

# Deputy CEO's Report to the Board

2024-2025

## Board

18 September 2024

Required information	Details
<b>Title of report</b>	Deputy CEO's Report to the Board
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<b>Executive summary</b>	The paper details updates from the Deputy CEO from a national, regional and system position, as well as consideration and next steps for the Trafford Urgent Care Review.
<b>The benefits that the population of Greater Manchester will experience.</b>	The benefits that the population will experience in respect of the Trafford Urgent Care Review Report are listed in Appendix 2.
<b>How health inequalities will be reduced in Greater Manchester's communities.</b>	The Trafford Urgent Care Review has been considered as part of the wider review within the context of the Health Needs Assessment and Equity of Access.
<b>The decision to be made and/or input sought</b>	To inform the Board of key updates at a national, regional and Greater Manchester (GM) system level as well as consider and endorse the recommendations set out in the Trafford Urgent Care Review.
<b>How this supports the delivery of the strategy and mitigates the BAF risks</b>	For the Trafford Urgent Care Review Report, the BAF risks are included within appendix 2.
<b>Key milestones</b>	For the Trafford Urgent Care Review Report, the BAF risks are included within appendix 2.
<b>Leadership and governance arrangements</b>	For the Trafford Urgent Care Review Report: Trafford Locality Board 20/08/24, NHS GM Executive Committee 28/08/24 and Trafford Health Scrutiny Committee 11/09/24
<b>Engagement* to date</b>  *Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.	For the Trafford Urgent Care Review Report: Public and Patient Engagement Urgent Care Public Survey Trafford Senior Leadership Team (SLT) Provider Collaborative Board Trafford Locality Board TCAPS (Transforming Care, Prevention and Support Service) Manchester and Trafford Urgent Care Board

				GM Urgent Emergency Care (UEC) Board.		
Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
Y for the Trafford Urgent Care Review Report.	Y for the Trafford Urgent Care Review Report.	N	Y for the Trafford Urgent Care Review Report.	N	N	Y

## Introduction

The paper details updates from the Deputy CEO from a national, regional and system position, as well as consideration and next steps for the Trafford Urgent Care Review.

## National Updates

**1.0** This section of my report is aimed to update on the Board on the key area of development from a national position, since Mark Fisher’s CEO Report to the Board Meeting in July.

### 1.1. Medical Examiners Changing

A new [statutory medical examiner service is being rolled out across England and Wales](#) to provide independent scrutiny of deaths, and to give bereaved people a voice. On 9<sup>th</sup> September 2024, it became law that all deaths not investigated by a Coroner will be reviewed by NHS medical examiners (ME) before a death can be registered. Currently, when someone dies, a doctor is notified and they decide if the death needs to be referred to the Coroner, usually when the cause of death is unknown, sudden or unnatural. If the death does not need to be referred to the Coroner, the doctor would complete the Medical Certificate of Cause of Death (MCCD) so the death can be registered.

It is now a legal requirement that once the doctor has completed the MCCD, it is reviewed by a ME. This extra step will strengthen safeguarding by reviewing how people died, supporting strengthening of mortality statistics, and making sure only appropriate cases are referred to the Coroner. The only thing bereaved families will do differently because of these changes, is to have a telephone conversation with the medical examiner or medical examiner officer, should they choose to do so. Families will have five days after the death has been reviewed and signed off by a medical examiner to register it with the registrar’s office.

## North West Regional Updates

- 2.0** This section of my report is aimed to update the Board on what work is underway with our North West NHS England colleagues within the Regional Team.
- 2.1. Board members will be aware that Richard Barker retired in June as Regional Director for the North West, and the North East and Yorkshire Regions. I can now confirm that NHS England has appointed Alder Hey Children's Hospital Foundation Trust CEO Louise Shepherd to succeed Richard Barker's role in the North West Region. I know many colleagues on the Board and within the GM system will know Louise and we look forward to working closely with her.
- 2.2. Due to the system pressures being faced in GM, I can announce that Simon Worthington has been appointed as a Turnaround Director within NHS England North West. Simon's role will be to help provide further assurance on the recovery programme of NHS GM and Provider organisations as we look to bring our finances back to plan.
- 2.3. NHS England Quarter 1 (Q1) Assurance letter

As part of our assurance processes, we meet quarterly with the NHS England North West Regional Management Team, which I have referenced again in Section 3 of my report. In keeping with being open and transparent with our current position, I have appended the letter from Dr Michael Gregory on 29<sup>th</sup> August. The letter provides an overview of the discussions taking place with our NHS England colleagues, in particular around our finances, UEC performance, as well the work of our System Improvement Board.

## Greater Manchester Updates

- 3.0** This section of my Deputy CEO Report is specifically focussed on what is happening here within the GM system.
- 3.1. Trafford Urgent Care Review

I would like to refer Board Members to Appendix 2 within my Deputy CEO Report. Appendix 2 is the Trafford Urgent Care Review Report, in full. This report is the output of the Urgent Care Review and outlines the needs assessment of the population of the Trafford Locality, the outputs of the critical appraisal of current urgent care services in Trafford and proposes the necessary recommendations to be considered. The Board are asked to note the content of the report, with Appendix 2 and are asked to approve the recommendations contained within the document.

I would therefore, like to draw the Board's attention to pages 10 to 11 of Appendix 2, entitled the 'Summary Table of Recommendations', which details the full 16

recommendations and priority areas which I would like the Board to endorse and decide upon as being the agreed next steps of the review. I would like to highlight to the Board that this review has also been discussed at length and in greater detail by the Trafford Locality Board on 20<sup>th</sup> August, Executive Committee on 28<sup>th</sup> August, as well as the Trafford Health Scrutiny Committee on 11<sup>th</sup> September.

Dependent on the outcome of the decision made by the Board, further conversations will be required by NHS GM and a process mobilised to complete the NHS England Service Reconfiguration Assurance Process, known as Gateway 1. Gateway 1 is in response to the newly enforced legislation regarding the reconfiguration of NHS services. For completeness, as explained with Appendix 2, Gateway 1 is a strategic sense check of all potentially major service reconfigurations that impact on patient services. At Gateway 1, projects are required to submit and present their case for change and any additional information, such as engagement reports, equality impact assessments and modelling to a panel of NHS England experts. NHS England will then take a view on whether they are satisfied that the relevant statutory duties are being met and whether any further work or formal consultation is required before the proposal can be implemented. Should a consultation be required, the project will progress to a second stage of assurance, known as Gateway 2.

I would like to conclude, that the recommendations within this review will serve to enhance, improve, and develop Trafford's urgent care system and offer available to Trafford residents and patients through the establishment, implementation, and delivery of a 12 month+ programme of work commencing in 2024 which will focus on the realisation of these recommendations within the Trafford system. I can also confirm that colleagues from the Trafford Locality Team of NHS GM will be attendance, alongside myself as Deputy CEO, to answer any questions Board members may have.

### 3.2. Right Care, Right Person (RCRP)

From 30<sup>th</sup> September 2024 at 7am, Greater Manchester Police (GMP) will begin implementing RCRP, which will include changes to how mental health incidents are handled. NHS GM are working in partnership with GMP. The national approach is designed to ensure that people of all ages who have health and/or social care needs receive the right support, while also introducing thresholds to reduce the number of incidents the police are called to, where they are not the best agency to do so, in particular, those involving mental health crises.

When people are in mental health crisis, they need timely access to support that is compassionate and meets their needs. While there will always be situations where the police need to be involved in responding to someone in mental health crisis, a lot of the time they don't, and they are not able to handover care to a more appropriate professional quickly enough. This can then result in people with mental health needs experiencing

greater distress and having poorer experience of the mental health care pathway. This also negatively impacts the ability of the police to carry out their other duties effectively.

RCRP will see GMP working alongside GM's Mental Health Services to ensure people get the right support, and will still attend mental health related incidents where there is a threat to life or a serious risk of harm to adults or a significant risk of harm to a child or young person.

### 3.3. Senior Leadership Update

On Mark Fisher's behalf, I would like to formally welcome Colin Scales as the new Deputy CEO / Chief Operating Officer. The day of the Board Meeting, 18<sup>th</sup> September will be Colin's first official day and he will be present during the Board Meeting. I trust colleagues will give Colin a warm welcome to NHS GM. Colin joins us from Bridgewater Community Healthcare NHS Foundation Trust, where he has been the CEO for the last nine years.

I would like to confirm to the Board that Kathy Roe continues until the end of the financial year 2024/25 as our Interim Chief Finance Officer.

Gareth Robinson has also joined us, from 9<sup>th</sup> September, as our Interim Chief Officer for System Improvement. Gareth was previously the Chief Delivery Officer at NHS Shropshire, Telford & Wrekin Integrated Care Board. Gareth's role here in GM will focus on the work with NHS England in respect of the System Improvement Board (SIB) and our Single Improvement Plan (SIP). This will see Gareth focussing on the assurance of this work, as well as ensuring that every component is attached to the delivery of this work. I trust the Board will also make Gareth welcome to NHS GM.

### 3.4. Vaccination Update

NHS GM is urging every eligible person in the city region, to get the Respiratory Syncytial Virus (RSV) vaccine which is now available. RSV is a major cause of respiratory illness and is particularly dangerous for infants and the elderly. The virus can lead to bronchiolitis and pneumonia which require hospitalisation and even intensive care in severe cases. Those eligible for the new RSV vaccine include: Those turning 75 on or after 1 September 2024, those aged 75 to 79 on 1 September 2024 as part of the catch-up campaign, those who turn 80 in the first year of the programme until 31 August 2025, as well as pregnant women from week 28 of their pregnancy. For more information about RSV and the vaccine, visit the [NHS Greater Manchester website](#).

### 3.5. Super MaDE

GM's first [Super Multi-agency Discharge Event](#) (MaDE) event took place between Friday 6<sup>th</sup> September 2024 to Thursday 12<sup>th</sup> September 2024. The Super MaDE event brought together organisations from across GM including social care, the voluntary, community

and social enterprise sector, primary care, community, mental health services and local hospitals. Services worked together to improve 'patient flow' across GM, to unblock delays and to improve discharge processes.

### 3.6. GM's Month of Hope

The annual GM Month of Hope started on Tuesday 10<sup>th</sup> September, which was World Suicide Prevention Day, and runs until Thursday 10<sup>th</sup> October, which is World Mental Health Day. [The campaign](#) is about raising awareness of suicide by encouraging everyone to have open conversations and play a role in preventing suicide. This year's Month of Hope campaign theme is 'Changing the Narrative on Suicide' and raises awareness of the actions we can all take to reduce suicide and instil hope. A number of events will be happening across GM. These include vigils of remembrance along with providing support for the bereaved.

The quickest and easiest way to support the GM Month of Hope is to look out for #MonthofHope posts on our social media channels and share with your followers. If you don't already follow us, you'll find us here: Facebook [@NHSGreaterManchester](#), X [@NHS GM](#), and Instagram [@nhs gm](#).

### 3.7. Bolton SEND Report

A report has found that children with special educational needs and disabilities (SEND) in Bolton enjoy positive experiences and outcomes from local services. A joint inspection carried out by Ofsted and the Care Quality Commission (CQC) in June has [now been published](#). Inspectors focused on how effectively Bolton Council and NHS GM jointly plan, evaluate and develop services for children and young people with SEND.

However, they also consider the duties of other area partners such as local NHS providers, schools, early years providers, alternative provision providers, Bolton's Parent Carer Forum and Bolton's Information Advisory Service. It finds that SEND service providers in Bolton are "passionately ambitious" for children and "inspire a culture of care and creativity". Inspectors highlighted several areas where the SEND partnership in Bolton is performing well. These include the involvement of children and families in care planning and strong collaboration between partners.

### 3.8. Greater Manchester Health and Care Champion Awards – winners revealed!

Winners of the Greater Manchester Health and Care Champion Awards 2024 were celebrated on Thursday 11<sup>th</sup> July. As previously reported by the CEO, we received over 500 people were nominated for 13 categories including Community Champion, Volunteer Champion, and a new category Team of the Year. Finalists attended the sponsored ceremony held at the Science and Industry Museum, hosted by recent Blue Peter television presenter Mwaksy Mudenda, to celebrate the winners. During the night there



were plenty of inspirational stories shared, really highlighting the strength, determination, and dedication of all those who work in the health and care workforce, both employed and unwaged.

At the start of the evening the Mayor of Greater Manchester, Andy Burnham presented his Special Recognition Award, which celebrates a contribution to health and care that is truly unique. Matthew Coles was presented with this award for his dedication to his development, from joining Tower Family Healthcare in Bury as an apprentice receptionist at age 16, to beginning his nursing degree apprenticeship at the University of Bolton. Other winners included retired doctor and founder of the REACHE programme at Salford Royal Hospital, Lifetime Achievement Champion Dr Maeve Keaney and People's Champion Adam Hardaker, a Supported Living Manager at Manchester's Turning Point. He was recognised for supporting people with learning difficulties and disabilities to improve their day-to-day quality of life. For more information on the night and the full list of winners [click here](#).

### 3.9. NHS Greater Manchester supports the Kings Fund Report

The Kings Fund reached out to NHS GM to help coordinate support from their key system partners to input into their new report, Realising the Potential of Integrated Care Systems. The aim was to understand how Integrated Care Systems (ICSs) are functioning as partnerships to develop system-wide solutions to workforce challenges. Currently some of the biggest challenges facing the health and care sector are development, recruitment, training, and retention of staff.

GM was used as one of their case studies to assess our efforts and approach to tackling these issues. By examining how the GM system is working, the Kings Fund report was able to gain insights into how ICSs are developing since taking on their statutory form, and the impact system working is having. Their research identified six distinctive ways in which ICSs are adding value being; organising around a shared purpose, building system leadership, encouraging system-focused behaviours, scaling and spreading success, using resources more effectively and managing complexity. Should Board members wish to read the full report [click here](#).

## Recommendations

### 4.0 The Integrated Care Board is asked to:

- Note the contents of the report by the Deputy CEO.
- Consider, endorse and support the recommendations contained within Appendix 2, recommendations 1-16 of the Trafford Urgent Care Review Report.



Ref MG HH 2024-08-29

To: Mark Fisher, Chief Executive  
Sir Richard Leese, Chair  
NHS Greater Manchester Integrated Care Board

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By email

29 August 2024

Dear Mark and Richard,

## **2024 Greater Manchester Integrated Care Board (ICB) Quarter 1 Assurance**

Thank you to your colleagues for attending our Quarter 1 (Q1) Assurance and Improvement meeting on Friday 26<sup>th</sup> July 2024 and for providing a presentation covering the agenda items in advance of the meeting.

It was a valuable discussion and your presentation was informative in highlighting the Governance Processes, which have been put in place and ongoing work around Population Health and tackling Health Inequalities. It was also recognised that areas of elective activity, urgent and emergency care and cancer 62 day waits needed to make progress at pace.

Agendas for the Quarterly Assurance and Improvement Meetings for 2024-25 have been agreed. The agendas enable discussion on the Integrated Care Board's (ICB) delivery against statutory requirements, regular items on delivery against planning guidance priorities, undertakings and ratings. The elements discussed at the Q1 meeting, and a summary of the discussion are provided below.

### **System Leadership**

The ICB outlined that discussion around finances and Urgent and Emergency Care (UEC) are more clearly understood with a stronger call to action, bringing knowledge and intelligence together with a positive shift in collaboration, working at place level. The ICB expect to see improvements in the coming months.

With regard to formal governance arrangements, the ICB is currently partnering with the Good Governance Institute (GGI). GGI are working with the Board and Committees to develop assurance frameworks and terms of reference, in order to understand governance information flows (in line with the operating model). The ICB has also commissioned a partnership assessment tool to understand system leadership capability across health and social care. There has been a 64.7% return rate from the nearly 300 who were asked to complete this in July, with the



assessment to be repeated in six and twelve months' time. The report (due in August 2024) will feedback on ten dimensions, which contribute to the overall effectiveness of the ICB, vision and values, roles and team working, contact, long term commitment, conflict, mutual support, trust, innovation, compassion, equality diversity and inclusion.

A review of community services is in progress, part of the overall Greater Manchester Health and Care Review.

The System Leadership Sessions held with stakeholders focus on key issues. The next session in September will cover the Sustainability Plan, understanding and agreeing actions from the Partnership Assessment Tool report and presenting work completed on the updated architecture of system groups (including UEC, Elective and Maternity).

### **Improving Population Health**

There is a prevention and early intervention framework, an ICB population health committee with delegated authority to act on behalf of the ICB and a system wide approach to health inequalities through Greater Manchester Fairer Health for All. It was noted the Integrated Care Partnership meeting on 27<sup>th</sup> July was having 'Tackling Inequalities' as its single agenda item.

An example of improving population health shared was Cardio-Vascular Disease (CVD), where there is a focus on reducing unwarranted variation with tools to identify those in most need and targeted community led interventions. A multiyear prevention plan and single system delivery plan has been agreed across all stakeholders with a series of workshops in progress across the year. At a recent workshop the Non-Executive Directors met to discuss population health and secondary prevention which is now being followed up at provider boards.

The Work Well Partnership Vanguard led by localities was highlighted as one of the mayoral priorities, with 8,000 local people being provided with person-centred support.

The ICB uses data which has an inequality lens. A board audit developed nationally is being used to assess where each board is on their ability to address population health issues. Commissioning decisions have built in social value as a focus.

### **Stakeholder Feedback**

The ICB discussed the Integrated Care Partnership Strategy for participation and engagement, which was developed with partners including Voluntary Community and Social Enterprise (VCSE), Healthwatch and Providers. It has been approved by the 10 localities, ICB and Integrated Care Partnership (ICP) Boards with a targeted focus on those who experience the greatest health inequalities. Continuous

engagement and co-production will be reflected in the ICB wide co-production network, which is in development.

As previously stated, the Live Well Agenda is one of the three mayoral priorities and is the movement for community led health and wellbeing, supporting healthier, happier and fairer communities by growing opportunities for everyone.

### **Segmentation**

Segmentation reviews take place quarterly at the newly established monthly Provider Oversight Meetings (POMs). Exit criteria has recently been agreed for two segment 3 trusts; Northern Care Alliance NHS Foundation Trust and Manchester University NHS Foundation Trust, with ongoing development of criteria for Stockport NHS Foundation Trust. The Christie NHS Foundation Trust evidence of segment two exit criteria is currently being reviewed. It was acknowledged that the provider organisations are engaging constructively in the process. Greater Manchester Mental Health NHS Foundation Trust (GMMH) remain in segment 4 and all in the meeting agreed were the main concern.

### **ICS Development (Workforce)**

The ICB has been building on governance to drive and deliver the Cost Improvement Programme (CIP) and Whole Time Equivalent (WTE) changes for 2024/25 through the already established Workforce Efficiency Programme alignment across workforce and finance activities. GM ICB has reduced its planned workforce since the March 2024 submission. The latest published monthly dashboard demonstrates only GMMH is not currently within target. There is a reduction in turnover which is partially attributed to the Retention Manager Focus, part of the North West People's Promise Initiative. Wellbeing and recruitment and retention toolkits and a temporary staffing policy are being implemented across providers. The next POMs will be focusing on why these improvements are not reducing the overall pay bill.

Work is progressing as a vanguard to scale up people services (ESR recruitment, Occupational Health) progressing initially between Wrightington, Wigan and Leigh NHS Foundation Trust and Bolton NHS Foundation Trust. A Project Initiation Document is in development to build the business case for increased collaboration in this area of work.

### **Operational Plan Delivery approach**

The meeting with the National Finance Team is on 1<sup>st</sup> August 2024 and it was agreed detailed discussions will be held then.

### **Performance, Improvement and Recovery support**

The continued good performance for category 2 ambulances and the percentage of patients receiving a faster diagnosis of cancer was acknowledged, with both exceeding national targets. 6 week wait diagnostics has improved and is on plan.

Mental health out of area placements shows improvement overall and is currently on track to deliver the end March 2025 target.

Three areas of concern remain urgent and emergency care, electives and cancer 62 day waits. The target of having no over 65 week waits is high risk for the end of September 2024. Renewed focus on the Further Faster Principles for elective pathways was also discussed.

The System Groups are currently under review to ensure they are accountable, responsible for delivery and implementation, including the Newton Europe recommendations for those Trusts/localities where the diagnostic was undertaken as part of tier one support.

Improvement support, recovery and undertakings were discussed at the System Improvement Board on 24<sup>th</sup> July 2024.

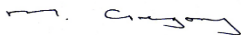
### **Next steps and Actions**

The meeting was helpful and informative. The ICB continues to have challenges particularly around finance and UEC. The System Improvement Board will continue to meet to progress the Single Improvement Plan on a monthly basis. The next quarterly meeting will be on 5<sup>th</sup> November 2024.

Actions from the meeting:

- ICB to share outputs from the Community Review
- ICB to share commissioning process with built in social value
- ICB to share results from July's system leadership assessment
- ICB to let Suzanne Kirwan when ready to discuss The Christie NHS Foundation Trust segmentation review

Yours Sincerely,



**Dr Michael Gregory**  
**Interim Regional Director (North West)**