Date: 31 March 2017
Subject: Chief Officer’s Update
Report of: Jon Rouse, Chief Officer, GMHSC Partnership

PURPOSE OF REPORT:
The purpose of the report is to update the Strategic Partnership Board on key items of interest both within the GMHSC Partnership and also within its partner organisations.

RECOMMENDATIONS:
The Strategic Partnership Board is asked to note the content of the brief.

CONTACT OFFICERS:
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1.0 GENERAL

1.1. Sarah Price joined the team on 6 March as Executive Lead for Commissioning and Population Health.

1.2. We have held the first of our newly developed welcome/induction sessions for those taking up new roles or who are new to the Partnership. Further sessions are already planned for April and May.

1.3. We have established a staff group to work on the development of our approach to promoting equality and inclusion.

2.0 END OF YEAR LOCALITY ASSURANCE SESSIONS

2.1. These assurance meetings are almost complete across Greater Manchester. They have once again followed the core themes of system performance, quality, finance and transformation, but with particular focus this time on the progress against locality plans. There has been a discrete part of each meeting dedicated to a discussion with the CCG with respect to their assurance rating.

2.2. We also quarter 3 assurance meetings by exception with Trafford and Stockport CCGs.

3.0 URGENT AND EMERGENCY CARE

3.1. NHS England and NHS Improvement have informed us that they are introducing dedicated regional leadership with respect to urgent and emergency care issues across the two agencies. We have been informed that Lyn Simpson will act as the single lead for Greater Manchester which makes considerable sense in terms of her existing regulatory responsibilities.

4.0 COMMISSIONING REVIEW

4.1. We have almost the review with extensive engagement having taken place with a range of boards, as well as over 30 individual interviews. The Steering Group has met three times and has worked well in guiding the reviewers. The review has focused on three main themes:

- integrated commissioning systems at the locality level
- determining the right spatial level for different commissioning requirements
- commissioning support
4.2. We will bring a full progress report to SPBE in April and the final report in May.

5.0 BUDGET

5.1. The Spring Budget contained capital finance for advanced STP areas (which should hopefully include Greater Manchester) and for Trusts to embed primary care streaming as part of their Urgent Care Model. However, the most significant item for the Partnership was the announcement of additional resources for social care. The Chancellor announced an extra £2bn over the next three years, with £1bn committed in 2017/18. This has been allocated on the basis of 90% improved Better Care Fund methodology and 10% using the Relative Needs Formula, with the original 2015 calculations being reopened to include the new amounts. There is also a commitment to bring forward a Green Paper on the longer term funding of adult social care.

5.2. The allocations for GM are in the table below and represent ‘one off’ amounts in each financial year.

<table>
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<tr>
<th>Additional SC Funding - Actual Allocation</th>
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<td>2017/18</td>
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<td>Wigan</td>
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<tr>
<td>GM Total</td>
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5.3. The additional funding is to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market. The grant conditions have now been published. Namely:

"A recipient local authority must:

- pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;"
• work with the relevant Clinical Commissioning Group(s) and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and

• provide quarterly reports as required by the Secretary of State.”

5.4. However whilst the funding conditions are short the associated letter had some specific requirements:

• Requirements for the S151 Officer to sign off additionality

• Use of the Trusted Assessor Model (guidance to follow)

• Will deliver significant improvements to delayed transfers of care

• A set of performance metrics that assess patient flow across the NHS and social care interface.

• CQC will be requested to carry out targeted reviews from May 2017 focussing on the interface of health and social care with an expectation these areas will deliver a tailored response to support rapid improvement

5.5. We will need to ensure that the funding is used to optimally to secure improvements in local provision and to support the commitments made collectively in the social care reform programme, approved by the SPB in February.

6.0 STAKEHOLDERS

6.1. I recently spoke at the St Mary’s Annual Conference on innovation in the field of sexual violence.

6.2. I led a short study visit to New York State with visits to Medicaid transformation programmes in Staten Island, Albany and Brooklyn. We will be putting together a report on the main learning that will cover topics such as informatics, programme design, integration of physical and mental health, and risk share arrangements. We also hosted a meeting with a high-level Chinese Delegation from Wuhan province in China.

6.3. We received a visit from the British Medical Association who brought a delegation to learn about the progress we have made in Greater Manchester since the Partnership went live in April 2016.
7.0 FORWARD PLAN

7.1. We are on track to bring forward our proposals to the April meeting on establishing a GM Local Maternity System, a process map for the development of the acute clinical services strategy and a progress report on our estates strategy.

7.2. In May, we aim to bring forward investment plans for mental health and the full draft workforce strategy. We will also put forward the draft business plan for the Partnership for 2017/18.

8.0 RECOMMENDATIONS

8.1. The Strategic Partnership Board is asked to note the content of the brief.