

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

15<sup>th</sup> November 2023

## NHS Greater Manchester

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### PURPOSE OF REPORT:

The report details various hot topics and themes which I would like to bring to the attention of Board members. Feedback on the format and content provided, as well as any requests of topics Board members would like covered in the coming months would be welcome.

### KEY MESSAGES:

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

### RECOMMENDATIONS:

The Board is asked to:

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

## 1. INTRODUCTION

The report details various hot topics and themes which I would like to bring to the attention of Board members. Feedback on the format and content provided, as well as any requests of topics Board members would like covered in the coming months would be welcome.

## 2. North West Regional Updates

### NHS England – NHS System Oversight Framework Segmentation & Support Arrangements

As I reported to the Board in September, as part of NHS England’s assurance against the NHS GM system, the GM system has been highlighted nationally as an area of concern. Whilst performance against key targets is improving, major concern remains, particularly about finance. Considering the need for a plan to drive improvement, a decision was made by NHS England to move NHS GM from Segment 2 (SOF 2) to Segment 3 (SOF 3) in line with the requirements set out in the NHS Oversight Framework 2022/23:

<https://www.england.nhs.uk/nhs-system-oversight-framework>

Part of the support arrangements from NHS England was to enable the leadership and governance review by Carnell Farrar (CF) which was positioned to complement the diagnostic work already undertaken by PricewaterhouseCoopers (PwC) UK. I can confirm that the revised Operating Model, as developed in collaboration with CF is now being rolled out, following the Board’s approval in September. My Executive Team have responsibility and oversight of key areas, which are now being progressed around how effectively the current arrangements work, including leadership, decision-making, resourcing and culture.

I can confirm that NHS GM had our Quarter 2 Assurance Meeting with NHS England’s North West Regional Team on Friday 3<sup>rd</sup> November. Richard Barker – North West Regional Director, was joined by members of his Leadership Team in which NHS GM presented our current position on key topics, such as workforce, financial recovery, performance and planning. I can confirm that due to the need to focus on particular areas in more detail, my Executive Team are now following up on direct discussions with their regional counterparts for a more detailed deep dive into the various topics and discussions. As the meeting was only held recently, I am yet to receive the formal letter from Richard Barker. However, once received, this will be circulated with the Board.

### North West Black, Asian and Minority Ethnic (BAME) Assembly

On 26<sup>th</sup> June 2023 the Co-Chairs of the NHS North West BAME (Black Asian Minority Ethnic) Assembly, Richard Barker and Evelyn Asante Mensah OBE, Chair of Pennine Care NHS Foundation Trust (PCFT), wrote to all North West NHS Trusts, and Integrated Care Boards (ICBs), inviting them to adopt the Anti-Racist Framework, developed by the Assembly. I have included a copy of the Anti-Racist Framework (Appendix 1) within my report.

The framework provides a mechanism for NHS organisations to work towards the ambition of becoming actively anti-racist organisations. It aims to enable organisations like NHS GM to put into action quickly,

the steps needed to reduce inequalities and eliminate racism, which can be evidenced by the higher rates of bullying and harassment, disproportionate referrals into disciplinary processes, recruitment and selection, where ethnicity still impacts your chances of appointment after shortlisting. We also know that racism causes harm to communities through the continued inequalities that we still see across our society.

NHS GM were quick off the mark to sign up to the framework and have committed to achieving the highest status within it. I'm pleased that the other ICB's within the North West have adopted it as well, as have 68% of trusts across the North West including many from within GM. To help us along with our journey on this important work, we held a Board development session on how to bring the Anti-Racist Framework to life. One of the first actions I want to do, is to become a reverse mentor to one of our BAME colleagues. I would love to hear from anyone who would be interested in this.

Another important commitment made by the NHS GM Board, is for Board and other colleagues to each have a personal equality objective, and I am pleased that I have one in place, which I have provided below. This isn't at the expense of others but to tackle the historical disadvantage under-represented groups have faced.

*To ensure that matters of equality, diversity and inclusion are at the heart of every aspect of NHS GM decision making, measured by:*

- *Set and deliver ICB targets on diversity and equality, as a model employer for the NHS in GM.*
- *Ensure that the ICP strategy and plans delivering measurable improvement in service outcomes for disadvantaged groups.*

I would also like to touch on the Race Equity in Health event which is taking place on 4<sup>th</sup> December. This has been arranged by the North West BAME Assembly and the NHS Chairs and Chief Executives Ethnic Minority Network. Sir Richard and I will be attending the event, with this year's conference exploring the impact of racism on health inequalities, healthcare provision and workforce. I have included a copy of the leaflet within my report (Appendix 2). As detailed within the document it is important to understand that our health is shaped by the conditions in which we are born, grow, work, live and age. Systematic differences in peoples' experiences of these conditions have a strong influence on health inequalities. Structural racism and institutional barriers are long standing problems that result in ethnic and wider inequalities in access, experiences and outcomes. This includes a lack of appropriate treatment for health problems by the NHS. I will invite Dr Owen Williams as a member of our Board to add any comments he has during the meeting, as I know along with Evelyn Asante Mensah, he has been involved in arranging the Race Equity in Health event.

### **3. Greater Manchester Updates**

#### **Health Innovation Manchester (HInM)**

HInM has recently published its [Annual Impact Report](#) for 2022-2023, showcasing the breadth of innovation activity that has taken place across GM's health and care system in the last year. The report highlights progress in digital transformation, innovation development and deployment, research and academia and industry partnerships. I welcome all the impact demonstrated and I would highlight the development of the GM Care Record (GMCR) and Secure Data Environment as GM-wide assets making a difference to frontline services. As well as the rollout of Hospital at Home to allow patients to get the care

they need at home safely and conveniently, rather than being in hospital. As a system leading in innovation deployment, I am also delighted to update on the Secure Data Environments (SDEs), which are highly secure computing environments that provide access to health data to use in health and care research. Utilising primary care from the GMCR and linking it with other key data sets such as secondary care and social care data, HInM is developing the GM SDE platform and infrastructure with NHS GM, which will also include attracting investment from life sciences and technology partners.

GM's SDE will provide the infrastructure and analytical tools for artificial intelligence (AI) development, clinical trials, real world studies, translational research, epidemiological studies and health systems research here in GM for the benefit of the local population. It is supported by significant information governance arrangements, with over 500 data controllers across the city region and extensive public engagement, which is embedded in decision-making.

Through the work undertaken by HInM and NHS GM, GM is one of the first ICSs in England to gain Section 251 support under the NHS Act by the Secretary of State for Health and Social Care for non-research uses of data following an application to the national Confidentiality Advisory Group (CAG). There will be a subsequent application via CAG to the Health Research Authority. This is to enable the use of that data for research purposes and includes a favourable opinion from a national Research Ethics Committee (REC), putting GM in a nationally, and potentially globally, leading position. The application to progress the use of the linked data for valuable research is expected to be sent in January 2024. HInM are also now working to develop a pipeline of academic research and commercial projects that will utilise the capabilities developed through the GMCR and SDE, and also offer a direct benefit to GM health and care partners, the local population and academics.

### World Menopause Day – A North West Partnership Panel

World Menopause Day takes place on 18<sup>th</sup> October to raise awareness about the impact the condition has on the lives of women around the world. Despite affecting about half of the world's population, menopause isn't talked about as much as it should be. By raising awareness of the menopause, it is empowering women about the support options available for improving their health and wellbeing, whilst going through it. To mark the day, NHS Greater Manchester hosted a North West virtual menopause panel with national and regional leading voices on the menopause. Guests included Dr Paula Briggs, Chair of British Menopause Society, Dr Cath Munro, GP and member of the British Menopause Society, and Hayley Lever, CEO of GM Moving and many more.

The panel was attended by almost 100 people from across the region and covered important topics such as how we better equip primary care colleagues to feel confident in supporting their patients, how we support trans and non-binary people experiencing the menopause and how we better educate managers to support their teams. This forms part of our wider work across GM, with the arrival of the Women's Health Strategy in 2022, and with a focus on all aspects of our physical, psychological and practical wellbeing. One in five people working in the NHS are in the peri menopausal or menopausal phase. As we see around 1 in 10 women leave their roles, and a further 1 in 10 renegotiate hours or responsibilities as a result of menopause symptoms, this is both a retention challenge, with economic and social impact on our workforce. NHS GM will continue to deliver a series of workshops and resources focussed on supporting our health and social care workforce, from Menopause Awareness sessions and cafes, to sessions on the preventative importance of good physical movement and mental health.

### Developing technical career routes into health and care

NHS GM is committed to improving the GM economy; through our role as an employer, by attracting more people from local communities into health and care, and to building a sustainable workforce for the future. Our People and Culture Team are working with Andy Burnham, the Mayor of GM and the Greater Manchester Combined Authority (GMCA) to support the establishment of the GM Baccalaureate (MBacc), a technical alternative to the existing academic English Baccalaureate (EBacc). Over the coming months, we will be bringing health and care employers together with education and training providers to develop a technical 'career gateway' into health and care, with a pilot ready to launch for Year 9 options for 2024. It is our ambition that all young people will be able to see a role for them in health and care in the future.

### Procurement of Alternative Provider Medical Services (APMS) Contracts

As the Board will be aware, NHS GM has commissioning responsibilities, as detailed within the revised Operating Model developed by CF, following our Leadership and Governance Review earliest this year. Part of the commissioning process is for the Board to consider the procurement of APMS Contracts. This is following prior consideration by the NHS GM Primary Care Commissioning Committee and Finance Committee Meetings held in October. Due to the commercially sensitive nature of this discussion, the Board will consider the procurement process under their Part 2 – private meeting later today. As and when the information regarding the procurement can be shared in more detail, I will ask the Chief Operating Officer and her Team to table a paper accordingly to a future NHS GM Public Board Meeting.

### Chief Officer for Population Health and Inequalities

I am sure the Board will join me in congratulating Sarah Price on her recent appointment as NHS England's Director of Public Health. In the interim I have asked Rob Bellingham to act up as NHS GM's Chief Officer for Population Health and Inequalities.

## **Recommendations**

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

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

*Appendix 1: NHS England North West and North West BAME Assembly Antiracist Framework*

*Appendix 2: Race Equity in Health information flyer for 4<sup>th</sup> December 2023 event*