NHS
Greater Manchester

Agenda

Greater Manchester Integrated Care Board (Public)

Date: 21st February 2024

Time: 2.00pm to 3.00pm

Venue: Mersey Suite B and C, PP3

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	2.00	5 mins	Welcome, Introductions and Apologies	Verbal	-	Sir Richard Leese, Chair
2.	2.00		Declarations of Interest	Paper	Information	Sir Richard Leese, Chair
3.	2.00		Minutes from the previous meeting. • Public Meeting • Private Meeting	 Paper Paper	Approval	Sir Richard Leese, Chair
4.	2.00		Matters arising	Verbal	-	Sir Richard Leese, Chair
Actions: None outstanding						
Planning and Finance						
5.	2.05	30 mins	Update on Planning for 2024-25	Paper	Discussion	Warren Heppolette, Chief Officer for Strategy and Innovation
6.	2.35	20 mins	Month 9 Finance Report	Paper	Discussion	Kathy Roe, Deputy Chief Finance Officer
For Information						
7.	2.55	5 mins	Any other business	Verbal	-	Sir Richard Leese, Chair
8.			Date and time of next meeting: 20th March 2023, Mersey Suite, PP3	Verbal	Information	

An NHS GM strategy session will follow the public Board meeting (3pm – 4pm). This meeting will not be held in public.

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 www.gmintegratedcare.org.uk

NHS
Greater Manchester

Agenda

Greater Manchester Integrated Care Board Strategy Session

Date: 21st February 2024

Time: 3.00pm to 4.00pm

Venue: Mersey Suite B and C, PP3

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	3.00	5 mins	Welcome, Introductions and Apologies	Verbal	-	Sir Richard Leese, Chair
2.	3.00		Declarations of Interest	Verbal	-	Sir Richard Leese, Chair
Strategic Updates						
3.	3.05	25 mins	Update on Planning for 2024-25	Paper	Discussion	Warren Heppolette, Chief Officer for Strategy and Innovation
4.	3.30	25 mins	GM Commissioning Programme Update	Paper	Discussion	Rob Bellingham, Chief Officer for Commissioning and Population Health
For Information						
5.	3.55	5 mins	Any other business	Verbal	-	Sir Richard Leese, Chair

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 **www.**gmintegratedcare.org.uk

NHS GM Published Register of Interests: Board Members February 2024

First Name	Last Name	Job Title	Decision Maker N/Y	Date Declaration Made / Refresh	Declared Interest (Name of organisation and nature of business)	Declared Interest	Type of Interest	Direct or Indirect	Date of Interest	End Date of Interest	Consent to Publish Y/N	Action Taken to Mitigate Risk	Board
Dame Sue	Bailey	Non-Executive Director	Y	24-Jul-23	KOOTH PLC	Independent NED on the board of this mental health online digital platform. I am remunerated for this work. Neither any members of my family or I hold shares in this PLC	Financial Interest	Direct	Sep-22	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Dame Sue	Bailey	Non-Executive Director	Y	24-Jul-23	Centre for Mental Health.	Chair - The centre and myself advocate for better mental health outcomes for all through the delivery of evidenced based policy briefings and lobbying at a national and Regional level	Non-Financial Professional Interest	Direct	2018	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Dame Sue	Bailey	Non-Executive Director	Y	24-Jul-23	BEVAN	BEVAN commissioner - Bevan through evidence base support improved health and social care outcomes For the population of Wales	Non-Financial Professional Interest	Direct	2014	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	The Communication Workers Union (CWU)	Sponsored by The Communication Workers Union (CWU)	Financial Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	GMCA	GMCA	Non-Financial Professional Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	AGMA	AGMA	Non-Financial Professional Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	Greater Manchester Joint Health Scrutiny	Greater Manchester Joint Health Scrutiny	Non-Financial Professional Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	Greater Manchester Housing & Planning Committee	Greater Manchester Housing & Planning Committee	Non-Financial Professional Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	Greater Manchester Homelessness Programme Board	Greater Manchester Homelessness Programme Board	Non-Financial Professional Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	Greater Manchester High Rise Task Force	Greater Manchester High Rise Task Force	Non-Financial Professional Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	Greater Manchester Tackling Inequalities Board	Greater Manchester Tackling Inequalities Board	Non-Financial Professional Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	Greater Manchester Tackling Inequalities Board	Greater Manchester Tackling Inequalities Board	Non-Financial Professional Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	Labour Party	Member of the Labour Party	Non-Financial Personal Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	Unite the Union	Member of Unite the Union	Non-Financial Personal Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Paul	Dennett	City Mayor, Salford City Council	Y	01-Sep-23	Co-operative Party	Member of the Co-operative Party	Non-Financial Personal Interest	Direct	May-23	May-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Rachel	Egan	Non-Executive Director GM ICB	N	04-Dec-23	N/A	Nil	N/A	N/A	N/A	N/A	Y	N/A	✓
Christopher Mar	Fisher	Chief Executive	Y	27-Jul-23	University of Huddersfield	Chair of Estates and Finance Committee	Financial Interest	Direct	2006	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Christopher Mar	Fisher	Chief Executive	Y	27-Jul-23	Civil Service Sports Council	Chair	Non-Financial Personal Interest	Direct	TBC	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Anthony	Hassall	Chief Executive, Pennine Care NHS Foundation Trust	Y	10-Aug-23	PENNINE CARE NHS FOUNDATION TRUST	Chief Executive	Financial Interest	Direct	Apr-22	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Warren	Heppolette	Chief Officer, Strategy & Innovation	Y	21-Jul-23	Greater Sport	Trustee – Greater Sport	Non-Financial Personal Interest	Direct	Jul-18	Present	Y	N/A	✓

Warren	Heppolette	Chief Officer, Strategy & Innovation	Y	21-Jul-23	FC United of Manchester	Director - FC United of Manchester	Non-Financial Personal Interest	Direct	Dec-21	Present	Y	N/A	✓
Khalida	Kay	NED and Chair of Finance Committee	Y	19-Jul-23	The Trafford College Group	Primary employment as Chief Financial Officer	Financial Interest	Direct	01-Sep-22	30-Sep-23	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Khalida	Kay	NED and Chair of Finance Committee	Y	19-Jul-23	Your Housing Group	Primary employment as Chief Financial Officer	Financial Interest	Direct	30-Sep-23	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Khalida	Kay	NED and Chair of Finance Committee	Y	19-Jul-23	Great Academies Education Trust	Co-opted member of Finance and Resources Committee and Audit and Risk Committee	Non-Financial Professional Interest	Direct	20-Apr-20	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Khalida	Kay	NED and Chair of Finance Committee	Y	19-Jul-23	Association of Camerados CIC	Non Executive Director, unremunerated	Non-Financial Personal Interest	Direct	22-Oct-18	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Steven	Knight	Deputy Chief Medical Officer	Y	15-Nov-23	Manchester University Foundation Trust	Employee of Manchester University Foundation Trust	Non-Financial Professional Interest	Direct	Sep-17	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Steven	Knight	Deputy Chief Medical Officer	Y	15-Nov-23	Greater Manchester Critical Care Network	Joint medical Lead, Greater Manchester Critical Care Network	Non-Financial Professional Interest	Direct	Jan-22	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Steven	Knight	Deputy Chief Medical Officer	Y	15-Nov-23	DK Diagnostics	Company Director, DK Diagnostics (Histopathology reporting service)	Financial Interest	Direct	2022	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Steven	Knight	Deputy Chief Medical Officer	Y	15-Nov-23	Labour Party	Member, Labour Party	Non-Financial Personal Interest	Direct	2020	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Manisha	Kumar	Chief Medical Officer	Y	10-Sep-23	Robert Darbishire Practice	Salaried GP at the Robert Darbishire Practice - 1 session per week	Financial Interest	Direct	2004	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Manisha	Kumar	Chief Medical Officer	Y	10-Sep-23	University of Salford	Honorary Professor University of Salford	Non-Financial Professional Interest	Direct	May-23	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Manisha	Kumar	Chief Medical Officer	Y	10-Sep-23	Primary Eye Care Services LTD General Optical Council	Husband has the following roles: • Operations Director - Primary Eye Care Services LTD • Case Examiner – General Optical Council	Indirect Interest	Indirect	2021 2019	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Richard	Leese	Chair, NHS GM ICB	Y	31-Jul-23	University of Manchester	Honorary Professor, Chair in Integrated Care and Population Health, University of Manchester	Non-Financial Professional Interest	Direct	01-Aug-22	31-Jul-25	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Richard	Leese	Chair, NHS GM ICB	Y	31-Jul-23	Manchester City Football Club	Honorary President, Manchester City Football Club	Non-Financial Professional Interest	Direct	01-Dec-21	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Richard	Leese	Chair, NHS GM ICB	Y	31-Jul-23	Taining Company	Daughter works for a training company that provides training inter alia to NHS organisations	Indirect Interest	Indirect	01-Nov-21	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Sheena	McDonnell	NED ICB	Y	31-Jan-24	Barnsley Hospital	Chair Barnsley Hospital	Financial Interest	Direct	May-22	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Sheena	McDonnell	NED ICB	Y	31-Jan-24	Oldham Active	Chair Oldham Active	Non-Financial Professional Interest	Direct	May-18	Apr-24	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Sheena	McDonnell	NED ICB	Y	31-Jan-24	Sheena McDonnell Consultancy	Director Sheena McDonnell Consultancy	Financial Interest	Direct	Sep-17	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Alison	Mckenzie-Folan	Chief Executive of Wigan Council and Place Lead for Health and Care Integration (Wigan)	Y	19-Jul-23	N/A	Nil	N/A	N/A	N/A	N/A	Y	N/A	✓
Vish	Mehra	Primary Care Partner Member, NHS GM Boa	Y	16-Nov-23	West Point Medical Centre	Salaried GP, West Point Medical Centre	Financial Interest	Direct	TBC	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Vish	Mehra	Primary Care Partner Member, NHS GM Boa	Y	16-Nov-23	Gorton Medical Centre	GP Partner (interim) Gorton Medical Centre	Financial Interest	Direct	TBC	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Vish	Mehra	Primary Care Partner Member, NHS GM Boa	Y	16-Nov-23	Gorton & Levenshulme PCN	CD, Gorton & Levenshulme PCN	Financial Interest	Direct	TBC	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓

Vish	Mehra	Primary Care Partner Member, NHS GM Boa	Y	16-Nov-23	Primary Care Manchester Ltd	Chair, Primary Care Manchester Ltd	Financial Interest	Direct	TBC	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Vish	Mehra	Primary Care Partner Member, NHS GM Boa	Y	16-Nov-23	The Manchester Primary Care Partnership Ltd	Chair, The Manchester Primary Care Partnership Ltd	Financial Interest	Direct	TBC	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Vish	Mehra	Primary Care Partner Member, NHS GM Boa	Y	16-Nov-23	Manchester LMC	Chair, Manchester LMC	Financial Interest	Direct	TBC	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Jenny	Noble	Board Secretary	Y	10-Feb-23	Manchester University NHS FT	Husband is Associate Director of Strategy	Indirect Interest	Indirect	Feb-23	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Richard	Paver	Non Executive Director	Y	09-Aug-23	N/A	Nil	N/A	N/A	N/A	N/A	Y	N/A	✓
Richard	Paver	Non Executive Director	Y	09-Aug-23	N/A	Nil	N/A	N/A	N/A	N/A	Y	N/A	✓
Mandy	Philbin	CNO and Exec for Corporate Services	Y	18-Jul-23	N/A	Nil	N/A	N/A	N/A	N/A	Y	N/A	✓
Sam	Simpson	Chief Finance Officer	Y	08-Aug-23	N/A	Nil	N/A	N/A	N/A	N/A	Y	N/A	✓
Leigh	Vallance	GM VCSE Voice on the GM ICB	Y	25-Jul-23	Bolton Hospice	CEO of Bolton Hospice which is part funded by an NHS Grant	Financial Interest	Direct	Apr-23	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Janet	Wilkinson	Chief People Officer	Y	25-Jul-23	Alternative Futures Group (AFG)	Trustee at Alternative Futures Group (AFG) – a charitable business providing services to those with Learning Disabilities and Mental Health needs at various locations across the North West	Non-Financial Professional Interest	Direct	Jan-18	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Janet	Wilkinson	Chief People Officer	Y	25-Jul-23	Healthcare People Management Association (HPMA)	Co-President of the Healthcare People Management Association (HPMA) – a charity providing support and development to People professionals throughout the UK	Non-Financial Professional Interest	Direct	Apr-23	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Owen	Williams	CEO, Northern Care Alliance	Y	28-Jul-23	Ethnic Minority Network	Co-Chair of the Chairs and CEO Ethnic Minority Network	Non-Financial Professional Interest	Direct	2021	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Owen	Williams	CEO, Northern Care Alliance	Y	28-Jul-23	NHS Quest	Chief Executive member of NHS Quest	Non-Financial Professional Interest	Direct	2012	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓
Owen	Williams	CEO, Northern Care Alliance	Y	28-Jul-23	Northern Care Alliance (NCA)NHS Foundation Trust	Chief Executive	Financial Interest	Direct	2021	Present	Y	Declare in line with Conflict of Interest Policy. Declarations of interest to be made at the start of relevant committees. Exclusion from involvement in related commissioning or decision making	✓

NHS
Greater Manchester

Minutes

Greater Manchester Integrated Care Board (Public)

Date: Wednesday 17 January 2024

Time: 2.00pm to 4.30pm

Venue: PP3 and Microsoft Teams

Present		
Members:		
Sir Richard Leese	RL	Chair, NHS Greater Manchester
Richard Paver	RP	Non-Executive Director and Chair of Audit Committee, NHS GM
Rachel Egan	RE	Non-Executive Director and Chair of the Remuneration and Population Health Committees, NHS GM
Sheena McDonnell	SMc	Non-Executive Director and Chair of the People & Culture Committee, NHS GM
Kal Kay	KK	Non-Executive Director and Chair of the Finance Committee, NHS GM
Paul Dennett	PD	Board Member bringing the perspective of Local Authorities, Salford City Mayor
Dr Owen Williams	OW	Board Member bringing the perspective of Acute Providers, Chief Executive of Northern Care Alliance (NCA) NHS Foundation Trust
Dr Vish Mehra	VM	Board Member bringing the perspective of Primary Care, General Practitioner
Leigh Vallance	LV	Board Member bringing the perspective of the Voluntary Community and Social Enterprise (VCSE) Sector, Chief Executive of Bolton Hospice
Mark Fisher	MF	Chief Executive, NHS GM
Sam Simpson	SS	Chief Finance Officer, NHS GM
Professor Manisha Kumar	MK	Chief Medical Officer, NHS GM
Mandy Philbin	MP	Chief Nursing Officer and Interim Deputy Chief Executive, NHS GM
Executives:		
Janet Wilkinson	JW	Chief People Officer, NHS GM
Warren Heppolette	WH	Chief Officer for Strategy, NHS GM
Rob Bellingham	RB	Chief Officer for Commissioning and Population Health, GM
Martyn Pritchard	MPr	Interim Chief Operating Officer, NHS GM

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 www.gmintegratedcare.org.uk

Attendees / Participants:		
Jenny Noble	JN	Board Secretary, NHS GM
Lucy Cunliffe	LC	Governance Manager, NHS GM
Karen Scott	KS	Communications Officer, NHS GM
Alison McKenzie-Folan	AMK	Chief Executive Wigan Council, Place Based Lead Health & Care for Integrated Care Partnership
Sue Greenhill	SG	Independent Member of Audit Committee, NHS GM
Jane Pilkington	JP	Director of Population Health, NHS GM (Item 9 only)
Claire Connor	CC	Associate Director of Communications and Engagement, NHS GM
Apologies:		
Anthony Hassall	AH	Board Member bringing the perspective of Mental Health, Chief Executive of Pennine Care NHS Foundation Trust
Dame Sue Bailey	SB	Non-Executive Director and Chair of the Performance & Quality Committee, NHS GM

	Topic	**Action**
1.	<u>Welcome, Introductions and Apologies</u> RL welcomed attendees and members of the public to the Board meeting and apologies were noted. He welcomed Rachel Egan, Sheena McDonnell and Martyn Pritchard to their first formal Board meeting.	
2.	<u>Declarations of Interest (DOI)</u> RL reminded board members of their obligation to declare any interest relating to items on the agenda.	
3.	<u>Minutes of previous meetings</u> The minutes of the Board meetings on Wednesday 15th November and Wednesday 21st November were approved. <u>Matters Arising</u> None this time. No outstanding actions.	
4	<u>Chair's Briefing</u> RL referenced several meetings he had attended since the November meeting including a visit to Wigan A&E who were doing well despite difficult circumstances working in partnership with others e.g., primary care. He took part in interviews for the new Chair of GMMH who started in post on 1st January and with met the new Chair of the Christie, Edward Astle. He also took part in the mental health and wellbeing strategy launch noting the challenge was now delivering it. At a national level he had taken part in the NHS Confederation payment mechanism working group and attended an ICS networking group meeting with MF. He added	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 www.gmintegratedcare.org.uk

	that he co-chaired a health and devolution working group which had since been disbanded. He attended the ICP Board meeting chaired by PD in December which reported back on one of the four missions in the strategy and had been a good meeting focussing on employment. MF and RL also met with Health Minister Helen Whately just before Xmas which was a positive call and an opportunity to highlight potential issues with staffing in social care. LV noted a connection with the VCSE sector and provided an example of an initiative set up to prevent patients turning up at A&E which was a COPD user group to enable patients to support one another in the hospice as well as a respiratory outpatients clinic. VM added that 24-hour primary care was delivered through out of hours services which provided continuity of care for respiratory patients who may otherwise end up in A&E. MK noted that capital investment was available for initiatives such as the one LV described and offered to bring something back to a future meeting which was welcomed by PD linking this to Living Well. **The Board noted the verbal update provided.**	
5.	<u>Chief Executive's Update</u> MF highlighted winter pressures and industrial action noting that the system had been under a huge amount of pressure and MPr and WH had been engaging with colleagues who were working hard keep the system going. Industrial action had had a significant impact on elective care which would be covered later in the meeting. Minds were now focused on the planning round for 2024/25 noting that the environment was as challenging than ever before and planning was on the agenda for discussion today. JW highlighted that nominations were open for this year's GM Health and Care Champion Awards and encouraged members to spread the word before they closed on 15th March. Members noted the excellent work on Childhood healthy weight and that children would be consulted as part of the campaign. They also noted the new campaign encouraging people with long term conditions to get vaccinated against flu and COVID-19. Further detail on the low level of uptake for measles vaccines nationally and whether this was an issue for GM would be reported through the Quality & Performance Committee. **The Board noted the contents of the report.**	
6.	<u>Leadership and Governance Progress Update</u> MP provided an update to Board on the progress to date in delivering the actions identified as part of the Carnall Farrar Leadership and Governance Review, providing the background for new members who queried the lack of progress in some areas. It was reported that capacity had been an issue, but progress was	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 www.gmintegratedcare.org.uk

	being made and assurance was provided to the relevant Committee with issues escalated to the Board. Organisational culture was something MF said he was keen to work on as well as the leadership development programme that JW was leading A review of strategic governance including the Scheme of Reservation and Delegation was ongoing and would be reported to the Board for approval in March. **The Board:** • **Noted the progress included in this update.**	
7.	Strategic Financial Framework WH set out initial work to support the development of a Strategic Financial Framework across which both demand and supply analysis could be aligned to inform a medium term financial plan to support sustainability and ensure population based opportunities were included in actions to address our financial gap following the analysis provided by Carnall Farrar and presented to the Board in October. He also set out the work required to complete the analysis through the incorporation of primary care data and through the engagement of providers and finance colleagues to fully develop and complete the framework. That work, however, did not prevent the GM system from engaging with the analysis and the logic of the opportunities to ensure a focussed and systemic approach to primary and secondary prevention can inform our immediate system plans and priorities. Finally, he highlighted the next steps relating both to scaling the prevention activity in GM and undertaking the financial work to fully develop the Strategic Financial Framework which was linked to the development of the 24/25 planning round and three-year sustainability profile. In response to a query regarding dates and milestones, WH clarified that work was underway to translate the findings from the framework into a set of actions as part of our approach to operational planning for 2024/25 and this would be a priority between now and March. WH picked up on the points raised and key themes including the importance of making sure the priorities and work that take place over the next three years was able to bridge the gap between the supply and demand issues. This was also a good mechanism for the Board to hold the balance between prevention and the future including the need to manage today's pressures which should be part of the overall sustainability programme. In response to a question regarding primary care data, WH confirmed that we now had access to the data and work was already underway. The other point that colleagues picked up on was the challenge and critical importance in the process used to prioritise and select the categories of opportunities pursued recognising the pressure in the system. WH welcomed SS's invitation to really challenge the way we work to be able to make a difference. Opportunities included primary prevention to support people to take responsibility for their own health, secondary prevention by taking an evidence-based approach and bolstering through joint investment with other public sector partners to tackle the social determinants of	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 www.gmintegratedcare.org.uk

	health e.g., housing quality. He noted that it would be challenging but needed to progress and conclude at pace. The Chair summarised the positive and helpful work around the financial framework noting there was still lots to do. He suggested four elements i.e., reducing prevalence growth, optimising models of care, addressing inequalities and tackling social determinants noting it was important to strike the balance between these. He commented on the need to be clear what we were commissioning and why, and what was not being commissioned which would mean hard decisions but was the only way to deliver this challenging agenda. **The Board:** • **Noted the contents of the report and** • **Discussed the proposed approach to scaling the prevention activity in GM and undertaking the financial work to fully develop the Strategic Financial Framework set out in paragraph 6.0 to assist with sector sustainability.**	
8.	<u>24/25 Operational Planning Update</u> WH updated the Integrated Care Board on our approach to planning for 2024/25. He set out the key work to develop our system plans for 2024/25 and the steps we needed to take to accelerate this work between now and March. He provided an update on planning for 2024-25 noting the challenge was three-fold: • Tackling the immediate issues on the financial run rate in the system through continuing our grip and control measures • Addressing those factors contributing to the underlying deficit position through effective commissioning decisions • Ensuring the future sustainability of the system through acting now to address the forecast deterioration in the health of the population He also updated on the actions taken so far and the key next steps including the role of the Board in shaping this. RL reminded members that this would be be the focus of the meeting in February so that the draft operational plan could be submitted to NHSE noting that timescales were still to be confirmed. The plan will also be considered The JFP also needs to be scheduled to go the ICB and ICP meetings. **The Board noted the update.**	
9.	<u>Fairer Health for All</u> RB summarised the engagement process to develop the Greater Manchester Fairer Health for All Framework, the culmination of 18 months of extensive locality and community participation and engagement across the GM system noting there was a clear connection to other items on the agenda today. JP provided the background to the framework seeking approval by the Board putting this into context with the number of people living in poverty in GM. She noted that feedback had been overwhelmingly positive so far. In summary, the	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 www.gmintegratedcare.org.uk

	framework was seen by the system as a significant development for NHS GM and its confirmed alignment with health inequalities plans asking for questions or comments from members. PD commented on the need to agree the foreword before the final version was published and believed that the framework was critical to our vision of achieving a greener, fairer, more prosperous Greater Manchester but could speak more to the patient voice to empower people to access services. Members supported this great piece of work noting the challenges of delivering this including metrics. They provided examples of the significant engagement that had taken place to co-produce the framework. JP welcomed the comments noting a robust approach was important linking in with WH and others to identify priority areas for 2024/25 of which CVD was likely to be one. **The Board:** • **Approved the content of the Fairer Health For All Framework**	
10.	<u>EPRR Assurance Process</u> The report was taken as read and provided the Board of NHS Greater Manchester with the outcome of the self-assessment undertaken by NHS GM for the 2023/24 EPRR assurance process. For 2023/24, NHS declared an overall compliance rating of 45% ('non-compliant'). NHS GM was implementing an improvement plan to raise the organisation's overall compliance rating for the next round of assurance. It was noted that the outcome was based upon a refreshed set of standards issued in June 2023 and should not be perceived as a poor assurance rating but need to check this is reflected in the risk register. **The Board:** • **Noted the contents of the report.** • **Requested that the Executive Committee oversees the development of the improvement plan to ensure compliance against the EPPR Core Standards within one year.**	
11.	<u>Finance</u> <u>Finance Committee Report</u> The report was taken as read but KK noted that the committee had received a verbal update on the position agreed with NHSE on the forecast deficit. She updated the Board that the £200m was not accepted but what was agreed was £180m deficit which would be reported to Board next time. Members commented on the need to understand the difference between the £200m and £180m which SS confirmed was included in the Committee report to the Board noting that some further potential Turnaround improvements in providers had allowed us to get to this position and that the process was still underway. **The Board:** • **Noted the contents of the report and provided feedback to the**	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 **www.**gmintegratedcare.org.uk

	Committee Chair. Finance Report SS updated the Board on the overall ICS financial position for Greater Manchester as at Month 8 and any future implications. The GM system YTD variance had moved from £(191.7)m at Month 7 to £172.1)m – an improvement of £19.6m. There was an improvement of £24.9m for Providers, mainly due to income assumptions in respect of industrial action. NHS GM had also improved the YTD position by £5.6m. However, these improvements were offset by the continuing pressures for system risk efficiencies, a further deterioration of £(11.0)m in month. **The Board:** • **Noted the financial position presented for both year to date and forecast;** • **Noted the significant level of financial risk which remained in the system, along with the continuing increased risk of delivering the 2023/24 financial plan in full without a range of radical actions being implemented in-year;** • **Noted the continued enhancement of financial controls across the system to respond to increasing pressures; and** • **Noted the continuation of the formal turnaround programme of work.**	
15.	Quality and Performance Quality & Performance Committee Report The report was taken as read in SB's absence. **The Board:** • **Noted the contents of the report.** Quality & Performance Report MP updated on the position against the system oversight framework targets and constitutional standards, and changes made to performance trajectories as part of the recent planning submission for the second half of the 23/24 financial year. MP then updated on key issues relating to quality and safety noting that the development of a dashboard for quality and performance was still underway. She noted that maternity provisions remained a key risk as the outcomes for women in GM and their experiences were not where they needed to be. This would be brought back to the Board to be discussed in more detail. In response to questions regarding virtual wards and CHC and what this means, MPr advised that was a large variance in utilisation across GM and work was underway with providers then an updated would be provided. MP noted that compliance governance for CHC was proving to be challenged due to workforce but despite this, statutory duties were being achieved thanks to staff but the Quality &Performance Committee had oversight of this.	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 www.gmintegratedcare.org.uk

	MPr added that further work was underway on the presentation of the data and to understand the impact of industrial action which was unknown but added that the overall number of people on the waiting list was coming down thanks to the work that providers were doing to treat as many patients as possible. MP reflected on the development session in December led by the Good Governance Institute (GGI) in December which was well received by the Board who supported continuing to work with the GGI to develop the well-led framework. **The Board noted:** • **The ICB's position within the system oversight framework from a performance perspective.** • **That performance forecasts were developed prior to industrial action. The impact of recent action would be assessed in the coming week.** • **The key issues relating to quality and safety.**	
16.	People and Culture People and Culture Committee Report KK noted the update from the last meeting which was taken as read asking members to approve the Terms of Reference for the Committee, Health and Care Group and Sub Committee. The Chair clarified that the Terms of Reference should include at least two Non-Executive Directors and one Partner Member for all committees. Membership should also be reviewed in terms of size and the number of Executive Directors in attendance to ensure the best use of time. **The Board:** • **Noted the contents of the report and provide feedback to the Committee Chair.** • **Approved the Terms of Reference for the People & Culture Committee, People & Culture Health & Care Group (previously People & Culture System Group) and People & Culture Sub Committee subject to the review of membership noted above.**	
17.	Audit Committee Audit Committee Report RP noted the update from the meeting on 14 December asking members to approve the EPRR and BCM policies. Assurance was provided that a clear process was in place despite the number of procurement waivers submitted in the last quarter. **The Board:** • **Noted the contents of the provided feedback to the Committee Chair.** • **Approved the Emergency Preparedness, Resilience and Response**	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 **www.**gmintegratedcare.org.uk

	(EPRR) and Business Continuity Management (BCM) policies for NHS GM.	
18.	Corporate and Governance Population Health Committee Terms of Reference Following the review of NHS GM governance and leadership it was agreed to establish and NHS GM Population Health Committee, as part of the formal system governance and reporting to the NHS GM Board. The paper was taken as read. **The Board:** • **Approved the Terms of Reference for the Population Health Committee subject to the requirement to include at least one additional Non-Executive Director and Partner Member.** Board Assurance Framework The paper was taken as read and presented the Board with the latest the Board Assurance Framework (BAF), which sets out those risks which present the most significant risk to achieving NHS GM's strategic objectives. **The Board:** • **Noted the Strategic Risks included in the Board Assurance Framework** • **Approved the reporting frequency for the Board Assurance Framework, suggested to be a minimum of 4 times per year.** Risk Management Policy The Board were presented with the NHS GM Risk Management Policy for approval and a brief update on the planned development of risk management training for NHS GM staff. The paper was taken as read. **The Board:** • **Approved the NHS GM Risk Management Policy, noting that the policy would continue to be developed, in particular in relation to system risk management.**	
19.	Approved Minutes of Committees The following minutes were shared for information: • People and Culture Committee • Finance Committee • Audit Committee including draft minutes from meeting on 14 December 2023 • Quality and Performance • Primary Care Commissioning	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 www.gmintegratedcare.org.uk

20.	Any Other Business None this time	
22.	Date and time of next meeting: Wednesday 21st February, 2023, 2pm – 4.30pm, Mersey Suite, PP3	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 **www.**gmintegratedcare.org.uk

NHS
Greater Manchester

Minutes

Greater Manchester Integrated Care Board (Private)

Date: Wednesday 17 January 2024

Time: 4pm to 4.30pm

Venue: PP3 and Microsoft Teams

Present		
Members:		
Sir Richard Leese	RL	Chair, NHS Greater Manchester
Richard Paver	RP	Non-Executive Director and Chair of Audit Committee, NHS GM
Rachel Egan	RE	Non-Executive Director and Chair of the Remuneration and Population Health Committees, NHS GM
Sheena McDonnell	SMc	Non-Executive Director and Chair of the People & Culture Committee, NHS GM
Kal Kay	KK	Non-Executive Director and Chair of the Finance Committee, NHS GM
Paul Dennett	PD	Board Member bringing the perspective of Local Authorities, Salford City Mayor
Dr Owen Williams	OW	Board Member bringing the perspective of Acute Providers, Chief Executive of Northern Care Alliance (NCA) NHS Foundation Trust
Dr Vish Mehra	VM	Board Member bringing the perspective of Primary Care, General Practitioner
Leigh Vallance	LV	Board Member bringing the perspective of the Voluntary Community and Social Enterprise (VCSE) Sector, Chief Executive of Bolton Hospice
Mark Fisher	MF	Chief Executive, NHS GM
Sam Simpson	SS	Chief Finance Officer, NHS GM
Professor Manisha Kumar	MK	Chief Medical Officer, NHS GM
Mandy Philbin	MP	Chief Nursing Officer and Interim Deputy Chief Executive, NHS GM
Executives:		
Janet Wilkinson	JW	Chief People Officer, NHS GM
Warren Heppolette	WH	Chief Officer for Strategy, NHS GM
Rob Bellingham	RB	Chief Officer for Population Health & Inequalities, NHS GM
Martyn Pritchard	MPr	Interim Chief Operating Officer, NHS GM

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 www.gmintegratedcare.org.uk

Attendees / Participants:		
Jenny Noble	JN	Board Secretary, NHS GM
Lucy Cunliffe	LC	Governance Manager, NHS GM
Alison McKenzie-Folan	AMK	Chief Executive Wigan Council, Place Based Lead Health & Care for Integrated Care Partnership
Sue Greenhill	SG	Independent Member Audit Committee, NHS GM
Deborah Turner	DT	Director of Nursing (Deputy to the Regional Chief Nurse), NHSE
Elizabeth Ratcliffe	ER	Regional Head of Nursing, Safeguarding & Investigations Lead, NHSE
Claire Connor	CC	Associate Director of Communications and Engagement, NHS GM
Apologies:		
Anthony Hassall	AH	Board Member bringing the perspective of Mental Health, Chief Executive of Pennine Care NHS Foundation Trust
Dame Sue Bailey	SB	Non-Executive Director and Chair of the Performance & Quality Committee, NHS GM

	Topic	**Action**
1.	Welcome, Introductions and Apologies RL welcomed attendees to the 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. MPr noted a potential conflict in item 6 as CAO of NHS Trafford CCG between 2019 and 2021, and MK as Medical Director for NHS Manchester CCG at the time, remaining in the room for the discussion.	
3.	Matters Arising None this time. No outstanding actions.	
4	Non-Emergency Patient Transport Services (NEPTS) MPr provided an overview of the procurement and evaluation process noting that further detail was provided in the report and asked the Board to approve the recommendations of the procurement evaluation panel. Following queries from partner members regarding the process including quality and social value, MPr confirmed that through evaluation of their tender submission, the successful party demonstrated its ability to deliver the contract and met the overall threshold of achieving more than 60% across their bid. He added that the process was followed with advice from the procurement team. **The Board:** • **Approved the Evaluation Panel's recommendations regarding the award of the NEPTS contract, noting the comments regarding the process above.**	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 **www.**gmintegratedcare.org.uk

5.	<u>Planning 2024/25 - Recovery Plan</u> Item withdrawn.	
6.	<u>Independent Review of Greater Manchester Mental Health Trust</u> SRL introduced DT and ET to the Board who presented the recommendations from the report reminding members that it was embargoed until the 31st January 2024. They provided the background to the review which was commissioned by NHSE in November 2022 in response to the concerns identified by BBC Panorama. This raised two questions for the ICB, whether a further review of GMMH should be commissioned and how, and if support would be available for families who needed additional help following the publication of the report. Members noted that the contents of the report were confidential and sensitive and welcomed additional support for all those involved. They also requested to see the improvement plan already in place at GMMH. MP also highlighted the specific recommendations for the Integrated Care Board and the wider GM system noting that the ICB should: • Review the level of mental health expertise it had in its oversight of mental health organisations, ensuring that its staff had the relevant experience ad seniority to be able to identify leading quality concerns in providers. • Redesign systems to support better partnership-working between external agencies, so that information was shared and understood in a timely way to identify potential services in distress. • Review how the system supports the Trust to ensure that their approach is focused in enabling the Trust to identify priorities, make the improvements needed, and model, at a system level, the compassionate leadership that was required to achieve sustainable change. She noted the key steps for the Board including an offer of emotional support from nursing colleagues. The communication plan was being led by NHSE as commissioners of the report working closely with the Chief Nursing Officer's team as part of a working group to ensure that support was available for colleagues and families involved including access to the Resilience Hub. The plan was to work though the recommendations to be able to present our response to the next formal Board meeting. It was noted that GMMH were receiving this embargoed report at their private January Board, with a view to full publication on 31st January, and the full published report would also be discussed at he next GMMH public board meeting in March. Members commented on the recommendations and work ongoing to understand on what this means for the ICB which MF confirmed was being led by MP and MK and would be presented back to the February or March Board meeting to be able to clarify the Board position with a copy of the improvement plan if possible. RL thanked NHSE colleagues for the presentation and noted the work ongoing including support available for families and next steps. **The Board:**	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 **www.**gmintegratedcare.org.uk

	• **Noted the contents of this confidential and sensitive report that was embargoed until 31st January 2024.** • **Confirmed the addition of the report to the February or March Board meeting agenda.**	
7.	Any Other Business None this time	
8.	Date and time of next meeting: Wednesday 21st February, 2023, 2pm – 4.30pm, Mersey Suite, PP3	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 742 6023 **www.**gmintegratedcare.org.uk

NHS
Greater Manchester

Update on Planning for 2024-25

February 2024

Part of Greater Manchester
Integrated Care Partnership

NHS
Greater Manchester

NHS Greater Manchester

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Update on Planning for 2024/25
DATE OF MEETING:	21/02/2024
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 21/02/2024
AUTHOR/S:	Warren Heppolette Chief Officer – Strategy and Innovation Paul Lynch Director of Strategy and Planning
HAS THERE BEEN PUBLIC OR CLINICAL ENGAGEMENT?	N/A
HAS THERE BEEN AN ANALYSIS OF ANY IMPACTS ON EQUALITY?	N/A
HAVE THE ENVIRONMENTAL SUSTAINABILITY IMPACTS BEEN CONSIDERED AND ADDRESSED?	N/A
HAS FINANCIAL OR LEGAL ADVICE BEEN OBTAINED? (IF YES, PLEASE STATE THE NAME OF THE FINANCE OFFICER WHO HAS PROVIDED THE SUPPORT)	N/A
HAS THIS BEEN TO ANY GROUPS OR COMMITTEES FOR ENGAGEMENT, COMMENTS OR APPROVAL?	N/A
ARE THERE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER? (IF YES, HOW WILL THEY BE MANAGED)	N/A
PRESENTED BY:	Warren Heppolette Chief Officer – Strategy and Innovation

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
For public meeting agenda (if item is for private agenda please provide rationale as to why) *Contains sensitive financial information which is still provisional pending conclusion of budget-setting process*	**Yes** ☒	**No** ☐

This paper relates to the following BAF risks:	
Workforce challenges including shortages in many roles across the whole health & care sector & staff wellbeing & efficiency	☒
Demand exceeds available capacity to deliver services in a timely and effective way	☒
Failure to deliver Financial Balance both for NHS GM organisationally and as an ICS	☒
Widening health inequalities due to a reduced focus on prevention for the GM population	☒
Sustaining a strong market for community-based services (including adult social care and primary care)	☒
An emergency could overwhelm NHS GM's ability to respond effectively	☐
There is a risk failure to comply with our statutory duties for quality assurance in Quality and Patient Safety within the NHS GM system	☐

EXECUTIVE SUMMARY INCLUDING KEY MESSAGES:

- The purpose of this report is to update the Integrated Care Board on our approach to planning for 2024/25
- The paper sets out the work we have progressed to date and the key actions to conclude the planning and budget setting process by the end of March.
- The Integrated Care Board is asked to note the update

1.0 UPDATE ON PLANNING FOR 2024-25

In October last year, NHS GM committed to significant changes in our approach to system planning. These changes reflected what we have learned from previous planning rounds. We have sought to improve the process through:

- Starting earlier – in October rather than January
- Initiating the process within GM, using our own assumptions, rather than the process being driven solely by NHS England guidance
- Taking a broader system perspective – that recognises the importance of robust plans for acute providers but also draws out the contributions from all partners to improving health.

Taking greater control of the planning process within GM has put us in a stronger position this year given that, at the time of writing, the formal NHS planning guidance has still not been published.

The challenge we face is that of an interconnected triple deficit:

- An underlying financial deficit
- A performance and quality deficit
- A growing population health deficit

This means that our plan for 2024/25 must clearly set out the steps we will take to secure financial sustainability, recover performance and quality standards and improve population health.

All parts of the ICS will need to contribute to this. The principal role of each of the three main parts of the system is:

- Localities - driving population health improvement and prevention at scale.
- Providers - delivering core standards and planning for activity, workforce, and finance to improve productivity.
- NHS GM – overseeing the process and deploying our role as system commissioner to drive the changes needed.

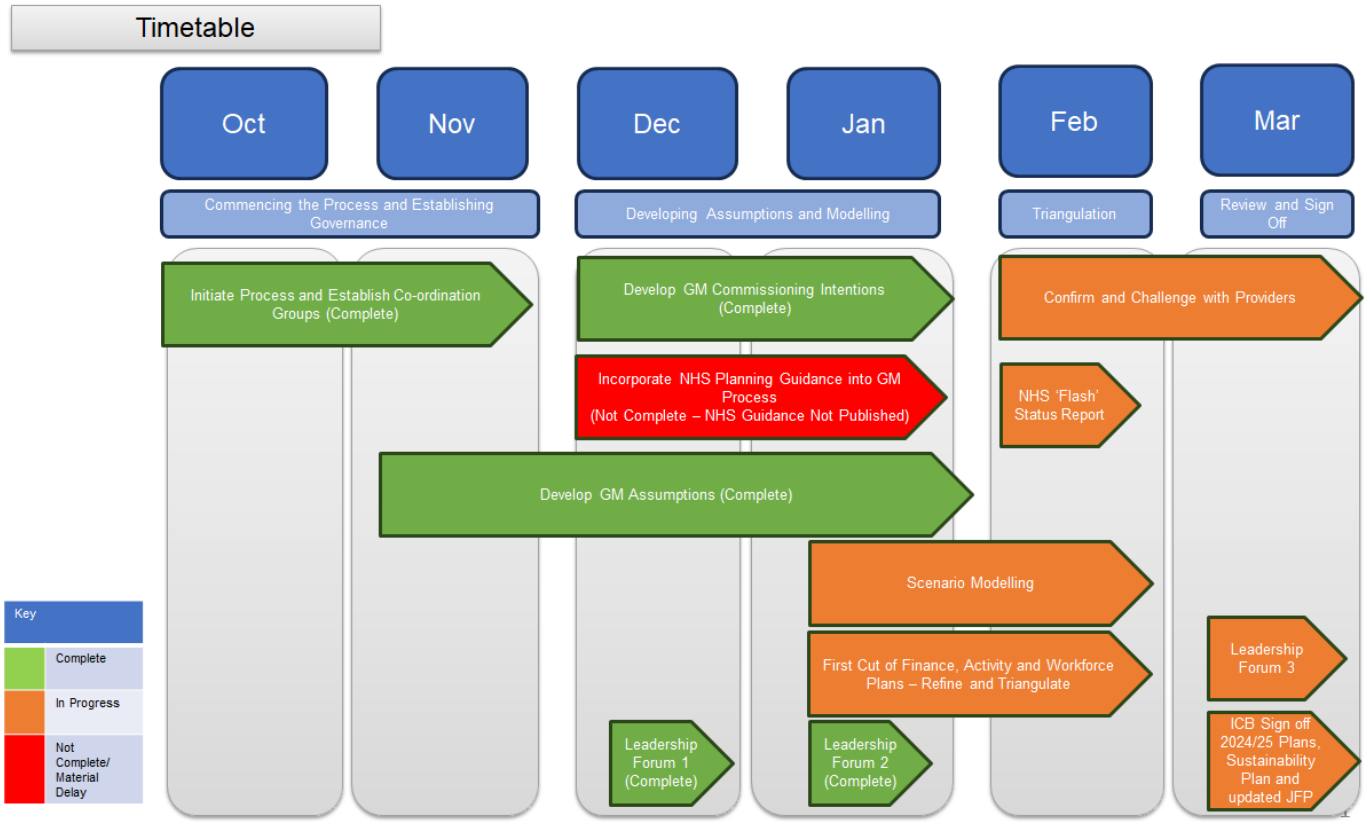
Whilst we must plan to reduce the triple deficit significantly in 2024/25, we know that we cannot address it entirely within one year. This means that through this planning round, we need to develop both our Operational Plan for 2024/25 and Greater Manchester Sustainability Plan (over two to three years) to tackle the triple deficit.

Our strategic approach continues to be guided by the five-year Integrated Care Partnership Strategy and its six missions – the Sustainability Plan will provide greater clarity and definition on how we will drive improvement across finance, performance and quality and population health.

Although national planning guidance is yet to be published, we are progressing these plans as rapidly as possible to conclude the process by the end of March. This is to ensure that we can start delivering our key programmes in the plan from April and secure the full year effect in 2024/25.

2.0 THE PLANNING PROCESS

The diagram below depicts the overall process and progress against the main elements of the planning round.



As the diagram above indicates, in the continuing absence of national guidance colleagues working on all planning activity have been asked to work to the assumptions developed in GM This is to ensure that we are developing our own plans as rapidly as possible bringing clarity to our intentions for financial and performance recovery, and population health improvement, notwithstanding the national uncertainty.

The range of system contributions to our plans are co-ordinated by the Planning Hub – which meets weekly for three hours and has the relevant leads for each of the supporting processes. It is chaired by the Chief Officer for Strategy and Innovation.

The Hub provides weekly briefings for system partners and ensures that key messages are received from, and communicated to, the main governance groups in GM.

The roles and responsibilities of partners in this planning round are summarised below:

Table 1: Responsibilities of System Partners

Partner	Responsibilities for Planning and Delivery
ICB	• Lead overall process of plan development including governance approvals • Lead process for developing finance, activity, performance and workforce plans for GM system • Development and implementation of GM Commissioning Intentions to drive change • Undertake review of every service line in partnership with providers to ascertain appropriate changes to funding levels as part of the wider GM financial recovery programme • Ensure robust arrangements are in place to track delivery • Setting clear expectations on data quality and consistency of reporting
Localities	• Work with local providers to develop plans • Participate in Check and Challenge Sessions – first week of March • Engage with local clinical and political leadership • Supporting actions to maintain urgent care flow to manage to target levels • Meeting local CIP and QIPP expectations on locality budgets, and in operating costs • Targeted application of primary and secondary preventative activity – through Locality Delivery Portfolio
Trusts	• Ongoing grip and control • Productivity and efficiency improvements • Corporate functions review • Clinical support services • Models of care and development of Clinical Services Strategy • Workforce • Financial flows • Trusts will also work as a key partner within localities to support development and implementation of plans. The Trust Provider Collaborative will lead key system wide programmes – elective, cancer, diagnostics and sustainable services – to enable transformation at scale

At the time of this Board meeting, we will be at the confirm and challenge stage. This is where the plans of all NHS providers in GM will be reviewed in detail. NHS GM is overseeing this process in the context of our role as commissioner for the system and the statutory organisation responsible for the system control total. There are clear expectations set for all partners participating in the process. The process is comprised of:

- Peer to peer challenge between trusts, which will take place week commencing 4th March. Work will take place over the next two weeks to design the sessions. The ICB will provide collated workforce, activity and finance returns by close on 27th February and support in pulling together the data packs

- An assurance process for 2024/25 plans - with the first round of engagement due to take place week commencing 26th February. This will link to the Finance and Performance Recovery Meetings with providers.

3.0 ADDRESSING THE FINANCIAL DEFICIT

As reported to this month's Finance Committee, the system is developing first draft finance plans. This has been made more challenging by the absence of national guidance. Most providers are currently taking these plans through internal governance.

The first draft plans will be stress tested to ensure that they are consistent with the planning guidance (when released) and with each other to ensure that the outcome will be a consistent position across the ICS. Whilst the forecast out turn for the current financial year is anticipated to be £180m, across the ICS, this will have been achieved by the application of a number of one-off use of flexibilities within organisational positions. This is being tested through the turnaround process with PWC.

It is anticipated that there will be a significant financial challenge of circa £400m to £500m in the first draft plans, but significant work will be undertaken to validate and adjust this through check and challenge. Individual meetings with each Provider, Localities, and ICB to validate assumptions are taking place. This process is an ongoing and will ensure consistency of approach and assumptions. Regular updates on the position will be taken through GM ICB Governance over the coming weeks and months.

The first draft financial plans will include a significant level of CIP / QIPP, which will be a significant challenge to the ICS. It is likely that the plans will include a minimum of 4% per organisation. The ask is that at least 75% of these plans should be delivered recurrently which is a significant increase on previous years' delivery.

We have identified clear priorities to continue financial recovery in 2024/25:

- The continuation and further embedding of **grip and control**
- A systematic **reduction in our dependency** on the independent sector
- A commitment to commence a review, within 2024/25, **of every commissioned service**
- To agree and **implement the clinical services strategy**
- Restrictions on **further service growth**
- An expectation of **recurrent provider and ICB CIP/QIPP** with a minimum recurrent delivery of 75%
- A significant running cost and operating **cost target reduction** for the ICB
- A requirement to **reduce the use of temporary staffing and agency spend**

These steps to improve efficiency will need to be complemented by 2–3-year transformation plans, developed by providers and the ICB to address deficits and reach at least median national productivity metrics.

Intensive work will continue on finance plans with a view to sign off of the overall plan for 2024-25, including the budget, at the March Integrated Care Board meeting.

4.0 ADDRESSING THE PERFORMANCE AND QUALITY DEFICIT

We know that we have a performance and quality deficit against a range of indicators This includes significant challenges on meeting both NHS standards and addressing increasing pressures on local authority services for adults and children.

Trusts are working through application of the GM assumptions to internal activity plans for 2024/5, in the absence of national planning guidance. This indicates highest level of risk to achievement on 52 week waits, A&E and bed occupancy, as well as Mental Health Out of Area Placements.

Dedicated work is underway in trusts and collaboratively via the system boards for Urgent and Emergency Care (UEC), Diagnostics, Mental Health, Cancer and Elective to improve performance. Additionally, in the most challenged areas there are opportunities to close the gap through collaborative working at GM level that requires further exploration through the system groups.

Trusts are working through application of the GM assumptions to internal workforce plans for 2024/5. A snapshot of current plans shows that:

- Unplanned Growth - Trusts are working towards no unplanned workforce growth for 2024/5
- Agency Target - The national target on agency spend will be challenging to meet. Work is underway to reduce through various local and GM wide initiatives.
- Sickness absence - The local target on sickness absence is being pursued but with a high level of risk to achieve. Work is underway to reduce through various local and GM wide initiatives.

We have commenced development of a Clinical Services Strategy for Greater Manchester. The Strategy is based on the premise that we must transform the way we provide services to meet the needs of our population. The Strategy has three core aims as described below:

5.0 ADDRESSING THE POPULATION HEALTH DEFICIT

The health of the population of Greater Manchester remains poor and is projected to deteriorate. As well as negatively impacting the wellbeing and health outcomes of people living in GM, this deterioration in good health will exacerbate the financial and performance pressures outlined in this paper.

Financial modelling suggests that a population health approach can make the biggest contribution to achieving financial and operational sustainability in GM over the medium term. Therefore, population health and prevention must be a part of the solution now to achieve financial and performance sustainability for GM.

We are putting in place a GM Multi-Year Prevention Plan to maximise the population health and prevention opportunities with key deliverables agreed at system level. We also know that we need to act now given the pressures described in the paper. We have worked with system partners to develop the actions we plan to undertake in year 1 (2024/25) where our focus will be on prevention of **CVD and Diabetes.**

The evidence for prevention of CVD and Diabetes is clear, and a prioritised focus on CVD/diabetes prevention at scale will lead to an improvement in:

- The health, and health outcomes, of our population.
- A reduction in health inequalities aligned to CORE20+5.
- High quality, personalised care delivered at, or close to home.
- A reduction in unwarranted variation
- A reduction in acute episodes of care, supporting the recovery of our performance.

The ICS Operating Model confirms the core role of localities in driving population health improvement and delivering preventative, proactive integrated models of neighbourhood care.

With that core aim in mind, localities will be the focal point for the delivery of the priorities of CVD and diabetes in 2024-25. All 10 localities will focus on these two clinical areas as well as setting out their own individual locality priorities to improve population health and reduce demand. The first cut of these plans is due by 16th February.

Across the whole CVD/Diabetes pathway, we will:

- Tackle the root causes of ill-health and CVD/Diabetes, particularly poverty, poor housing and employment
- Tackle the top 3 modifiable behavioural risk factors for CVD/Diabetes: smoking, poor diet and physical inactivity
- Scale up secondary prevention measures to improve earlier detection and earlier treatment of CVD/Diabetes
- Optimise medical management to reduce worsening of disease and reduce acute exacerbations leading to acute episodes of care

We will achieve this by bringing together the key component parts to deliver at scale:

- Evidenced based interventions that deliver demonstrable ROI

- Full implementation of a Population Health approach through Fairer Health For All Framework
- Underpinned by clinical effectiveness, quality improvement and clinical pathway transformation to reduce unwarranted variation
- Population Health Management approaches utilising the GM Data, Insight and Intelligence capabilities of a linked data set and bespoke GM risk stratification tools

We will work with partners across GM – including universities and Health Innovation Manchester – to model the impact of our prevention activity – particularly how it relates to points of delivery in the acute sector.

The table below gives an illustration of the potential impact of blood pressure and lipid modification optimisation:

As set out in our Integrated Care Partnership Strategy and Joint Forward Plan we will continue our work to address the social determinants of health. The programme on CVD and Diabetes aims to give greater definition and clarity to our efforts to tackle two disease areas that affect the GM population to a greater extent than other areas of the country – for example, GM has amongst the highest heart attack and stroke rates in England.

6.0 THE NEXT STEPS

The whole system will be working intensively to bring together our 2024/25 plans by the indicative NHS England deadline of 21st March. We are aiming to bring the 2024/25 plans, including the budget for the year, to the Integrated Care Board on 20th March for review and sign off. In addition, we will bring the further developments on the Sustainability Plan for consideration, which, in turn, will form the update for our Joint Forward Plan.

The key milestones for the next period are set out below:

Key Milestones	Dates
Workforce: - Numerical Excel template - Narrative template (Via providers)	Friday 16th February
Activity & Performance: - A&P Key Metrics template - Draft Activity template	Friday 16th February Friday 23rd
Triangulation: - Internal exercise/template	Monday 26th February
NHSE Draft Submission: - Flash Report (Encompassing Key Finance, Activity and Performance and Workforce metrics)	Thursday 29th February
Confirm & Challenge:	

- Peer to Peer Challenge Sessions	w/c 4th March
Updated Provider Submissions: - Workforce - Finance - Activity and Performance	Friday 8th March Friday 8th March Thursday 14th March
Triangulation: Internal template and NHSE tool	Friday 15th March
System Leadership Forum	Monday 18th March
GM System Sign Off ICB	Wednesday, 20th March
NHSE Submission	Thursday 21st March

7.0 RECOMMENDATIONS

The Integrated Care Board is asked to:

- Note the update provided

NHS
Greater Manchester

Month 9 Finance Report

21st February 2024

Part of Greater Manchester
Integrated Care Partnership

NHS
Greater Manchester

NHS Greater Manchester

MEETING:	Integrated Care Board
TITLE OF REPORT:	Month 9 Finance Report
DATE OF MEETING:	21/02/2024
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 13/02/2024
AUTHOR/S:	Jackie Murray – Corporate Director of Operational Finance – Financial Management Hollie McKeith - Associate Director of Finance - Corporate and Reporting
HAS THERE BEEN PUBLIC OR CLINICAL ENGAGEMENT?	Not applicable – report on current financial position
HAS THERE BEEN AN ANALYSIS OF ANY IMPACTS ON EQUALITY?	As above
HAVE THE ENVIRONMENTAL SUSTAINABILITY IMPACTS BEEN CONSIDERED AND ADDRESSED?	As above
HAS FINANCIAL OR LEGAL ADVICE BEEN OBTAINED? (IF YES, PLEASE STATE THE NAME OF THE FINANCE OFFICER WHO HAS PROVIDED THE SUPPORT)	Yes – report produced by Finance function
HAS THIS BEEN TO ANY GROUPS OR COMMITTEES FOR ENGAGEMENT, COMMENTS OR APPROVAL?	Finance Committee – 6th February 2024
ARE THERE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER? (IF YES, HOW WILL THEY BE MANAGED)	None noted
PRESENTED BY:	Kathy Roe, Deputy Chief Finance Officer

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
For public meeting agenda (if item is for private agenda please provide rationale as to why)	**Yes** ☒	**No** ☐

This paper relates to the following BAF risks:	
Workforce challenges including shortages in many roles across the whole health & care sector & staff wellbeing & efficiency	☐
Demand exceeds available capacity to deliver services in a timely and effective way	☐
Failure to deliver Financial Balance both for NHS GM organisationally and as an ICS	☒
Widening health inequalities due to a reduced focus on prevention for the GM population	☐
Sustaining a strong market for community-based services (including adult social care and primary care)	☐
An emergency could overwhelm NHS GM's ability to respond effectively	☐
There is a risk failure to comply with our statutory duties for quality assurance in Quality and Patient Safety within the NHS GM system	☐

EXECUTIVE SUMMARY INCLUDING KEY MESSAGES:

1.0 PURPOSE OF REPORT:

The purpose of the report is to update the Board on the overall ICS financial position for Greater Manchester as at Month 9 and any future implications.

2.0 KEY MESSAGES:

Changes to the ICB revised deficit forecast position are detailed on slide 3. Additional key messages at Month 9 are set out in the report on slide 7.

3.0 RECOMMENDATIONS:

The NHS GM Board is asked to:

- Note NHS England's confirmation of the approved deficit forecast position of £(180.0)m for the GM system;
- Note the current financial position presented for both year to date and forecast;
- Note that the delivery of the forecast position will be finalised further, following the turnaround meetings being held in January;
- Note the reduced level of financial risk in the position, as a result of the revised forecast, but that a level of risk still remains in the system;
- Note the continued enhancement of financial controls across the system to respond to increasing pressures; and
- Note the continuation of the formal turnaround programme of work.

CONTACT OFFICER:

Kathy Roe, Deputy Chief Finance Officer

NHS
Greater Manchester

NHS Greater Manchester Finance Slide Pack Month 9 – December 2023

Part of Greater Manchester Integrated Care Partnership

Presented by: Kathy Roe
Date: 21st February 2024

System Financial Position

Introduction

NHS Greater Manchester

In Month 9 NHS England confirmed a revised deficit forecast position of £(180.0)m for the GM system for 2023/24. This recognises the risks the ICS has reported this financial year and those which could not be mitigated. The original plan for the GM system was a breakeven position, with NHS GM planning a £122.0m surplus (including the £130m system efficiencies target) offset by £(122.0)m deficit within NHS providers. The revised forecast position agreed with NHS England is a £(180.0)m deficit, with a split proposed for NHS GM £(34.7)m deficit and for NHS providers £(145.3)m.

The £(180.0)m deficit was agreed on the assumption of no further industrial action. However, there has been industrial action in both December and January, at a cost of £(21.2)m which have been reported nationally by providers as requested by NHSE to determine the future funding of these costs. As a result, the forecast outturn reported to the national team is a deficit of £201.1m. However, the system will continue to be monitored against the delivery of the £(180.0)m deficit outturn position.

Therefore, for the remainder of this report these industrial action costs are excluded, and the focus is on monitoring delivery against the agreed £(180.0)m deficit. At Month 9, NHS GM is forecasting a deficit of £(33.5)m and NHS providers are forecasting a deficit of £(146.4)m, which is a holding position whilst the final elements of the expected improvements are confirmed to achieve the £(180.0)m deficit.

	YTD Month 9					Full Year Forecast				
	Budget	Actual	Less IA Dec	Revised Actual	Variance	Budget	Full Year	Less IA Dec & Jan	Revised Full Year	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
GM NHS Providers	(103.4)	(165.8)	5.7	(160.1)	(56.7)	(122.0)	(167.6)	21.2	(146.4)	(24.4)
NHS GM	(3.5)	(28.9)	(0.0)	(28.9)	(25.4)	(8.0)	(33.5)	0.0	(33.5)	(25.5)
System efficiency	95.0	0.0	0.0	0.0	(95.0)	130.0	0.0	0.0	0.0	(130.0)
Total ICS Surplus/(Deficit)	**(11.9)**	**(194.7)**	**5.7**	**(189.0)**	**(177.1)**	**0.0**	**(201.2)**	**21.2**	**(180.0)**	**(180.0)**

Key Metrics Dashboard

NHS Greater Manchester

	2023/24							
	YTD Month 9			Full Year Forecast			RAG	Trend *based on YTD variance*
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m		
Key metrics - ICS								
Financial position - NHS GM	91.5	(28.9)	(120.4)	122.0	(33.5)	(155.6)	*R*	
Financial position - Provider	(103.4)	(160.1)	(56.7)	(122.0)	(146.4)	(24.4)	*R*	
Financial position - ICS	**(11.9)**	**(189.0)**	**(177.1)**	**(0.0)**	**(180.0)**	**(180.0)**	**R**	
Efficiency	444.6	328.4	(116.2)	606.2	478.8	(127.4)	R	
Risk (net)					47.9		R	
Agency (provider)	112.1	123.7	(11.6)	148.8	159.0	(10.2)	R	
Capital - NHS GM	3.0	3.0	0.0	5.4	0.0	5.4	*G*	
Capital - Provider	366.6	221.5	145.1	572.2	439.0	133.2	*G**	
Capital - ICS	**369.6**	**224.5**	**145.1**	**577.6**	**439.0**	**138.6**	***G***	
Cash (provider)	703.0	582.3	(120.7)	598.0	556.8	(41.2)	R	
ERF**	378.3	383.0	4.7	765.8	775.5	9.7	G	
Key metrics - ICB only								
MHIS	488.1	485.4	2.7	650.9	650.9	0.0	G	
Running costs	43.1	43.1	0.0	57.6	57.6	0.0	G	

The forecast outturn position now reflects the agreed £(180.0)m deficit for the ICS.

	NHS	Non NHS
BPPC Target Achieved (out of 10 ICS organisations)	4	8

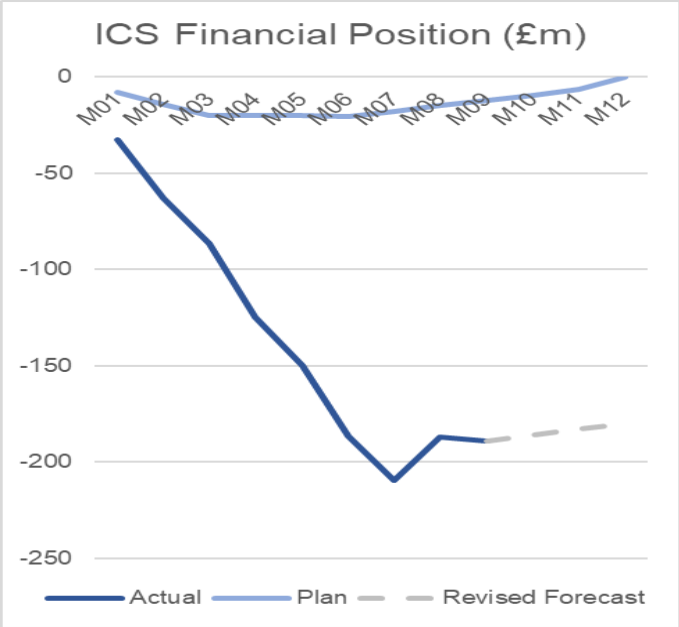
**M9 provider capital information now reflects entirety of capital plan. Within the total, the Provider capital plan (which excludes PDC and IFRS16) remains non compliant, however forecast spend for internally generated capital is now being contained within the allocation received.*

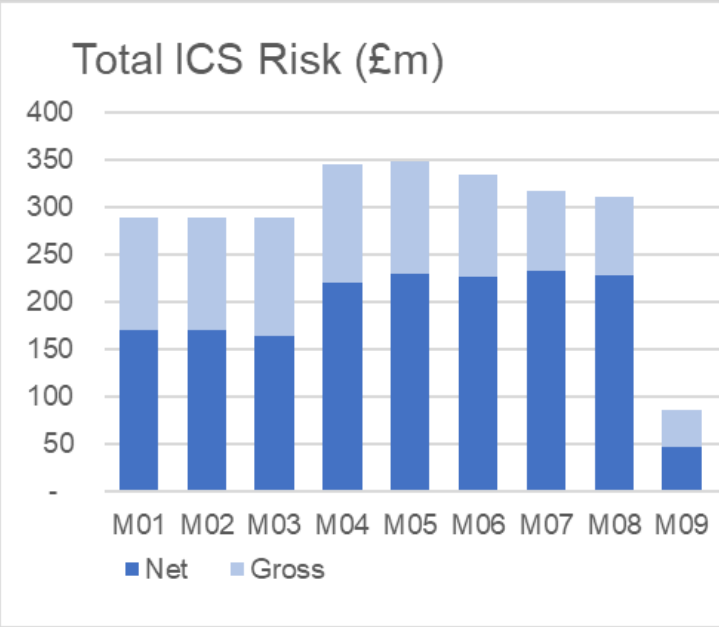
***Information is based on latest information (M6)*

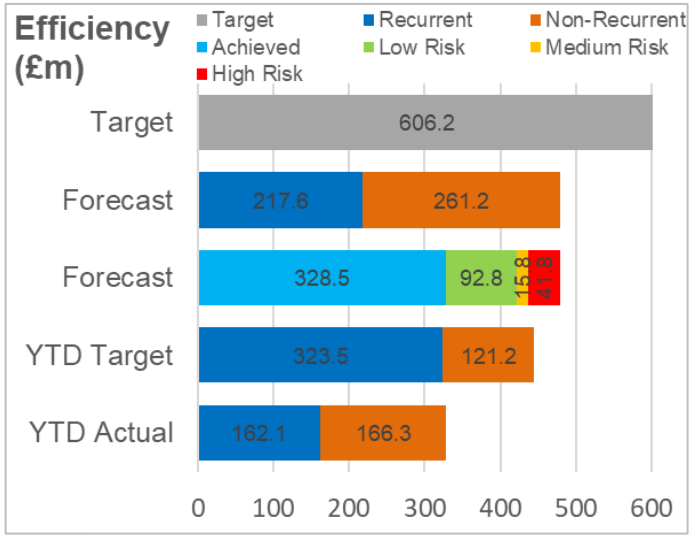
Key Metrics

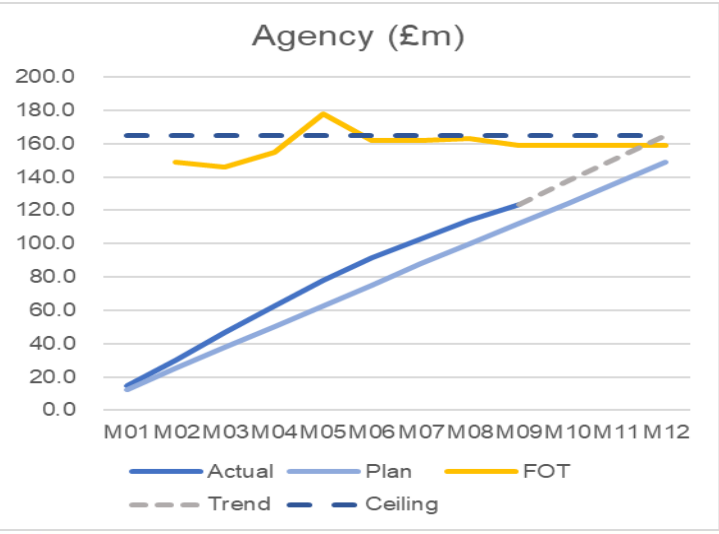
Analysis

NHS Greater Manchester









System financial position

- Greater Manchester ICS has agreed a revised forecast deficit position with NHS England for 2023/24 of £(180)m, with a proposed split for NHS GM at £(34.7)m deficit and NHS providers £(145.3)m deficit.
- At Month 9, NHS GM is forecasting a deficit of £(33.5)m and NHS providers are forecasting a deficit of £(146.4)m, which is a holding position whilst the final elements of the expected improvements are confirmed to achieve the £(180.0)m deficit.
- The YTD actual position at M9 is £(189.0)m, comprising:
  - NHS GM: £(28.9)m
  - NHS providers: £(160.1)m
- Pressures across the system remain consistent with previous months.

Total ICS risk

- Total ICS risk has significantly reduced at M9 to £87.0m from £311.4m at M8. This is due to the agreement of the revised forecast deficit position. Therefore, pressures previously reported as risk are now included in the position.
- At M9 ICS total gross risk is £87.0m and net risk of £47.9m. Residual net risk in the ICS position relates to efficiency risk (see below), risks in respect of prescribing, ERF and industrial action.

Efficiency

- This chart details the recurrent and non recurrent split, along with a RAG rating of deliverability of savings targets.
- YTD efficiency delivery is below target by £(116.2m):
  - System risk – (£95.0m)
  - Providers – (£21.2m)
- Full year efficiency target of £606.2m will not be delivered in full, with a shortfall relating to system efficiency reflected in the position.
- Gross risk for both provider and NHS GM have improved since M8.

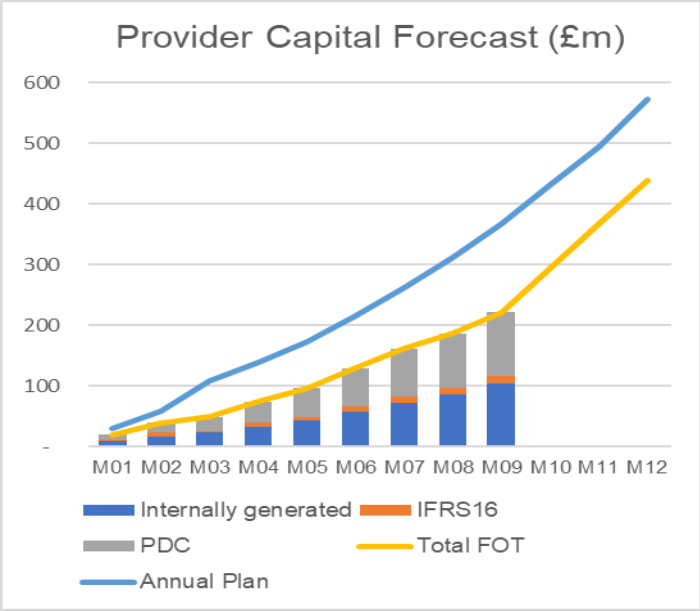
Agency

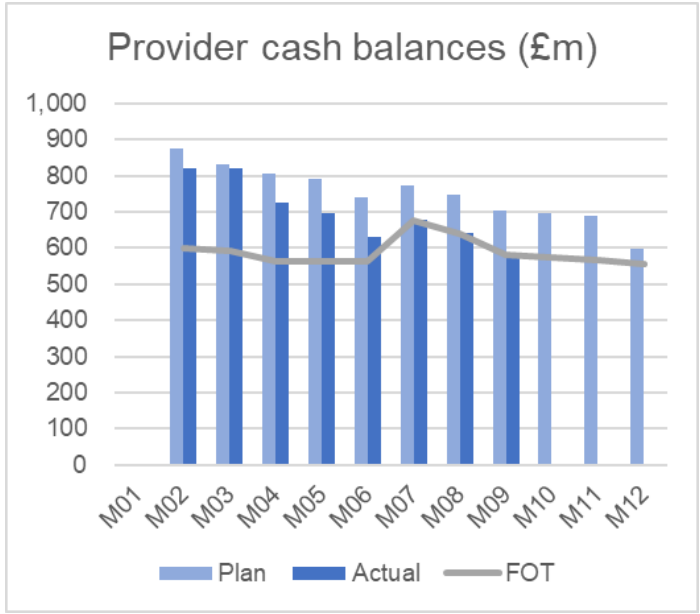
- Projected forecast costs for agency reduced in M9 to £159m (M8: £163m) which is below the ICS agency ceiling of £164.7m. The current full year trajectory based on YTD spend indicates c£164m for the year, which is a reduction in comparison to M8.
- Variances above plan for agency costs are mainly at two providers – NCA and GMMH.
- These figures exclude bank costs.

Key Metrics

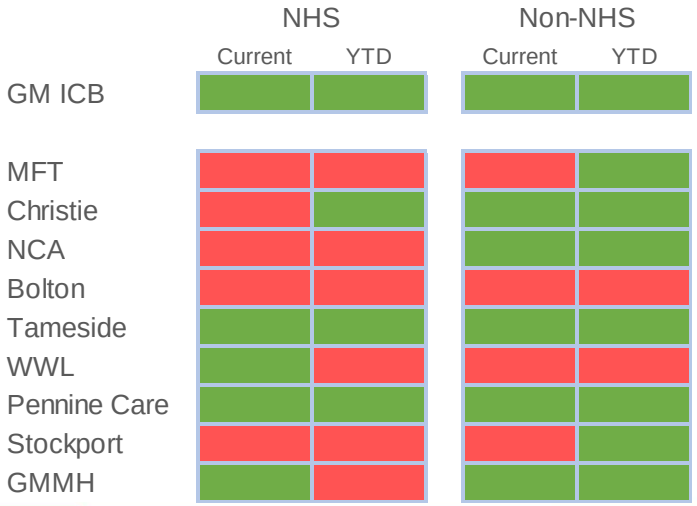
Analysis

NHS Greater Manchester





Monthly BPPC Performance



ERF performance against target

	M6 Freeze - SUS Current ERF Target (National Profiling)		
	Target	Actual	Variance
	£m	£m	£m
YTD	£378.3	£383.0	£4.8
FOT	£765.8	£775.5	£9.7

Capital

- The chart included shows the entirety of the provider capital plan, including internally generated, IFRS 16 and PDC.
- The chart shows FOT which is projected to be £439m against a total plan of £572m. The YTD provider capital position is behind plan by £145.1m.
- Within the total, the provider capital plan (which excludes PDC and IFRS16) remains non compliant, however forecast spend for internally generated capital is now being contained within the allocation received.
- NHS GM spend YTD of £3.0m is in line with plan.

Cash

- GM providers (as shown in the chart) are £(120.7)m below planned cash balance at M9 (M8: £106.6m).
- The M9 cash balance of £582.3m is less than the planned year end cash of £598m for providers.
- At M9 NHS GM has drawn down £173m (2.48%) more cash than the NHSE assumed straight line profile, which has increased slightly from the reported position at Month 8.

Better payment practice code

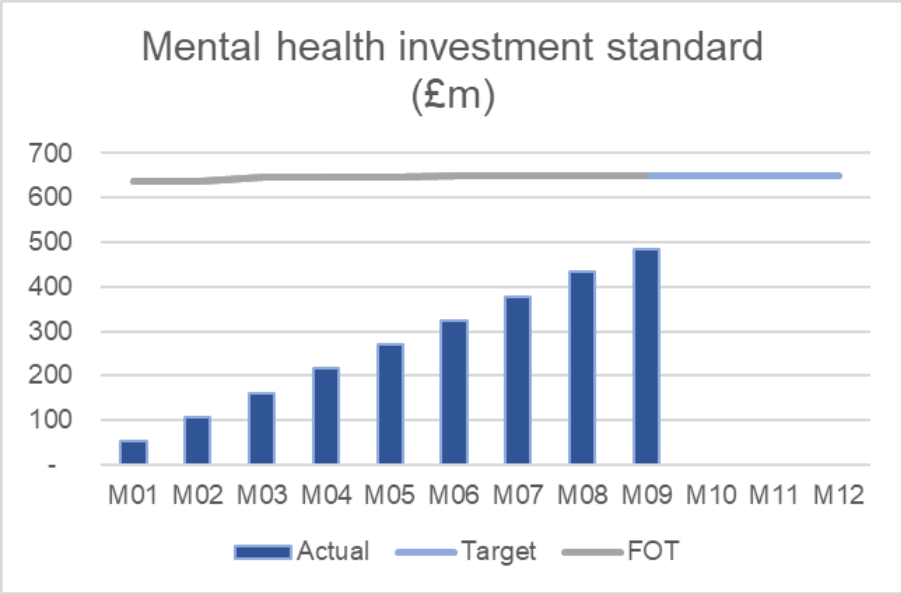
- YTD – performance against the national BPPC metric has improved from M8 for Non-NHS. However, for NHS this has deteriorated to only 4 organisations meeting the target.

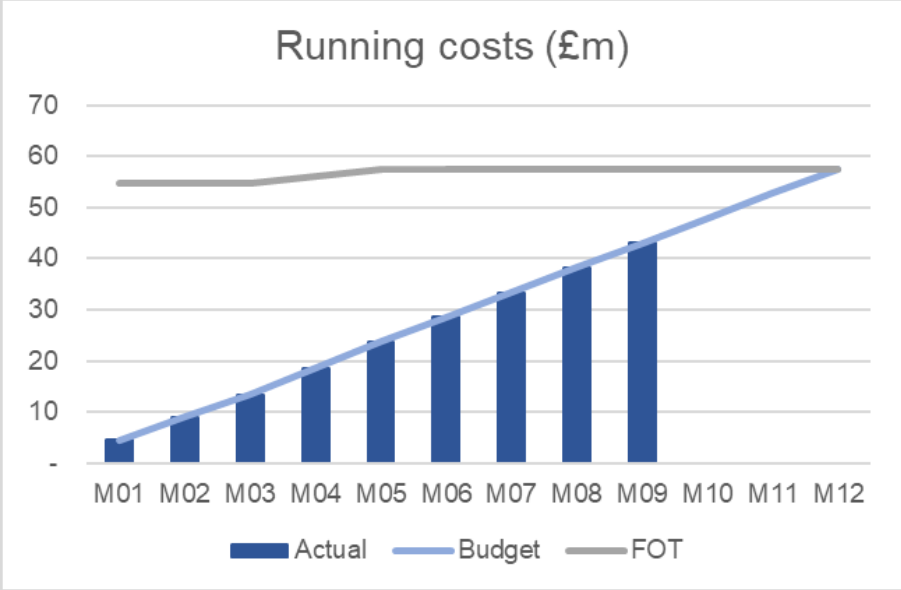
Elective recovery fund

- M6 'freeze' data is now available for ERF performance.
- GM ICB is over-achieving its ERF targets by £4.8m YTD and forecasting £9.7m full year.
- Currently the YTD and forecast position assumes net neutral impact overall with additional allocations received to cover the IS overspend.

Key Metrics

Analysis





NHS Greater Manchester

Mental health investment standard

- The NHS Mental Health Investment Standard is a GM target with a required annual spend of at least £650.9m on mental health provision.
- The organisation is forecast to spend in line with the target.
- Mental health overall for NHS GM is overspent £11.4m YTD and projected FOT £14.6m due to out of area placements, complex packages of care and increased average cost per case.

Running costs

- The annual NHS GM running cost allowance at M9 is £57.6m (no change from M8).
- Both YTD and FOT assumes achievement of the running cost target for NHS GM.
- Once the function redesign has been completed within NHS GM, the running costs will be reviewed, utilising benchmarking information available to focus on where efficiencies could be delivered.

Key Messages

Month 9

NHS Greater Manchester

The delivery of the revised forecast remains a challenging one, and work continues through the turnaround programme and meetings held with NHS GM and Provider organisations to facilitate constructive challenge on the financial position, drive improvements in financial governance, grip and control, and to deliver the efficiencies and mitigations required.

Plans are in place for the delivery of the revised forecast, and these will be finalised further following the turnaround meetings being held in January.

NHS GM	GM Providers
Risk: Total ICS gross risk has significantly reduced at M9 to £86.2m from £311.4m at M8. This is due to the agreement of the of the revised forecast deficit position. Residual net risk is £47.1m – which relates to efficiency risk (see below), risks in respect of prescribing, ERF and industrial action.	
Efficiencies: YTD £328.4m of savings have been delivered compared to a target of £444.6m. The achievement of the systems savings target of £130m is now forecast not to deliver in line with the revised forecast position.	
Prescribing: Most significant area of pressure for NHS GM, with YTD variance at £(27.3)m. The FOT of £(31.9)m should improve due to strategic interventions by £0.6m, e.g. inhaler switch and rebates are forecast to improve by c£1.6m. Current forecast includes a £7.3m benefit from Apixaban.	**Elective recovery fund:** NHS provider performance based on Month 6 freeze information is currently under-achieving against the ERF target, offset by over achievement from independent sector providers. Currently, the forecast position assumes a net neutral impact overall.
Mental health: YTD overspend of £(11.4)m which includes GMMH footprint locality OAPs pressure and locality overspends totalling £(21.9)m offset by SDF/MHIS slippage of £10.5m.	**Industrial Action:** Estimated costs of industrial action for Dec and Jan of £21.2m have been reported to NHSE in Month 9 by providers but have been excluded from this report.
Acute: M10 FOT is £(10.7)m overspend, compared to M8: £(9.7)m. £12.3m of variance relates to activity with the independent sector. Position does not include any benefits of ERF.	**Bank & Agency:** The projected FOT for agency costs has reduced at M9 to £159m against the ICS agency ceiling of £164.7m and plan of £148.8m.
CHC: At M9 the FOT has increased to £(6.0)m compared to £(5.9)m at M8.	

System Financial position

Recommendations

NHS Greater Manchester

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

- Note NHS England's confirmation of the approved deficit forecast position of £(180.0)m for the GM system;
- Note the current financial position presented for both year to date and forecast;
- Note that the delivery of the forecast position will be finalised further, following the turnaround meetings being held in January;
- Note the reduced level of financial risk in the position, as a result of the revised forecast, but that a level of risk still remains in the system;
- Note the continued enhancement of financial controls across the system to respond to increasing pressures; and
- Note the continuation of the formal turnaround programme of work.

NHS
Greater Manchester

Appendix - Individual Organisation Reported Positions

NHS GM Financial Position

Month 9

NHS Greater Manchester

The financial summary for NHS GM by expenditure type for both YTD (Month 9) and forecast to the end of the financial year is shown in the table below. It should be noted that this still compares the financial position to the original plan, however the forecast outturn reflects the current £33.5m deficit variance, as per the recent reforecasting exercise agreed with NHSE.

	Budget In Month £m	Actual In Month £m	Variance In Month £m	Budget Year to Date £m	Actual Year to Date £m	Variance Year to Date £m	Budget Annual £m	Full Year Forecast £m	Variance FOT £m	Net variance FOT (as at M8) £m	Change in Variance M8 to M9 £m
Allocations	**(591.1)**	**(591.1)**	**0.0**	**(5,287.7)**	**(5,287.7)**	**0.0**	**(7,083.8)**	**(7,083.8)**	**0.0**	**0.0**	**0.0**
Admin											
Running Costs	4.9	4.9	0.0	43.1	43.1	0.0	57.6	57.6	0.0	0.0	(0.0)
Total Admin	**4.9**	**4.9**	**0.0**	**43.1**	**43.1**	**0.0**	**57.6**	**57.6**	**0.0**	**0.0**	**(0.0)**
Programme											
Mental Health	62.0	54.9	7.0	592.7	604.1	(11.4)	790.5	805.1	(14.6)	(11.0)	(3.6)
Acute	306.3	317.5	(11.1)	2,735.5	2,743.8	(8.3)	3,642.4	3,653.1	(10.7)	(9.7)	(1.0)
Primary Care	8.2	7.9	0.3	70.0	69.2	0.8	96.8	96.1	0.7	0.6	0.1
GP Medical, Pharmacy, Dental and Optometry	78.7	78.8	(0.1)	695.0	688.1	6.9	903.6	897.1	6.5	6.1	0.4
Prescribing	44.7	45.2	(0.5)	407.0	434.4	(27.3)	543.2	575.1	(31.9)	(31.9)	(0.0)
Continuing Care	19.0	18.8	0.3	179.3	183.2	(4.0)	242.1	248.1	(6.0)	(5.9)	(0.1)
Community Health Services	55.7	55.2	0.5	500.0	501.0	(1.0)	667.9	668.4	(0.4)	(0.5)	0.1
Programme Operating Costs	7.8	7.3	0.5	60.0	57.8	2.2	87.0	80.8	6.2	5.6	0.6
Other expenditure	1.2	1.3	(0.2)	(8.6)	(8.0)	(0.6)	(4.0)	(3.1)	(0.9)	(0.9)	(0.1)
System efficiencies	(11.0)	0.0	(11.0)	(95.0)	(0.0)	(95.0)	(130.0)	0.0	(130.0)	(130.0)	0.0
Earmarked commitments and efficiencies	3.4	0.0	3.4	17.2	0.0	17.2	64.7	39.0	25.7	177.6	(152.0)
Total Programme	**576.0**	**587.0**	**(11.0)**	**5,153.1**	**5,273.5**	**(120.4)**	**6,904.2**	**7,059.7**	**(155.5)**	**0.0**	**(155.5)**
Total Expenditure	**581.0**	**591.9**	**(11.0)**	**5,196.2**	**5,316.6**	**(120.4)**	**6,961.8**	**7,117.3**	**(155.5)**	**0.0**	
Surplus / (Deficit)	**10.2**	**(0.8)**	**(11.0)**	**91.5**	**(28.9)**	**(120.4)**	**122.0**	**(33.5)**	**(155.5)**	**0.0**	

Key drivers: mental health, acute, prescribing, continuing health care and system efficiencies.

NHS GM Key Messages

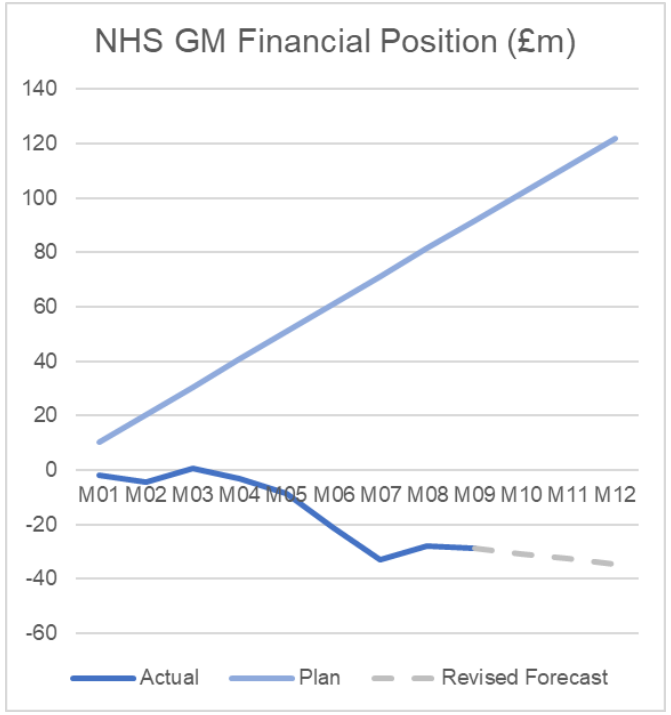
Month 9

NHS Greater Manchester

NHS GM is reporting a YTD deficit of £(28.9)m (compared to £(28.1)m at Month 8), against the deficit plan of £(3.5)m, resulting in a variance YTD of £(25.4)m. The actual in-month position is an improvement of £0.1m, which is as a result of a number of movements in the following key areas:

Expenditure area	M8 YTD Variance £m	M9 YTD Variance £m	In Month £m	Key year to date pressures and movements
Mental Health	(18.5)	(11.4)	7.1	Improvement represents a change in profiling for SDF and MHIS slippage, where previously it was all phased in M12 only. £5.9m of the £11.4m YTD overspend is related to increases in GM Out of Area Placement (OAP) packages. 15 additional beds have been commissioned to alleviate pressures.
Acute	2.8	(8.3)	(11.1)	The deteriorated is as a result of allocations included at M8 without expenditure. In M9 the expenditure has been included and is a more accurate representation of the net pressures faced within Acute. The allocations include Virtual Wards Phase 1 YTD of £5.7m at M9, GMMH central costs of £2.1m YTD at M9 and UEC of £2.1m YTD at M9 – totalling £9.9m.
GP Medical and POD	7.1	6.9	(0.2)	Slight deterioration in month due to net impact of additional allocation received for ophthalmic services and investment in dental services to mitigate contract terminations and contract hand backs.
Prescribing	(26.9)	(27.3)	(0.4)	YTD position represents a continuation of the impact of pressures in prescribing seen all year, namely NCSO costs not funded by national allocations, and inflation growth, currently 6.7% v last year. Strategic interventions by Central GM team should deliver a £0.6m benefit in Q4, e.g. inhaler switch. Rebates are forecast to improve by c£1.6m. The current forecast position includes a £7.3m benefit from Apixaban.
CHC	(4.2)	(4.0)	0.2	Limited movement in month due to the net impact of actions taken following the balance sheet review offset by increases in placement costs and a 2022/23 PUPOC pressure.
Operating costs	1.7	2.2	0.5	Improvements of £0.5m due to estates credits received not previously anticipated, as well as IT costs lower than expected on contracts.
Other variances	12.5	16.5	4.0	Improvement mainly encompasses earmarked commitments and efficiencies, with scheme slippage and additional income on ERF assumed (M9: £17.2m / M8: £13.8m).
YTD Variance	**(25.5)**	**(25.4)**	**0.1**	**NB: reported against YTD deficit plan of £3.5m (M8 £2.6m)**

The chart below shows the changes in YTD position for NHS GM by month, noting the plan includes the system efficiency requirement:



NHS GM Key Messages (continued) Month 9

NHS Greater Manchester

As previously outlined, NHS GM agreed a revised 2023/24 outturn target of £(34.7)m deficit to reflect the risks which have materialised in year, albeit a £(33.5)m deficit is being reported at M9, whilst the ICS is agreeing the final delivery of the £(180.0)m deficit.

As a result, reported risk has now decreased as many of these potential pressures are now recognised in the position. Total gross risk is £24.5m (M8: £216.3m) - which now excludes system wide efficiency as it is not expected to deliver any savings this year.

After assessing the likelihood of impact, it is expected that risk will reduce to net £11.4m (M8: £177.9m).

NHS GM net risks include:

- £1.5m of efficiency risk (against a target of £120m)
- £4.9m of ERF funding risk
- £2.5m of prescribing risk
- £2.5m relating to other existing pressures within acute activity, MH and direct commissioning.

YTD efficiencies of £92.6m have been achieved against a plan of £92.6m of which 49% is recurrent and 51% non-recurrent. There is gross risk of £5.4m in respect of efficiencies, an improvement from M8 of £1.2m, which is reduced to £1.5m net risk after mitigations.

GM NHS Provider Financial Position | Month 9

NHS Greater Manchester

The following table summarises the overall provider position reported at Month 9 and forecast outturn.

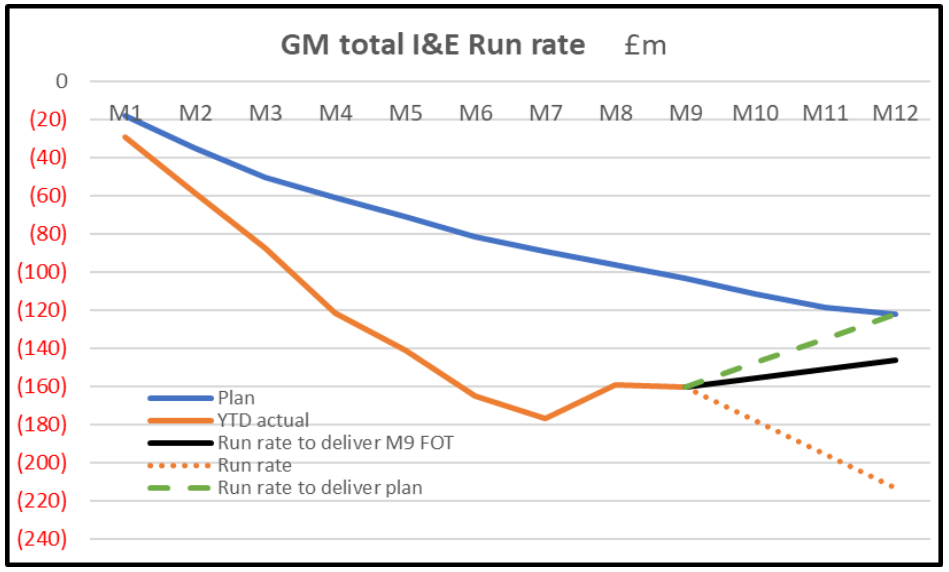
GM Providers Income Statement	Year to date			2023/24		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	5,447.9	5,536.1	88.2	7,268.7	7,394.1	125.3
Pay	(3,498.7)	(3,593.0)	(94.3)	(4,660.9)	(4,794.1)	(133.2)
Non-Pay	(1,979.3)	(2,044.2)	(64.9)	(2,630.9)	(2,669.3)	(38.3)
Non Operating Items	(73.4)	(59.1)	14.4	(98.9)	(77.1)	21.8
TOTAL Provider Surplus/(Deficit)	**(103.4)**	**(160.1)**	**(56.7)**	**(122.0)**	**(146.4)**	**(24.4)**
Surplus/Deficit Breakdown						
MFT	(14.5)	(39.3)	(24.8)	0.0	(5.0)	(5.0)
Christie	(6.0)	(1.0)	5.1	(8.0)	5.9	13.9
NCA	(20.6)	(53.6)	(33.0)	(32.2)	(67.2)	(35.0)
Bolton	(9.3)	(9.2)	0.1	(12.4)	(10.5)	1.9
Tameside	(23.8)	(23.4)	0.4	(31.5)	(30.7)	0.7
WWL	(4.3)	(7.4)	(3.1)	(6.5)	(10.2)	(3.7)
Pennine Care	(1.3)	0.0	1.4	0.0	2.1	2.1
Stockport	(23.6)	(24.0)	(0.5)	(31.5)	(31.1)	0.3
GMMH	0.0	(2.3)	(2.3)	0.0	0.4	0.4
Provider Surplus/(Deficit)	**(103.4)**	**(160.1)**	**(56.7)**	**(122.0)**	**(146.4)**	**(24.4)**

GM NHS Provider Position

Month 9

NHS Greater Manchester

I&E				
	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(29.2)	(11.8)	(122.1)	0.0
M2	(29.2)	(11.8)	(122.1)	0.0
M3	(28.7)	(13.0)	(122.1)	0.0
M4	(34.3)	(24.2)	(122.1)	0.0
M5	(19.6)	(9.2)	(122.1)	0.0
M6	(24.3)	(13.9)	(122.1)	0.0
M7	(11.6)	(3.8)	(122.1)	0.0
M8	17.8	24.9	(122.1)	0.0
M9	(1.2)	6.0	(146.4)	(24.4)
Cum.YTD	**(160.1)**	**(56.7)**		**(24.4)**



- The in-Month 9 £(1.2m) deficit is a £19m deterioration from M8. The in-month position is a £6m favourable variance from plan.
- The actual YTD position is £(160.1)m deficit at Month 9, compared to £(159.0)m at Month 8.
- Only £21.2m of the £56.7m cumulative variance from plan relates to CIP. The non-CIP balance includes bank & agency variances.
- The extrapolated YTD deficit suggests a FY £213.5m deficit (M8 £238.4m deficit).
- MFT and NCA remain the key drivers of this position.

Favourable variances are presented in black, adverse variances in (red).

GM NHS Provider Position

Month 9

NHS Greater Manchester

M9 'Drivers of the YTD deficit' summary

	Total £m	MFT £m	Christie £m	NCA £m	Bolton £m	Tameside £m	WWL £m	Pennine Care £m	Stockport £m	GMMH £m
Undelivered CIP*	(21.2)	4.6	0.0	(27.8)	0.3	0.1	0.0	1.6	0.0	0.0
Industrial Action impact***	(0.6)	0.0	0.0	0.0	0.0	0.0	(0.7)	0.0	0.0	0.0
Income Loss/Gain	(3.9)	(3.2)	0.0	0.8	0.0	0.3	(1.8)	0.0	0.0	0.0
Mental health Packages of care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other operational pressures										
Bank	(34.6)	(25.1)	(0.4)	0.0	0.0	(2.3)	(0.5)	(1.6)	(4.7)	0.0
Agency**	9.3	7.1	(0.4)	0.0	0.0	2.0	(0.0)	(2.2)	2.8	0.0
Other	(11.4)	(8.0)	3.4	0.0	0.0	0.1	(7.6)	(0.5)	1.2	0.0
Planning assumption	(10.0)	0.0	0.0	0.0	0.0	0.0	(10.0)	0.0	0.0	0.0
Cinical Supplies	(10.4)	(10.4)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NCA - Crit. care, In block HCD, ASC packages of care, Elective recovery costs	(12.8)	0.0	0.0	(12.8)	0.0	0.0	0.0	0.0	0.0	0.0
Other Income (Education and PP)	8.8	0.0	0.0	0.0	0.0	0.0	8.8	0.0	0.0	0.0
Other	(10.6)	(1.5)	0.0	0.0	(1.6)	(0.8)	0.0	(4.2)	(0.1)	(2.4)
Mitigations										
Interest receivable	13.6	1.8	2.4	6.7	1.4	1.0	0.0	0.0	0.3	0.0
Balance Sheet support	4.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0	0.0
Depreciation less than plan	10.1	10.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other mitigations	13.0	(0.2)	0.0	0.2	0.0	0.0	4.7	8.3	0.0	0.0
Total YTD deficit	**(56.7)**	**(24.8)**	**5.1**	**(33.0)**	**0.1**	**0.4**	**(3.1)**	**1.3**	**(0.4)**	**(2.3)**

*Includes elements of bank and agency costs ** These costs do not include elements of bank and agency also included in rows above, and therefore do not match to the gross agency costs reported elsewhere in this report. *** Industrial Action impact this relates just to WWL where they are reporting a shortfall in industrial action funding allocation relative to the impact seen on costs and lost activity resulting from the industrial action this year.

Favourable variances are presented in black, adverse variances in (red).

GM NHS Provider Position

Month 9

NHS Greater Manchester

I&E summary and run rate by provider (slide 1 of 3)

MFT

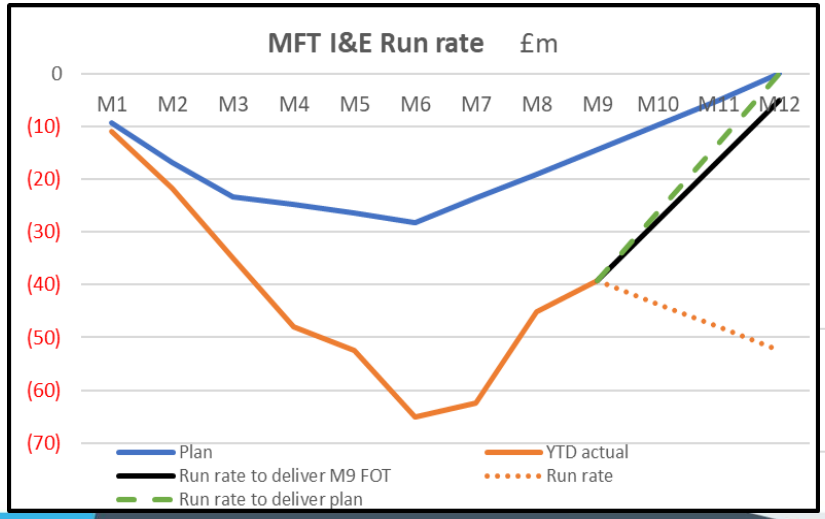
I&E	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(10.9)	(2.4)	0.0	0.0
M2	(10.9)	(2.4)	0.0	0.0
M3	(13.2)	(6.8)	0.0	0.0
M4	(13.1)	(11.6)	0.0	0.0
M5	(4.6)	(3.0)	0.0	0.0
M6	(12.7)	(10.8)	0.0	0.0
M7	2.8	(1.8)	0.0	0.0
M8	17.3	12.7	0.0	0.0
M9	5.8	1.3	(5.0)	(5.0)
Cum.YTD	**(39.3)**	**(24.8)**		

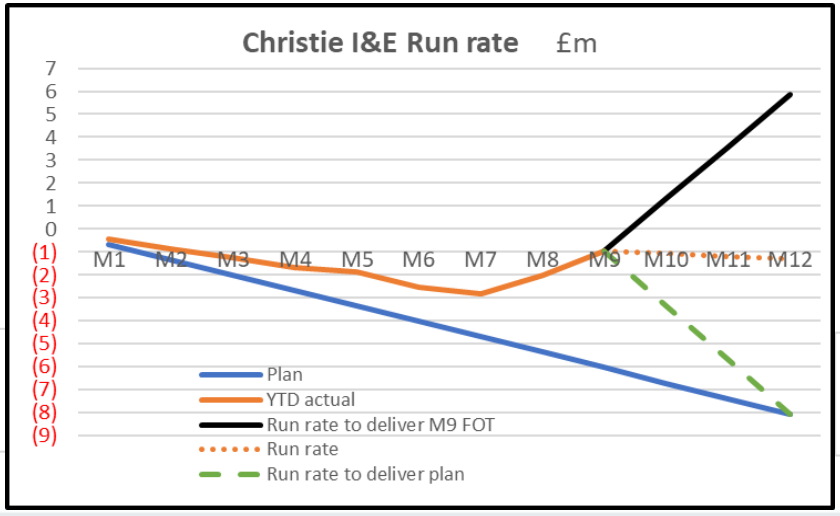
Christie

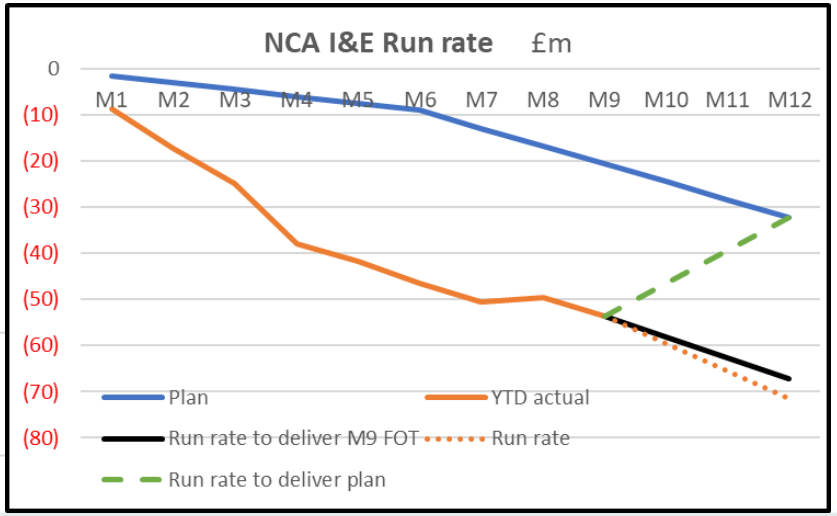
I&E	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(0.4)	0.2	(8.0)	0.0
M2	(0.4)	0.2	(8.0)	0.0
M3	(0.3)	0.3	(8.0)	0.0
M4	(0.5)	0.2	(8.0)	0.0
M5	(0.2)	0.5	(8.0)	0.0
M6	(0.7)	0.0	(8.0)	0.0
M7	(0.3)	0.4	(8.0)	0.0
M8	0.8	1.5	(8.0)	0.0
M9	1.0	1.7	5.9	13.9
Cum.YTD	**(1.0)**	**5.1**		

NCA

I&E	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(8.6)	(7.1)	(32.3)	0.0
M2	(8.6)	(7.1)	(32.3)	0.0
M3	(7.5)	(6.0)	(32.3)	0.0
M4	(13.2)	(11.7)	(32.3)	0.0
M5	(3.8)	(2.3)	(32.3)	0.0
M6	(4.8)	(3.3)	(32.3)	0.0
M7	(4.1)	(0.3)	(32.3)	0.0
M8	1.1	4.9	(32.3)	0.0
M9	(4.0)	(0.1)	(67.2)	(35.0)
Cum.YTD	**(53.6)**	**(33.0)**		







Favourable variances are presented in black, adverse variances in (red).

GM NHS Provider Position

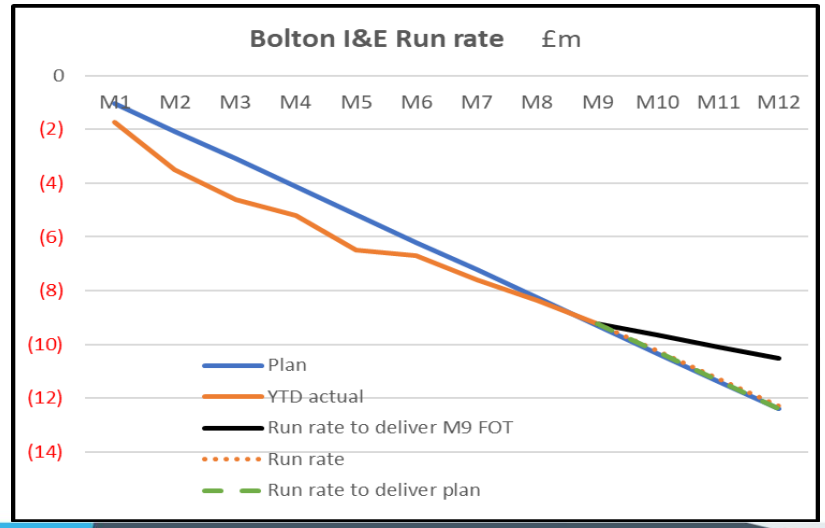
Month 9

Greater Manchester

I&E summary and run rate by provider (slide 2 of 3)

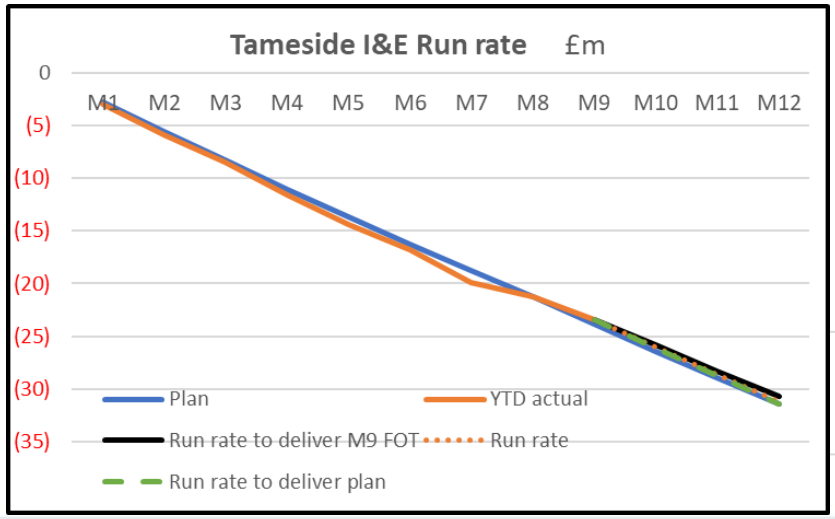
Bolton

I&E	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(1.7)	(0.7)	(12.4)	0.0
M2	(1.7)	(0.7)	(12.4)	0.0
M3	(1.1)	(0.1)	(12.4)	0.0
M4	(0.6)	0.4	(12.4)	0.0
M5	(1.3)	(0.3)	(12.4)	0.0
M6	(0.2)	0.8	(12.4)	0.0
M7	(0.9)	0.1	(12.4)	0.0
M8	(0.8)	0.3	(12.4)	0.0
M9	(0.9)	0.2	(10.5)	1.9
Cum.YTD	**(9.2)**	**0.1**		



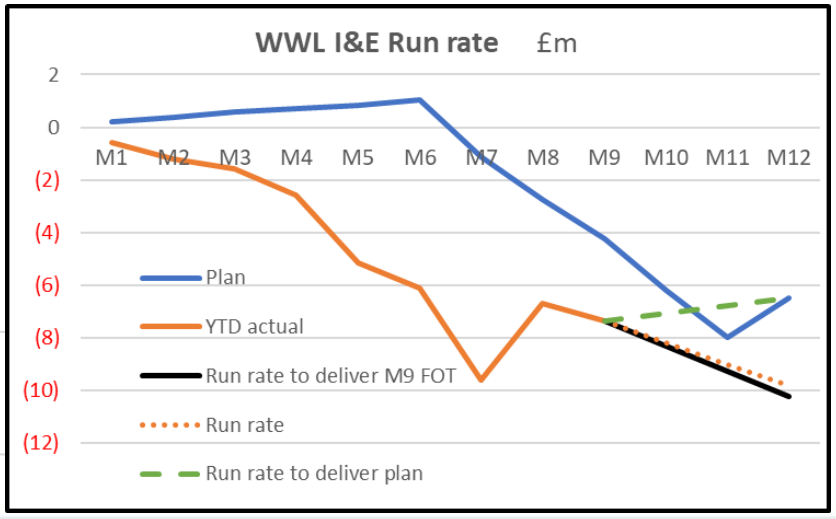
Tameside

I&E	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(3.0)	(0.2)	(31.5)	0.0
M2	(3.0)	(0.2)	(31.5)	0.0
M3	(2.6)	0.2	(31.5)	0.0
M4	(3.0)	(0.3)	(31.5)	0.0
M5	(2.8)	(0.1)	(31.5)	0.0
M6	(2.4)	0.1	(31.5)	0.0
M7	(3.2)	(0.7)	(31.5)	0.0
M8	(1.3)	1.2	(31.5)	0.0
M9	(2.1)	0.5	(30.7)	0.7
Cum.YTD	**(23.4)**	**0.4**		



WWL

I&E	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(0.6)	(0.8)	(6.5)	0.0
M2	(0.6)	(0.8)	(6.5)	0.0
M3	(0.4)	(0.6)	(6.5)	0.0
M4	(1.0)	(1.1)	(6.5)	0.0
M5	(2.6)	(2.7)	(6.5)	0.0
M6	(0.9)	(1.2)	(6.5)	0.0
M7	(3.5)	(1.4)	(6.5)	0.0
M8	2.9	4.6	(6.5)	0.0
M9	(0.7)	0.8	(10.2)	(3.7)
Cum.YTD	**(7.4)**	**(3.1)**		



Favourable variances are presented in black, adverse variances in (red).

GM NHS Provider Position

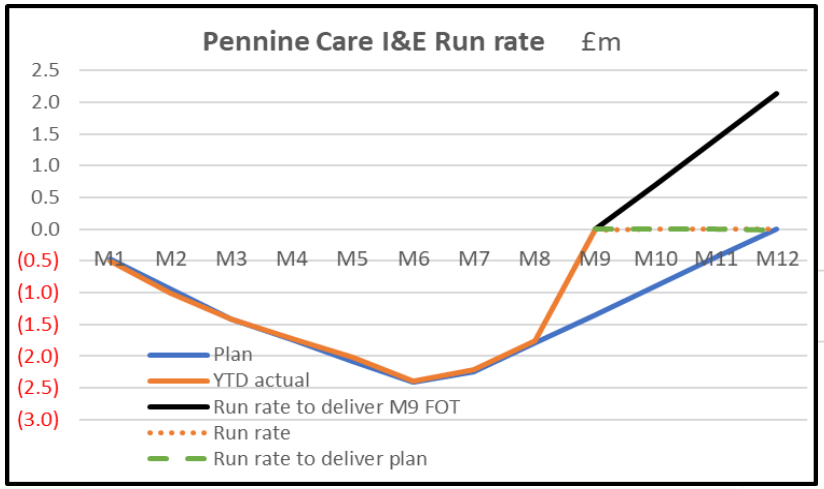
Month 9

NHS Greater Manchester

I&E summary and run rate by provider (slide 3 of 3)

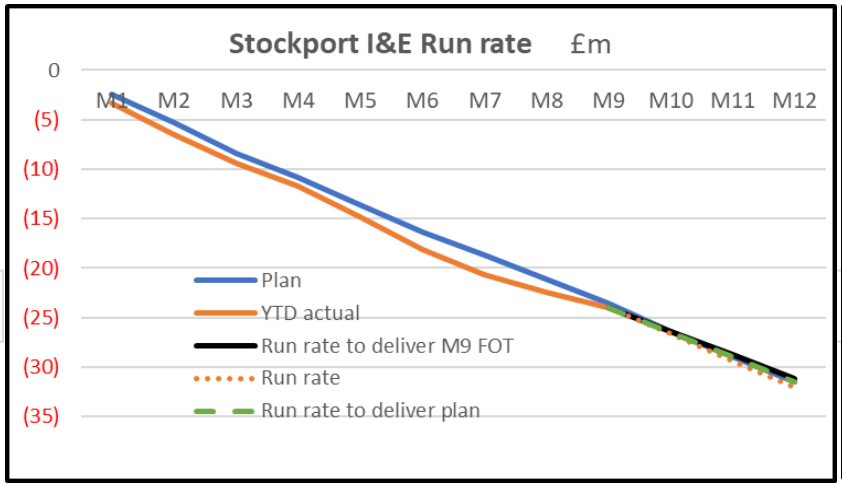
Pennine Care

I&E	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(0.5)	(0.0)	0.0	0.0
M2	(0.5)	(0.0)	0.0	0.0
M3	(0.4)	0.1	0.0	0.0
M4	(0.3)	0.0	0.0	0.0
M5	(0.3)	0.0	0.0	0.0
M6	(0.4)	(0.0)	0.0	0.0
M7	0.2	0.0	0.0	0.0
M8	0.5	0.0	0.0	0.0
M9	1.8	1.3	2.1	2.1
Cum.YTD	**0.0**	**1.3**		



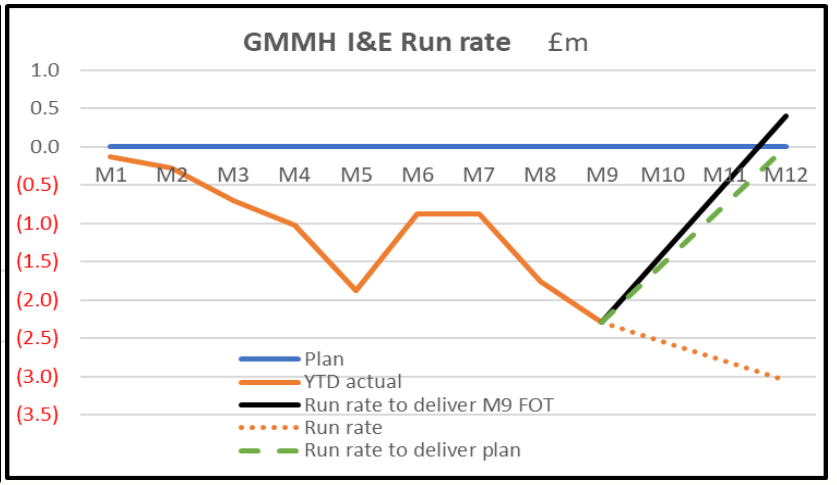
Stockport

I&E	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(3.3)	(0.6)	(31.5)	0.0
M2	(3.3)	(0.6)	(31.5)	0.0
M3	(2.8)	0.3	(31.5)	0.0
M4	(2.3)	0.1	(31.5)	0.0
M5	(3.2)	(0.5)	(31.5)	0.0
M6	(3.3)	(0.5)	(31.5)	0.0
M7	(2.5)	(0.2)	(31.5)	0.0
M8	(1.7)	0.7	(31.5)	0.0
M9	(1.6)	0.9	(31.1)	0.3
Cum.YTD	**(24.0)**	**(0.5)**		



GMMH

I&E	Actual YTD	Actual YTD var. from plan	FOT	FOT var. from plan
surplus / (def)	£m	£m	£m	£m
M1	(0.1)	(0.1)	0.0	0.0
M2	(0.1)	(0.1)	0.0	0.0
M3	(0.4)	(0.4)	0.0	0.0
M4	(0.3)	(0.3)	0.0	0.0
M5	(0.8)	(0.8)	0.0	0.0
M6	1.0	1.0	0.0	0.0
M7	0.0	0.0	0.0	0.0
M8	(0.9)	(0.9)	0.0	0.0
M9	(0.5)	(0.5)	0.4	0.4
Cum.YTD	**(2.3)**	**(2.3)**		



Favourable variances are presented in black, adverse variances in (red).