policy is not appropriate as a Whistleblowing Policy, because it is entirely targeted at staff and for good reason. RP requested the production of a separate outward facing Whistleblowing Policy as an action and noted that there are some excellent examples in the wider Public Sector which can be quickly adapted for the purpose. **ACTION #46: CG – To develop an outward facing Whistleblowing Policy.** **The Audit Committee *APPROVED* the Action Log**
5.	**Internal Audit Progress Report** DD informed the Committee that high-level findings from work which has been completed is set out on page three of the Internal Audit Progress Report. DD informed the Committee that six elements of work have been finalised along with some reviews currently at draft reporting stage, including the following items that are key for the final version of the Head of Internal Audit Opinion Report, which is due for submission on the 30th June: • ESR (Draft Report Issued – Substantial Assurance), is planned to have Executive Lead sign off within the coming week. • Assurance Framework (Draft Report Issued – Partial Compliance with NHSE/I requirements) is awaiting some final comments and should be resolved within the coming week. • Financial Systems (Fieldwork – Needs to be completed for final opinion) is a substantial assurance being completed imminently. • Data Security and Protection Toolkit, consists of two phases, covering April, May and June, prior to the submission being made and no problems are envisaged with achieving a timely submission at this stage. DD informed the Committee that good progress on delivery of core reviews required for the Head of Internal Audit Opinion Report can be seen in the full management summary with recommendations, contained on pages six and seven of the report.

	DD informed the Committee that the core areas are highlighted, with only the Key Financial Systems work requiring completion at the time of writing the report. DD advised that, whilst a number of the items under review had positive assurance, there are some which he would like to mention at this time: DD advised the Committee that the Board Appointments Review attracted a limited assurance and Executive Lead progress reports on implementing the agreed actions is awaited. DD explained to the Committee that whilst the full Board was appointed pre and post creation of the ICB, responsibility for ensuring that Board Members are of suitable character and pass a fit and proper persons test now sits with the ICB. DD outlined to the Committee that whilst a formal recruitment process was followed at the time, there were a number of tests that hadn't been completed. DD highlighted to the Committee that the HR team were unaware of their responsibility to carry out one test, which was to check that no Board Member had been struck off from being a member of a charity. DD also pointed out to the Committee that assurances from employers of Partner Board Members, confirming that those Members have been subjected to a fit and proper test have not been obtained. DD noted that the assurance was sought some months after the ICBs creation, displaying the absence of monitoring for fit and proper persons on a regular basis. DD advised the Committee that the ICB needs to have those assurances to avoid potential instances of significant reputational damage. DD advised the Committee that the report makes a series of recommendations, all of which have been agreed to by management, with an August 2023 implementation deadline and that those actions will form part of the 2023/24 Audit Plan. BG noted that the review was requested by HR, and that they recognise their potential weaknesses. RP noted the issue concerning engagement with Localities in relation to the Primary Care Contracting Review and requested that SS advise those areas who are subject to Internal Audit Reviews of the requirement for a prompt response to MIAA questions. SS advised the Committee that this should not be happening, but that if it does, it should be escalated to SS, and preventative action is being taken to avoid any reoccurrence, covering both Internal Audit and Fraud Reviews. DD confirmed that both he and PB are presenting a joint Internal Audit and Fraud presentation at a meeting with Localities on the 20th of June 2023 and that either BG or IC will also attend to emphasise the message. SSa advised the Committee that he would address the Board Appointment issue, relating to the annual fit and proper test at the next People and Culture Committee meeting, and that it is right and appropriate for the Audit Committee to escalate this matter to the People and Culture Committee. DD advised the Committee that a detailed, non-assurance review of the Data Security Protection Toolkit Return (DSPTR) was requested by the IT team, consisting of the provision of support in preparation for the Return which is to be submitted on the 30th June.

	DD advised the Committee that the review identified 58 areas for action, 31 of which form part of the DSPT, and 27 areas allocated to the 2023/24 plan. DD advised the Committee that a Core Controls Phase Two Review has been undertaken, which has a key impact on the Internal Audit Opinion relating to the Risk Management Governance and Conflict of Interest Checklist. DD confirmed that the review identified 16 actions to be addressed by the 31st March 2023, 11 of which remain in progress and will be followed up and reported back to the Committee during 2023/24. RP noted that the report contained several recommendations and enquired as to the arrangements in place to follow up on these? RP also noted that several of the recommendations related to different Committees and enquired how these actions would be escalated to those relevant Committees and be addressed there where appropriate. SS confirmed to the Committee that additional systems are being put in place during 2023/24 to address the recommendations outlined in the report. SS noted that implementation of these actions will require a coordinated effort involving BG, IC and CG to ensure that actions meet the expectations of the Chairs for those Committees. BG confirmed that resources are currently being allocated to facilitate implementation of the required actions. SS advised the Committee that DD and his team were welcome to provide recommendations of best practice from other organisations to assist in the implementations where they are deemed necessary. **The Audit Committee *NOTED* the Internal Audit Progress Report.**

6.	**The Anti-Fraud Services Annual Report 2022/23**
	
	PB clarified that the report presented to the Audit Committee is the Anti-Fraud Services Annual Report 2022/23 and not a progress report and he drew focus to the following key aspects of the report:
	
	PB advised the Committee that 2022/23 was the baseline submission of the Functional Counter Fraud Functional Standard Return (CFFSR) for the ICB and that the report indicates where the ICB stands at the end of March against the 13 aspects that need to be reported on the return.
	
	PB noted that the ICB rated green on eleven areas whilst the remaining two items have the following status:
	• The Fraud bribery and corruption risk assessment
	  ○ PB advised the Committee that he is completing the fraud risk assessments based on assessing referrals for consideration as risks and is confident these items will move to green before the submission deadline of the 31st of May.
	• Policies and registers for gifts and hospitality and COI
	  ○ PB advised the Committee that Conflict of Interest and Declarations of Gifts and Hospitality have yet to meet the 80% green compliance rating.
	
	PB advised the Committee that he will populate the electronic submission, and this will

	need to be authorised by SS and RP. PB advised the Committee that in the nine months to the end of March 2023 there were eleven referrals received for investigation from the antivirus specialist, resulting in four investigations which are described on page forty-nine of the pack. PB advised the Committee that, of the four investigations, one was carried over from a CCG, two were opened and then subsequently closed and one was under was active investigation on the case management system. PB advised the Committee that in response from a recent query from SSa, enquiring as to how the first nine months of the ICB compared to the former CCGs, PB disclosed that the CCGs had thirteen referrals and four case, whereas in the first nine months of the ICB there were eleven referrals and four cases. PB further disclosed to the Committee, that in the in the first two weeks of April 2023 there were a further three referrals, which will form part of the 2023/24 report. PB further advised the Committee that referrals for this ICB are double the number of referrals received for the other ICBs in the region. PB also advised the Committee that the referrals are coming through from a variety of sources, covering Localities and the central ICB and that this should be seen in a positive light as being from a variety of sources. **The Audit Committee *APPROVED* the Anti-Fraud Services Annual Report 2022/23.**
7.	**Internal Audit Plan 2023/24** DD asked the Committee to consider the proposed Internal Audit Plan for 2023/2024 for approval. DD advised the Committee that the outline plan was presented to the previous Audit Committee and considered by colleagues on the Executive Team. DD also advised the Committee that Committee Chairs who are not represented at the meeting today were consulted on the content and priorities of the of the Internal Audit Plan. DD advised the Committee that the plan remains unchanged in terms of the proposed Internal Audit coverage and quoted fees outlined in the paper presented to the previous Audit Committee meeting. RP noted that the ICB was still evolving, however this is covered by some level of contingency within the plan. RP also noted the possibility of a system wide piece of work relating to finance and performance which was additional to the Internal Audit Plan presented to the meeting. DD advised the Committee that MIAA is looking a Place Based piece of work across each ICB System within the Northwest region. DD advised the Committee that data sharing arrangements were being developed to assist this work and that outputs will be brought back to the Committee so that any GM specific areas of risk can be addressed. SSa enquired whether the GM ICBs Internal Audit coverage is similar that covered in other ICBs or are there differences in approach which need to be considered. SSa clarified to the Committee that he was referring, for example to the Freedom to Speak Up Policy and to the GM Anti-Fraud performance. DD advised that the GM ICB Internal Audit Plan is broadly similar to those of ICBs across

	the Region, whilst reflecting some variance according to organisational risks and priorities. DD confirmed that he would enquire whether the Freedom to Speak Up Policy features in the Internal Audit Plans for the other two ICBs within the Region. SS advised the Committee that the ICB had the advantage of MIAA covering work across the Northwest Region and that there is an evolving network across the 42 ICSs at CFO and other levels which allows for cross ICB comparisons. RP noted that the Freedom to Speak Up Policy is an internal process which has a high profile with the GM ICB Chief Executive and there is an expectation that Internal Audit ensures that the management process is in place. SS observed that consideration is required to decide the appropriate timing of Internal Audit Assurance Reviews, whether these should be undertaken at commencement of a service, to inform the correct process, or whether you set the service up and then undertake the review to provide assurance on the process. IC further noted that the Workforce Plan Review is scheduled to be undertaken in quarter one and enquired whether the timing of the review should be reconsidered because of the workforce issues discussed earlier in the meeting. SS noted that the Workforce Plan Review is broader than just for the ICB as it covers the wider Place arrangements, and this can be challenging to align from a planning perspective. DD accepted the point relating to timing and confirmed that he would confirm with JW whether this timing of this review should be reconsidered. **Action #47: DD to enquire whether the Freedom to Speak Up Policy features in the Internal Audit plans for the other two ICBs within the Region.** **Action #48: DD to confirm with JW whether the timing of the Workforce Plan should be rescheduled.** **The Audit Committee APPROVED the Internal Audit Plan 2023/2024**
8.	**Informing the Audit Risk Assessment for GM ICB 2022/23** KA advised the Committee that the Informing the Audit Risk Assessment 2022/23 presented to the Committee contained responses to queries raised by Grant Thornton, and the paper describes how the ICB has addressed those queries. KA advised the Committee that the Assessment covers several sections, including, General Enquiries of Management, Fraud, Laws and Regulations, Related Parties, Going Concern and Accounting Policies. KA advised the Committee that several colleagues were involved in generating the responses and the Assessment has been signed off by management and each response has been reviewed by RP. KA asked the Committee to consider whether the document is consistent with the Audit

	Committee's understanding and whether there are any additional comments that the Committee would like to make to the Audit Risk Assessment? RP confirmed that he had raised several queries, which are reflected in the report and noted that the appointment of some external advisors, specifically Carnall Farrar and PWC was signed off by NHSE and funded by the Region, having been requested by the ICB. SLI advised the Committee that the purpose of reviewing the Informing the Audit Risk Assessment was to provide the Committee with assurance that all the relevant information has been provided to Grant Thornton. **The Audit Committee *APPROVED* The Informing the Audit Risk Assessment for GM ICB 2022/23**
9.	**MIAA Internal Audit Charter** DD advised the Committee that it is a requirement under the Public Sector Internal Audit Standards that the Internal Audit Charter is shared annually with the ICB. DD noted that the Charter sets out the roles and responsibilities of MIAA and the ICB and that compliance is reported against the Public Sector Internal Audit Standards as part of the Head of Internal Audit Opinion. **The Audit Committee *NOTED* the MIAA Internal Audit Charter.**
10.	**GRANT THIRNTON External Audit Plan for the GM CCGs and The NHS GM ICB External Audit Plan for 2022/23** SLI advised the Committee that the final version of the GM CCG Audit Plan updates the draft version presented to the January meeting of the Audit Committee. SLI added that the summary on page 132 of the pack confirms the materiality values used are consistent with those used in the prior year. SLI informed the Committee that the GM CCG Audit Plan includes the Mental Health investment Standard (MHIS), fees for both the ICB and the CCG's. SLI noted that some CCGs had accrued for the MHIS fees in their 2021/22 accounts, whilst other CCGs had accrued for the fees in their 2022/23-part year accounts and whilst, this is not overly concerning to management, GT is required to report on this. SLI informed the Committee that the CCGs had appointed GT to undertake some small healthcare advisory assignments, as outlined on page 168 of the report. SLI noted that these assignments are reported for completeness, and they are not ongoing. SLI advised the Committee that one of the assignments was for the provision of executive coaching at a Provider organisation and the other was the development of a potential business case. SLI informed the Committee that The National Audit Office is very clear that it does not want ICB auditors undertaking advisory work with Providers within those ICB Systems, however these assignments are not considered to be significant enough to be a conflict. **The Audit Committee *NOTED* the External Audit Plan for the GM CCGs and The NHS GM ICB External Audit Plan for 2022/23**

11.	**Risk Management Report** CB advised the Committee that the Risk Management Report sets out the proposed role of the Audit Committee in relation to Risk Management and he asked the Committee to approve the Report for recommendation to the Board for approval. CB informed the Committee that the proposals are shown in paragraph 1.2 and describe, among other roles, the ability to undertake deep dives into the Risk Register or specific risk items on the Register where appropriate. CB informed the Committee that if the Committee approves the proposal and it is accepted by the Board, then the risk team will provide a regular report, to the Audit Committee, covering items including deep dives and horizon scanning. CB noted that section two of the paper provided assurance to the Committee that gaps identified in previous Risk Register Reports to the Committee are being addressed and will be reported to future Audit Committee meetings. RP noted that the Risk Register has been discussed at several Committee meetings and that the paper presented hopefully reflects a consensus of broader role of the Audit Committee in terms of risk management. RP added that the Audit Committee needs to be the workhorse for risk on behalf of the Board and that the Board and that the Audit Committee may, in the future consider a proposal to broaden the scope of the Audit Committee to become the Audit and Risk Management Committee, which is a common approach taken in other organisations. SSa confirmed his agreement that the Audit Committee may consider a future proposal to rename the Committee to be reflective of its true purpose. SS expressed her thanks to CG for preparing the report and the work undertaken with the risk team. **The Audit Committee *APPROVED* the Risk Management Report.**
12.	**Draft Internal Audit Annual Report and Head of Internal Audit Opinion 2022/23** DD informed the Committee that the Draft Head of Internal Audit Opinion is presented to the Committee for initial consideration, prior to being submitted with the draft Annual Accounts by the 27th April. DD noted that the final opinion will be submitted by the 30th June. DD informed the Committee that the Interim Head of Internal Audit Opinion has been reviewed at previous Audit Committee meetings and was based on assurance reviews and subsequent implementation of recommendations from those reviews, undertaken throughout the year as part of the Assurance Framework. DD advised the Committee of several reports awaiting finalisation prior to submission of the draft Opinion on the 27th April, but noted that that, whilst these items will be finalised before the final Opinion submission on the 30th June, he did not envisage them impacting on the overall moderate opinion, which is a positive assurance, but reflects that the organisation, as would be expected, is progressing in the development of several of its arrangements at

	this current time. DD added that he believed that the ICB are slightly ahead of other ICBs that MIAA work with, because the Internal Audit Plan delivered a wider range of reviews, in addition to the core elements, thus providing a broader base on which to form the opinion. DD updated the Committee on the compliance that MIAA has with the Public Sector Internal Audit Standards were there is independent assessment against those Standards to provide the ICB with additional assurance. DD advised that the Compliance document would be provided to the ICB in the coming week, allowing sufficient time for the ICB to send it to NHS England with the other documents. SS noted that whilst the ICB would want to be at as high an assurance level as possible, that some of the limited reviews, positively reflect who the ICB wanted to review more than just the core elements and make full use of the appropriate Internal Audit. SS noted that she is used to having substantial and full assurance on key financial systems, and reflected that, whilst she recognised that the ICB is in transition, she would expect substantial and full assurance going forward. RP noted that the commentary on the Assurance Framework reflected the conversations he has had with MIAA regarding the role of the Audit Committee and the level of work to be undertaken, but that he believes that the ICB is making good progress. **The Audit Committee *NOTED* the Draft Internal Audit Annual Report and Head of Internal Audit Opinion 2022/23**
13.	**Standing Items:** • Debtors Update ○ KA advised the Committee that the total level of debtors at the 31st March was £41.3m, of which £1.2m, or 3%, is over 90 days, split into £.7m for non-NHS Providers and £.5m for NHS Providers. KA advised the Committee that the £.5m will be chased up through the Agreement of Balances exercise and it is felt that the £.7m, including Local Authority, debt is low risk, so these debts will continue to be chased. RP questioned whether the Local Authority debt arose from disagreements or whether it reflected timing issues in relation to processing invoice. KA advised the Committee that that appears to be a delay with Local Authorities processing invoices. RP questioned why the GM Mental Health NHS Trust debt appeared to be high relative to other organisations. AR advised the Committee that the debt related to a GMSS IT transaction and is being progressed. SS advised the Committee that the ICB addresses a range of areas with the Providers and that these are addressed under performance management arrangements. • Losses and Special Payments ○ KA advised the Committee of one transaction relating to lost laptop, which was an old device, fully depreciated, with no replacement value and no cost incurred, so there would be no disclosure in the accounts. KA further

	advised the Committee that IT have checked the laptop and it has been disabled and is not accessing the network, so there is no risk in that respect. • Tender Waivers ○ SM advised the Committee that the ICB had 36 Waivers in the period between the 18th January and the 31st March, with the following distribution: five for Health and Justice, 8 for IT, five for Population Health and five for Primary Care. SM advised the Committee that the volume of waivers had reduced, through actions such as suggesting frameworks, contract variations, et cetera. SM also advised the Committee that there has been a change in the forms and utilisation of the STAR process, in addition to increased education in relation to procurement options available other than waivers. SS thanked SM for the leadership and work undertaken in developing a robust process and hoped to reach a position where the numbers of waivers continue to reduce, through awareness, education and training relating to the improved system. RP questioned whether the number of waiver requests arising from Localities had reduced? SM advised that the position in relation to Localities had improved because the Localities can now avail of ICB contracts, which can be varied. SS noted that there are areas in the Localities which need to be improved upon, through engagement with the deputy Place Based Leads. SM advised the Committee that engagement with the Place Based Leads has been undertaken previously as part of the education process, resulting in the waiver forms being changed and the development of a step-by-step process and flow chart, resulting from the feedback obtained. • Use of Corporate Seal ○ No use of the Corporate Seal was recorded. • Conflicts of Interest Guardian ○ There were no items to report. • Board Summary Report ○ IC advised the Committee these reports would summarise items arising from the Committee meeting and form part of a report to the Board. RP noted his uncertainty as to whether the reports would be undertaken. JN noted that the Board Summary Report was reflected in the good practice recommendation from the MIAA Governance Review. CG advised the Committee that a template has been designed. SS noted that the Board Summary is designed to support the Committee Chairs in understanding the summary of Committee meeting content, as an accompaniment to the minutes of the meetings. **The Audit Committee *NOTED* the Standing Items**
14.	**Recruitment of two additional Audit Committee members** Note that this Item was discussed under Item 4 as part of the Action Log update in relation to Action #34.

15.	**Any other business** RP noted that there is a need to review the Workplan as the Agenda is excessive, however he expected the content pressure to ease as the transition from CCG reporting eases. SS advised the Committee that JN is seeking to align Board and Committee Agendas, ensuring that adequate time is allocated, thus allowing time for sufficient scrutiny to take place. SS further advised the Committee that the content, frequency and length of the Audit Committee meetings forms part of this alignment work. RP noted that five meetings during the financial year make more sense than holding four meetings of three hours in addition to the half hour pre meetings. RP also noted that once the work programme has been agreed, he would expect the timing of papers to improve and that late papers, whether from internal or external sources would not be considered, reflecting comments from the ICB Chair, that members should at least get a weekend over which to review papers. SS agreed with the general principle of late papers being rejected generally, whilst appreciating the pressures surrounding year end accounts preparation and reporting timescales. IC noted that if papers are received late, there is insufficient time to read them, allocate the correct Agenda time and running order to accommodate the correct level of scrutiny. RP asked that the workplan is addressed and closed the public meeting. **Action #49: IC to provide a proposed workplan.**
16.	**Date and time of future meetings** The following dates are now in diaries for future meetings: • 07 June 2023 – to sign off the 10 CCG Accounts and Annual Report • 15 June 2023

NHS
Greater Manchester
Integrated Care

Minutes

Greater Manchester Primary Care Commissioning Committee – PART 1

Date: 6th February 2023
Time: 3.00pm to 4.00pm
Venue: Microsoft Teams

Present			
Name	**Initials**	**Position**	**Committee Member Status**
Sarah Price	SP	Chief Officer for Pop Health & Inequalities	Vice Chair
Gary Jones	GJ	Head of Finance	Deputy for Chief Finance Officer
Rob Bellingham	RB	Director for Primary Care and Strategic Commissioning	Director with Primary Care Commissioning responsibility
Caroline Bradley	CB	Locality Head of Primary Care (Manchester)	Delegated Management Oversight Group Representative
Ben Squires	BS	Head of Primary Care (GM)	GM Head of Primary Care
Nicola Hepburn	NH	Director of Delivery and Transformation (Oldham)	Delegated Management Oversight Group Representative
Dharmesh Patel	DP	Chair GM PCPB	Primary Care Provider Representative - Optometry
Luvjit Kandula	LK	Chair GM PCPB	Primary Care Provider Representative – Community Pharmacy
Tracey Vell	TV	Chief Officer GM PCPB	Primary Care Provider Representative – General Practice
Martin Ashton	MA		
Don McGrath	DM		
Anita Rolfe	AR		
Lindsey Bowes	LB		
Jim Rochford	JR		
Apologies			
Mandy Philbin	MP	Chief Nurse	Chief Nurse
Janet Castrogiovanni	JC	Managing Director GM PCPB	GM Primary Care Board Representative
Jonathan Kerry	JK	Ass Dir of Primary Care (Wigan)	Delegated Management Oversight Group Representative
Sam Simpson	SS		
Gill Gibson	GG		
Will Blandamer	WB		
Chloe Chapman	CC		

1. Welcome, Introductions and Apologies	
Sarah Price (chair) welcomed everyone to the meeting, introductions were made and apologies noted.	

2. Declarations of Interest	
No declarations of interest.	
3. Minutes of Previous Meeting and Matters Arising	
Minutes of previous meeting were accepted. Actions Update: • RB gave a blueprint update to the group, highlighting all nine chapters had achieved triumvirate chairing.	
4. Place Based PCC Chair's Reports	
MA presented the reports highlighting the key escalations to the group. Noted that the financial STAR process has been implemented across the ICB for all financial requests above £10'000.	
5. GM Direct Commissioning Contracts Panel Minutes	
BS presented the minutes. Highlighted to the group considerations around relocation requests regarding insufficient NHS premises. Noted that an incorporation request has been denied, potential to escalate to this committee if they respond.	
6. GM Pharmaceutical Regulations Committee Minutes	
BS presented the minutes. Highlighted to the group hand back of pharmacies that currently reside within Sainsbury's stores. Uncertain whether other supermarket providers will follow suit.	
7. Risk Report	
BS presented the risk report. Highlighted three risks to the group. • Risk 31: Risk to the stability and sustainability of the continued provision of high-quality primary care. • Risk 32: Continued COVID-19 impact. • Risk 33: Risk surrounding expansion of additional services on Community Pharmacies. Group discussion over how to monitor risks. Action: Show improvement in risks when updating.	
8. Dental Contract Procurement – Direct Award Proposal	
BS presented paper to group for a decision. Group voted unanimously for option 3 as it was shown to be financially better and offered sustainability within the system.	
9. Revised NHSE Delegation Agreement for Primary Care	
BS/RB presented paper to group. To note implementing learning across the rest of country.	
10. Any Other Business	
• **Date of Next Meeting**	

Group agreed a March workshop to focus on the governance review of GM Primary Care Committees • **Review of PCC Governance** To be covered at the March workshop. • **End of Year Report Planning** A report will be created.	
11. Date and Time of Next meeting	
March 2023, date yet to be agreed.	
PART 2 Meeting to follow (Non-Delegated GM Business)	

NHS
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PART 2 (PUBLIC)

Minutes

Greater Manchester Integrated Care
Quality and Performance Committee

Date: 29 March 2023

Time: 2.45 pm - 4.30 pm

Venue: PP3, Level 3, Mersey B&C / Hybrid

PRESENT		
MEMBERS:		
Dame Sue Bailey	**SB**	Non-Executive Director, **Chair**
Leigh Vallance	**LV**	ICB VCSE representative
Dr Manisha Kumar	**MK**	Chief Medical Officer
Richard Paver	**RP**	Non-Executive Director, Audit Committee Chair
Tracey McErlain-Burns	**TMB**	Patient representative (Healthwatch)
Dr Vish Mehra	**VM**	ICB Primary Care representative
Owen Williams	**OW**	ICB Secondary Care Representative
ATTENDEES:		
Anita Rolfe	**AR**	Deputy Chief Nurse for Quality and Safety
Claire Smith	**CS**	Lead for Nursing and Quality Assurance
Dr Claire Lake	**CL**	Deputy Chief Medical Director
Ed Dyson	**ED**	Director of Performance, Improvement and Assurance
Gill Gibson	**GG**	Deputy Chief Nurse for Quality Transformation
Mike Barker	**MB**	Place-based Lead representative
Kate Provan	**KP**	GM Lead for Patient Safety
Janet Crofts	**JC**	Managing Director, Greater Manchester Primary Care Provider Board
Martin Foster	**MF**	Program Lead for GM Hospices Collabrative
Martyn Pritchard	**MPr**	Provider Collaborative representative
OFFICERS IN ATTENDANCE:		
Rick Thompstone	**RT**	Head of PMO
Elizabeth Sheen	**ES**	Executive Support – Minute Taker
Gaynor Taylor	**GT**	Executive Support – Minute Taker – not present

APOLOGIES:		
Janet Castrogiovanni	**JC**	Primary Care Provider Board representative
Jacquie Wood	**JW**	Patient representative (Healthwatch)
Paula Bennett	**PB**	Chief Nurse (Health Innovation Manchester)
Mandy Philbin	**MP**	Chief Nursing Officer

Item No.	Topic	Action
1.	**Welcome, Introductions and Apologies** The Chair welcomed and thanked everyone for attending the public meeting of the Committee. The Chair noted that the meeting was quorate. The attendance matrix was received for information.	
2.	**Declarations** The Chair noted a declaration of interest from the Chief Executive of Bolton Hospice and Chair of both Manchester Hospices collaborative on agenda.	
3.	**Minutes and matters arising and actions from previous meeting** The minutes of the meeting held on 30 January 2023 and the notes form the developments session were reviewed and approved as an accurate record. The Chair noted that the action log is being managed and that current open actions are picked up within the agenda of this meeting. 2 deep dives will have been completed by close of play today, A&E and Palliative EOL care. There will be a review of these when we have completed 3. **ACTION: RP highlighted from the minutes: A detailed paper on planning for 2023/24 is to be brought to a future Q&P meeting so Committee is sighted on the financial investments linked to quality and performance improvements and can monitor delivery.** **GG – A quality impact assessment (QIA) is being worked on and will presented to the meeting in June**	**ED** **GG**
4.	**Chief Nursing Officer Update** Committee received a report providing key information on the domains of quality and nursing. In particular noting the following: • Rapid Quality review work which is intended to help understand the care needed of people with learning disabilities and how we improve that going forward. • The proposed model of the CQC and how it will review and assess the integrated care systems associated with each ICB. Work is being done on the extension of that assessment to systems and will go to the system quality group. • Elysium Healthcare St Mary's Hospital, Warrington, ASC Breightmet Centre and GMMH all have significant updates. Intensive work has been going on with Breightmet with a view to moving all patients and confirming transition plans. • MBRRACE reports findings were at the December SCN Maternity Steering Group. A further paper outlining the LMNS response to the MBRRACE reports will go to the Maternity Programme Board in March. • Oldham maternity have been reported as requiring improvement by the CQC and Bolton has received a selected inspection, reviewing the CQC Domains relating to 'Safety' and 'Well led' and has received a rating of requires improvement for Safety and Well led. Conversations have been held with both Oldham and Bolton to discuss what the next steps are. Manchester Foundation Trust are currently under inspection and the interim report is likely to be available in 4 – 8 weeks. The remaining maternity units in GMEC will be inspected in the coming year.	

	• Patient safety assurance work progresses on reducing the incident numbers. Greater Manchester ICS is on track to implement the Patient Safety Incident Response Framework (PSIRF) in line with the national standards • Complaints – in the process of aligning the complaint process into the local GM process. In light of the Breighmet update SB raised concerns around the care of patients with mental health conditions and learning disabilities. GG responded that going forward we will be looking at a quality and impatient settings for mental health and learning disability action plan that needs to be carried out over the next 12 months, but also as an ICB we need to look at how we commission services differently. MB highlighted that we have to ensure that providers are working to drive down complaints and improve standards. How are we going to tackle it with providers by doing it through the commissioning process. The localities are not commissioning bodies anymore. How can place leads make sure that that partnership conversation is taking place and what the actual commissioning process is. **Action: An update on mental health and learning disabilities work to come back to the July meeting.** Committee considered the issues and noted the updates as contained within the report.	**AR**
5.	**Performance Update** Committee received a report providing an update on the performance framework and range of performance measures that GM is measured on from a national perspective. The report focuses on new reporting developments and current performance and associated actions. ED provided a verbal overview of the key focus areas from the report. Focusing on the follow: • On the current year performance challenges talk about electives, in that we were on an agreed trajectory to 664 residual 78 week waits by the end of the year, which is outside of the expectation to be zero. We were on track to achieve that. but industrial action has had an impact on that. In terms of NHS England view we can make the connection between what was driven by industrial action and what we would have delivered. • Planning for 2023/24 will be discussed at a Board meeting on the 30th March and will be discussed in more depth. The highest risks identified as part of planning submission are:-- Financial balance, 65-week elective waiting times and mental health – out of area placement. • NHS GM has been moved into segment three of the system oversight framework. This is due to growing concerns and deteriorating performance against key target areas. OW – there has been different experiences as to how providers have approached cancellations in relation the industrial action and going forward we may need to wait a little bit longer before we make decisions around cancellations, particularly of the 78 week waits. As we going to the next round of industrial action we need to look at it from a perspective of what we can continue doing rather than assumptions of what we need to cancel. In reference to the earlier conversation around making the connections to the finance Committee the drive towards the 62 week will have quite significant budgetary impacts as we try to make inroads into this. As an integrated care board and we are not just here to provide oversight but we also need to be identifying that if there is additional	

	fiscal risk to our overall fiscal commitments as a result of meeting elective targets, where does that conversation take place? Is it the role of this Committee to pass that on to the Finance Committee? Committee noted the contents of the report and comments raised.	
6.	**Palliative Care and End of Life focus** Committee received a presentation outlining a Deep Dive on Palliative and End of Life Care, March 2023. We picked up from the development session in February about how constitutional standards guides a lot of the work that we do but recognising that there are not that many, however, it is an essential part of the health and care journey and an important focus in terms of reducing inequalities and managing best practice. The key points from the presentation were: • Look at the system approach to palliative and end of life care with a particular focus on hospice. • Fast track eligibility – this slide demonstrates the growth over the last couple of years. • Fast track analysis • Experience data • Consideration as a GM system • Why Palliative & End of Life Care must be an ICB priority • Hospice care is core NHS provision, provided by charities • Net financial contribution of Hospice services • Strategic context for GM Hospices Collaborative • GM Hospices Collaborative • Risks/opportunities A video was played to the Committee of a service user which demonstrated the impact of Hospice care on individuals and their loved ones. **Action: An update on Palliative Care and End of Life focus and who are the commissioners would come back to a future meeting.** Committee noted the contents of the presentation.	CS
7.	**Quality Assurance Framework** Committee received a report and presentation and were asked to receive and approve the proposed Quality Assurance Framework for NHS GM ICB. This assurance provides the mechanism by which the ICB will deliver the assurance function and details the governance and escalation/de-escalation routes in relation to Provider quality and care delivery. It is recognised that this a model which will mature and evolve over time as following implementation feedback will be obtained and used to support continued improvements. This document is fundamental to the ICS governance process and will be measured within the Internal Audit process. The Quality Assurance Framework is a tool which brings together the ICB approach to monitoring, assurance and escalation in a system focussed way. It aligns with the National Quality Board expectations and guidelines and has been developed in collaboration with regional, locality and provider colleagues. The ethos of the approach is based on a shared view of quality and a collaborative approach to working together to improve quality at the point of care delivery, utilising the breadth of intelligence across the system and ensuring	

	a consistent and streamlined approach. The points covered in the presentation were: • Purpose and function • Principles • Governance • Quality assurance • Escalation processes • Implementation • Primary Care • Experience of care • Safeguarding • Performance – aligning functions It was highlighted that we need to be putting the collaboratives and framework in place and allowing ourselves to learn from that and develop it as it continues and embeds working across the system both from an ICB provider and region perspective. There has been a significant amount of engagement and this will continue but we need to be in a position where can start to enact it and move forward. The ask of the Committee is that we move this forward into an implementation stage alongside that continued engagement. The Committee noted the contents of the paper and presentation supported the request in moving this forward.	
8.	**Clinical Effectiveness and Governance Update** Committee received and noted minutes of the Clinical Effectiveness and Governance Committee (CEG) meeting held on 12 January and 16 February 2023. Members received the presentation on the High Intensity Use (HIU) Update. The Committee noted the contents of the minutes and presentation.	
9.	**Patient Experience/Healthwatch Update** TMB provided the Committee with a verbal update. There are 10 local Healthwatch across Greater Manchester and a year ago they came together to form a health watch in Greater Manchester network, In December there was an opportunity to come to the Integrated Care Board with a draft partnership agreement and a case the support. We were very grateful for the fact that the ICB supported that and earlier this week confirmation was received that the funding request was being met. This now enables us to recruit to our Chief Coordinating Officer role and doing work above locality level at a GM footprint level. The position for the independent network chair will also be recruited to. Engagement has been ongoing with Greater Manchester mental health and the team responsible for developing the communications and engagement strategy. There was a lot of concern being expressed from people regarding ability to access dental care. We are looking at how we might develop a volunteer framework across the health watch network and to assist people in being able to volunteer in more than one local health watch organisation. JC made the Committee aware that they are working hard to try to resolve the issues around dentistry to look at different ways of working to support them. **Action: An update on dentistry will be brought back to the meeting in June.**	**JC**

10.	**Reflective practice – LD & Autism update** Committee received a report providing an update on the progress of Learning Disabilities and Autism Transforming Care. The key focus from the report is as follows: • Prevention – stopping people going into hospital in the first place, looking at having good housing, jobs and remaining an education, • Look at the types of beds needed in terms of learning disability and autism and how we commission them in a different way. • Work is ongoing in the preventative arena working with Greater Manchester Combined Authority, local authority colleagues and our localities around children and young people introducing some of those preventative models. • Annual health checks Salford University has been commissioned to help us resolve to do some appreciative enquiry around learning disability, mental health and autism. The Committee noted the contents of the report.	
11.	**Risk Management** Committee received a report highlighting the risks/issues identified for reporting and management. Within the report it highlights the 10 risks that are already escalated to the ICB. They are representing the highest risk areas to be considered by the Quality & Performance Committee. TC asked members if they were in agreement that those risk items are escalated to the ICB and if there any other additional risks that might need to be added in. MK made members aware that ambulance handover has improved so the score can be reviewed. It was **agreed** that the other risks presented be escalated to ICB. The Committee noted the contents of the report.	
12.	**Any other business** No further items of business were raised and the Chair thanked everyone for attending the meeting and for all the work that has been put into the reports.	
13.	**Next meeting** It was **agreed** that the next meeting would be held on Wednesday 26 April 2023; starting at 2.00 p.m.	