

# CEO's Report to the Board

2024-2025

## Board

20 October 2024

Required information	Details
<b>Title of report</b>	CEO's Report to the Board
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<b>Executive summary</b>	The paper details updates from the CEO from a national, regional and system position.
<b>The benefits that the population of Greater Manchester will experience.</b>	<ul style="list-style-type: none"> <li>Addressing the effectiveness of tirzepatide in weight loss.</li> <li>Winter planning preparation and assurance.</li> <li>Vaccination programmes.</li> </ul>
<b>How health inequalities will be reduced in Greater Manchester's communities.</b>	As detailed above.
<b>The decision to be made and/or input sought</b>	Information, assurance and onward dissemination by Board members.
<b>How this supports the delivery of the strategy and mitigates the BAF risks</b>	Delivering effective governance through the Good Governance Institute (GGI) Work Programme.
<b>Key milestones</b>	<ul style="list-style-type: none"> <li>International Fraud Awareness Week.</li> <li>Winter Planning and assurance.</li> <li>Deliverables of the GGI Work Programme.</li> <li>Membership of the Good Employment Charter.</li> </ul>
<b>Leadership and governance arrangements</b>	For consideration by the Board.
<b>Engagement* to date</b>  <b>*Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.</b>	<ul style="list-style-type: none"> <li>GGI Work Programme considered by October's Executive Committee.</li> <li>Winter planning assurance and performance escalated through the Quality and Performance Committee.</li> <li>Service reconfiguration work addressed through the People and Culture Committee.</li> </ul>

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
N	N	N	N	N	N	Y

## Introduction

The paper details updates from the CEO from a national, regional and system position.

## National Updates

**1.0** This section of my report is aimed to update the Board on the key areas of development from a national position, since the CEO's Report to the Board Meeting in September.

### 1.1. International Fraud Awareness Week (IFAW)

This year IFAW takes place between 17<sup>th</sup> and 24<sup>th</sup> November, which coincides with our November Board Meeting date. IFAW is an annual global campaign, that's been running for over 20 years, to promote anti-fraud awareness and education. This week-long campaign is dedicated to raising awareness about fraud, its impact on organisations and society, and promoting counter-fraud practices and education. It's an event that the NHS actively supports.

The Board can find out more about fraud in the NHS and IFAW by speaking to our Anti-Fraud Specialist Paul Bell, as well as our Counter Fraud Champion David Dobson, or accessing <https://cfa.nhs.uk/fraud-prevention/what-is-nhs-fraud>.

### 1.2. Health Innovation Manchester's collaboration agreement between Eli Lilly and UK Government

Members of the Board will already be aware of the SURMOUNT-REAL UK real-world evidence study into obesity. As reported in the media, thanks to Health Innovation Manchester's groundbreaking strategic partnership with global pharmaceutical company Eli Lilly and Company (Lilly), and GM system partners will support a study incoming to GM. The study to evaluate the real-world effectiveness of tirzepatide in weight loss, diabetes prevention, and prevention of obesity-related complications for adults with obesity. The announcement, which was made as part of a collaboration agreed between Lilly and the Government, was unveiled at the Government's International Investment Summit on 14<sup>th</sup> October.

It is important to put this into context, as around 600,000 adults in GM live with obesity, many of whom also suffer with other obesity-related illnesses which reduces their quality of life and puts additional pressure on the health and care system. Working collaboratively with industry to solve these problems is paramount. As an example of great partnership working across our system, Health Innovation Manchester has worked with the University of Manchester and local digital trials company NorthWest EHealth to develop the study approach. The evidence generated will seek to increase the global evidence base on the long-term impacts of weight loss medicines and potentially inform the UK's care pathway approach to the treatment of obesity. Significantly, the five-year study will also aim to

collect data on healthcare resource utilisation, health-related quality of life and changes in participants' employment status and sick days from work. This partnership is in its very early stages, and the study will take time to develop. It is still subject to approval, and no patients are currently being recruited.

## **Regional Updates**

- 2.0** This section of my report is aimed to update the Board on what work is underway with our NHS England North West colleagues within the Regional Team.
- 2.1. Work remains ongoing for NHS Greater Manchester (GM) to address the undertakings with NHS England. Our System Improvement Board (SIB) with NHS England, underpinned by our Single Improvement Plan (SIP) is progressing well. I will appraise in the Board in the coming months on our continued progress to address the areas outlined within the undertakings.

## **Greater Manchester System Updates**

- 3.0** This section of my CEO Report is specifically focussed on what is happening here within the GM system.

- 3.1. Board Membership

Following the recent portfolio changes at the Greater Manchester Combined Authority (GMCA), Paul Dennett has stepped down as our Partner Board Member representing Local Authorities. I can confirm that the process is now underway to appoint his successor which will be announced in due course. I am grateful for Paul's contribution and would like to thank him for the contribution he has made to the work of the ICB in the time he was a member of the Board. Alison McKenzie-Folan will continue to attend meetings of the Board as the Health and Care Portfolio Lead for the GM Local Authority CEOs.

- 3.2. Board Development

Board Development Work through the NHS North West Leadership Academy began with an in-person briefing session on 16<sup>th</sup> October. The objective is to support the Board in strengthening its function and effectiveness through an evidence-based assessment tool, focusing on the Board's team structure, processes, and behaviours as it oversees the implementation of the ICP Strategy. In addition, individual and group 360-degree feedback will be collected using the established Health Care Leadership 360 tool. These assessments will provide insights and recommendations to inform the Board's development plan for 2025/26.

### 3.3. Good Governance Institute (GGI) Update

The Board will be aware of the work commissioned for the GGI to review NHS GM against a future well led assessment of the Care Quality Commission (CQC), allowing for the organisation to identify any gaps in system effectiveness. The initial diagnostic work was received by the NHS GM Board in the early summer and agreed to support the development in 4 key areas:

- **System strategy and risks** – bringing greater clarity on priorities, decision making, and the operation of the Board Assurance Framework (BAF).
- **System Oversight** – enhancing provider and locality oversight, and reporting from localities and providers to committees and the Board.
- **System Learning** – mechanics for sharing learning outside, from within and outside of GM.

**Systems values and behaviours** – being established at the time of assessment.

Subsequent work has been captured within the SIP. This work includes the setting of Board priorities, with the majority of committees reviewing their priority areas. Work is underway for locality committees, in addition to the BAF risk update and alignment to the strategic objectives, application of the GGI templates for all Board and committee documents, agendas and terms of reference (TOR). This work will then be reviewed and modified for the Financial Scheme of Delegation, implementation of the Provider Oversight Framework and the Locality Oversight Framework, with significant work continuing to support the alignment of one culture across the organisation.

### 3.4. Winter Planning

NHS GM received a letter from NHS England in September, outlining winter priorities focused on maintaining safe, high-quality care and supporting people to stay well. These priorities align with the National Urgent and Emergency Care (UEC) recovery plan and GM's UEC priorities. Preparations for winter were already in progress, with assurance received that all localities have winter plans in place.

The priorities are, firstly providing safe care, through maintaining quality and patient experience and secondly supporting people to stay well over winter. These areas of winter focus align with the National Urgent and Emergency Care (UEC) recovery plan and with our Greater Manchester UEC priorities. NHS GM was able to anticipate the specific requirements set out in the letter and were well underway with our preparation for winter. Assurance has been received during October 2024 via our Urgent Care Oversight Meetings, that all our localities and providers have winter plans in place which have been through appropriate local governance.

Ensuring that our population receive safe, effective, high-quality care is a key priority, especially over winter when our services may be experiencing extreme pressure. November's Performance Report to the Board has been developed through the Quality and Performance Committee and the UEC System Group and is shared to provide further assurances around the robustness of our approach.

We are utilising our well-established communications channels to provide GM wide winter communications to our population this year including the 'get to know where to go' campaign and the 'get vaccinated; get winter strong' campaign. Messaging is designed to promote confidence in services which are alternatives to the Emergency Department (ED) such as NHS 111 and pharmacies. There are further details with this report on our vaccination campaign.

The National UEC recovery plan sets out ten high impact interventions which are designed to maximise our ability to support people to live well in their own homes and to be treated in the right place at the right time when they do need care. In GM we have used our Capacity and Discharge fund allocation to support delivery of these high impact areas. Decisions around how to allocate resource was taken early in the year by all localities agreed through Health and Well-being Boards. A maturity assessment undertaken in August 2024 indicates that all services are maturing. Several of these services have specific additional capacity designed to support additional demand for services over winter, such as the Acute Respiratory Infection hubs and the Clinical Assessment Service.

The national UEC recovery milestones for this year are to achieve 78% of patients being treated in line with the 4-hour standard of care in the month of March 2025, and to achieve an average of 30 minutes for the year in category 2 ambulance response times. Despite our plans set out above, the risk to our ability to achieve this standard increases during winter months. The latest performance in these two standards is the Performance Report, where the Board will see that in September, we were behind our plan for the 4-hour standard of care. Through the UEC Oversight Meetings, NHS GM have recently reviewed all locality and provider improvement plans for the remainder of the year. It should be noted by the Board, that while we have good plans in place, these carry risk. With regards to category 2 ambulance response times, NHS GM have achieved the milestone in each month of this year but anticipate that this will be harder to achieve over the winter months.

In line with the focus on safety, quality and experience of care this winter, NHS GM will be paying close attention to the performance in ambulance handover delays and in waits in ED for over 12 hours. With regards to ambulance handover delays NHS GM can be relatively proud of our performance, but not complacent. At the end of October 8.6% of people in GM arriving to hospital by emergency ambulance waited longer than 60 minutes to be handed over, compared to an England average of 12.5%. With regards to 12 hour waits in GM's EDs, the number of people experiencing this is increasing. Rising from

9.3% of attendances at the end of September, to 13.8% of attendances at the end of October. As set out in the Performance Report, NHS GM have robust processes in place through the System Coordination Centre to monitor and actively manage individual cases of people experiencing long ambulance delays and long waits in ED.

### 3.5. The King's Fund Population Health Report

In a new report published in October the national think tank The King's Fund, has praised GM for its work on population health and the improvements it's made to health outcomes. Calling GM "the poster child for devolution" in England, it recognises the time, effort and resources put in place across our city-region to help people to live good lives, improve wellbeing and prevent illness. The report identifies key learning from GM's journey for others, including the importance of a strong and a shared vision, committed and distributed leadership and long-term unshakeable commitment over time. The report also recognises the importance of leadership and partnership working at a neighbourhood level to create the context for action. The [report can be accessed here](#).

### 3.6. Get Winter Strong 2024 - Winter Vaccination Campaign

Our Get Winter Strong 2024 winter vaccination campaign has now launched. The strap line for this year's campaign is, 'Get Winter Strong', which links into ideas of staying strong, healthy, well and being ready for winter. This is teamed with a clear call to action to get vaccinated. Viruses common in winter can make some people very unwell and result in serious problems that may need hospital care. The NHS offers free vaccines to those at greatest risk, so they can get the protection they need. This campaign focuses on vaccines for Flu, COVID-19 and Respiratory Syncytial Virus (RSV). NHS GM are also taking the opportunity to highlight all vaccinations recommended in pregnancy, being COVID-19, flu, RSV and whooping cough as part of this campaign.

### 3.7. Children's Attention Deficit / Hyperactivity Disorder (ADHD) Services

NHS GM has launched a [public engagement exercise](#) to gather views on children and young people's ADHD services in GM. NHS GM want children and young people to have timely access to support that is tailored to helping them manage their ADHD condition and symptoms, considering their needs as a whole and not focusing on their diagnosis. The engagement exercise, which runs until 29<sup>th</sup> November 2024, seeks to address some of the issues including long wait times, levels of ongoing support for patients, the referral and assessment process, and how services vary across GM. Our biggest priority is to improve how cases are prioritised, and making sure that children and young people who are most in need, get help quickly.

### 3.8. Live Well Event



Nearly 500 people from across GM came together to talk about growing community power and decision making at the third event in the Live Well movement building series. The event harnessed the strength and creativity of the GM Live Well movement as public services move towards a powerful ambition to further transform neighbourhood working towards prevention. Live Well is GM's commitment to everyday support in every neighbourhood, changing how we work with communities and in public services to grow opportunities for everyone to Live Well. I attended as part of the plenary session 'Where next for Live Well and community power in GM?' alongside other panelists, GM Mayor, Andy Burnham, CEO of GMCA, Caroline Simpson and Manchester City Council Leader, Cllr Bev Craig.

Liz Kendall, Secretary of State for Work and Pensions, gave a keynote address, talking about the importance of joining up support for work, health, and skills to support people into good work. And how working with Mayors, local areas and community groups is essential to delivering this. She said: "You're pioneering in Greater Manchester. We want to learn and unleash the huge potential." Andy Burnham re-iterated that devolving power to people and place through employment budgets should be routed through our voluntary, community, faith and social enterprise organisations who are doing community-led prevention every day, to create a live well system that's about lifting people up, not tripping them up. You can read more here: [GM Live Well event about community power and decision making \(gmintegratedcare.org.uk\)](https://gmintegratedcare.org.uk)

### 3.9. NHS GM Clinical Leads Event

On 8<sup>th</sup> October I attended and addressed the NHS GM Clinical Leads Event. My key message that afternoon was giving the clinical leadership community my personal commitment in recognising the importance around clinical staff being front and centre of our next steps. I emphasised how the Darzi Report highlights that all roads lead to the importance of clinicians. The three points I referred to were:

- Movement from cure to prevention, which links into the work already underway in GM into our prevention element of the Sustainability Plan. A great example of this work to date, was on the work in tobacco control.
- Moving from hospital care into community services: GM has the Primary Care Blueprint, and as GM progresses and further embeds the Operating Model, that links to the delegated responsibility, within our neighbourhood and locality working.
- Productivity: GM has challenges to achieving constitutional targets, as detailed within my CEO Report, but we have made great progress to date. How we continue to improve and use our digital advances as positive enablers, such as the work of Health Innovation Manchester, detailed above.



The Applied Research Collaboration for GM details the Proposed Research Themes, which includes strengthening communities, prevention and early intervention, as well as work, health and productivity. This aligns perfectly with our Integrated Care Partnership (ICP) Strategy six missions being; Strengthening our communities; Helping people get into, and stay in, good work; Helping people stay well and detecting illness earlier; The recovery of core NHS and care services; Supporting our workforce and our carers; and achieving financial sustainability.

I took the opportunity to address the matter of fatigue, which featured as part of the session. I stated that we should never underestimate the pressures and strains which are being made on our clinical staff out there on the frontline. This is nothing new, we sadly know only too well, that since the pandemic, the pressures have only grown, which I feel is important to remind the Board, as this crucial time, as we head into Winter.

3.10. Care Quality Commission (CQC) – The state of health care and adult social care in England 2023/24

On 25<sup>th</sup> October, the CQC published their annual assessment of health care and social care in England. I am pleased to say that our Integrated Care Board (ICB), was recognised as an example of initiatives at an ICB level. The CQC referenced how three members of the Dental Provider Board attend twice-weekly meetings held by the Primary Care Board. As stated by the CQC, this means that primary care dentistry is well represented, not only in discussing dental service provision, but also when considering wider healthcare issues, such as primary care pressures and clinical effectiveness.

The Board will be aware from our previous discussions, that the Primary Care Board has set out a 5-year plan for improving access to primary care across the GM system. One of its aims is to improve access to NHS dental care and to improve the oral health of the population through various schemes. The CQC report showcased the scheme we introduced in June 2023, which offers financial incentives for providers to increase access and treat new patients. Participating practices are expected to indicate on the NHS website that they are accepting new patients, and to deliver dental care to an agreed number of new patients. They are also expected to become part of the wider urgent dental care network, to accept patients on an emergency basis through their helpline. This means that gaps in clinical diaries can be used for emergency patients. Practices are paid over their contract value, with the extra being funded by the under-spend of the dental budget. 230 practices signed up to deliver this scheme, and 38 additional urgent dental care hubs, initially set up in response to COVID-19 pressures, were commissioned to continue to offer urgent dental services. This has resulted in a large number of new patients benefitting from NHS dental appointments.

I am also pleased to say that the CQC also highlighted that our Local Medical Committee believes that dental-related attendances at GP practices have reduced, and that triage

nurses in emergency departments are seeing a large reduction in the number of dental-related attendances. The local dental networks have also taken initiatives to improve the quality of care, and to address health inequalities for groups of people in more vulnerable circumstances. These include introducing dementia-friendly practices by improving staff understanding of dementia and making simple adjustments within the dental practice to improve the general experience for people with dementia and their carers. The full report is available via the CQC website: [The state of health care and adult social care in England 2023/24 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/2023/24-the-state-of-health-care-and-adult-social-care-in-england)

### 3.11. Good Employment Charter

October saw the launch of the second annual Good Employment Week, led by [The Good Employment Charter](#). The Charter is a voluntary membership and assessment scheme that aims to raise employment standards across GM, for all organisations of any size, sector or geography. In becoming members, organisations make commitments to ensure employees throughout the city-region benefit from fair wages, secure working hours, and overall positive working conditions.

This year's Good Employment Week theme was 'fair and equitable work' and focussed on the question do we know how inclusive and equitable our workplaces really are? With a call of 'Fair Work is Good Work', we were invited to celebrate the differences and strengths that our communities bring into our workplaces, and a need to pay attention to the barriers that some colleagues face more than others. As part of the activities, I was delighted to accept our plaque to confirm NHS GM's membership of the Charter, after officially becoming a member in June this year, and very much look forward to supporting the organisation to be the best employer we can be.

We also had colleagues socialising our new [GM Multiple Disadvantage Framework](#) which shares practical ways workplaces can overcome the systemic barriers to work and help get people who have experienced multiple disadvantage into sustainable employment. The framework sets out some key recommendations for system leaders and policy makers to start to adopt impactful changes and outcomes for people accessing services and finding, as well as remaining in employment within the health and care sector.

### 3.12. Improving Support for Our Workforce

GM's People and Culture Health and Care Group is calling on all health and care employers to get behind their campaign to improve support for working carers and their disabled workforce. Carers UK estimate that over a quarter of all workers are currently juggling work and care, and yet a recent report from the Chartered Institute of Personnel and Development (CIPD) suggests that only one third of employers have either a formal

written policy or even an informal verbal policy in place to support working carers to stay in work and balance working and caring.

We also know that there are five million disabled people in work in the UK, and yet disabled people are nearly twice as likely to leave their jobs as non-disabled people. Scope have identified that some of the top reasons disabled people leave their job include inflexible working patterns, negative attitudes and discrimination and challenges getting reasonable adjustments.

The Greater Manchester People and Culture Health and Care Group is encouraging employers to utilise the [Greater Manchester Working Carers Toolkit](#) and the [Foundations for Change Disability Framework](#) to review the support they currently have in place for these invaluable members of their workforce and develop a plan for implementing the good practice. The Group, chaired by Karen James the Chief Executive at Tameside and Glossop NHS Integrated Care Foundation Trust and Stockport NHS Foundation Trust, is made up of leaders from across health and social care and oversees the delivery of our People and Culture Strategy. As well as accessing these resources, there are two virtual sessions taking place in November to talk through implementation, with an opportunity to hear from employers that have already made great progress. Follow the links below to book your place:

[Supporting our working carers, 1-2pm, Tuesday 19 November \(Microsoft Teams\)](#)

[Supporting our disabled workforce, 1-2pm, Tuesday 26 November \(Microsoft Teams\)](#)

In order to measure the impact of this campaign, all health and care employers have been asked to complete a baseline survey throughout September and October. This will be repeated in six months to review changes. Should Board members wish to find out more information please contact [gm.workforce@nhs.net](mailto:gm.workforce@nhs.net).

### 3.13. Scaling People Services

The NHS statutory organisations in GM, being NHS GM and the nine Trusts are a vanguard system as part of the NHS England Scaling People Services Programme. The purpose is to identify opportunities to scale our services through further collaboration, enabled by digital options. This will support efficiencies through reduced duplication and automation of tasks. It will improve service quality through increasing time to care for staff and managers and improved experience.

In GM the scope is transactional services such as recruitment, and Occupational Health Services. The NHS Transformation Unit are developing a Project Initiation Document (PID) for December 2024 which will inform the potential business case for transforming the services. It is anticipated that viable options will include shared models between

clusters of organisations, such as at a locality level. Occupational Health Services are likely to be delivered through a lead provider approach. Digital projects are progressing in parallel, including discovery work to inform proposals for a chatbot for HR queries and implementing digital ID checks to reduce time to hire. HR Directors have been engaging with People Services and Trade Union colleagues as the programme has developed, with the GM Workforce Engagement Forum engaged early and conversations ongoing.

## **Recommendations**

**4.0** The Board is asked to;

- Note the contents of the CEO's Report to the Board.
- Receive assurance on NHS GM's winter planning arrangements.
- Disseminate and cascade the necessary key messages and information as appropriate.