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SUPPLEMENTARY AGENDA PAPERS FOR

HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 13 November 2024

Time: 6.30 pm

Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford, M32 0TH

	A G E N D A	**PART I**	**Pages**
6.	**GM ICP UPDATE**		1 - 14

To receive a report on relevant strategic updates concerning the GM ICP from the Deputy Place Lead for Health and Care Integration (Trafford).

SARA TODD
Chief Executive

Membership of the Committee

Councillors D. Butt (Chair), S. Taylor (Vice-Chair), G. Devlin, S.J. Gilbert, K Glenton, B. Hartley, W. Hassan, W. Jones, J. Leicester, S.E. Lepori, J. Lloyd, F. Hornby (ex-Officio) and D. Western (ex-Officio).

Further Information
For help, advice and information about this meeting please contact:

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Tel:
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TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **13th November 2024**
Report for: **Information**
Report of: **Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM**

Report Title

ICS Update Report

Summary

This paper has three component parts which are summarised below:

1. **Sustainability Plan:** The report details the premise of the GM Sustainability Plan, which shows how the GM System:

    - Returns to financial balance through addressing the underlying deficit.
    - Secures a sustainable future through addressing future demand. growth and implementing new models of care year on year

    GM localities have been asked to define their contributions and develop a place-based representation of Sustainability Plan delivery. In order to do this the locality was asked to consider how it connects the Sustainability Plan to the position of the local authority on adults and children as part of a single approach to delivery across health and care and how it embeds a population health management approach to identify at risk cohorts. The work was agreed at the October Trafford Locality Board and initial work has been mobilized, awaiting system meetings in November and beyond.

2. **Commissioning Intentions:** The accompanying slides set out the commissioning approach for 25/26 which builds on the established multi-partner approach for 24/25. The slides contain details around the approach, the enablers, key timelines, governance forums, drivers for reform and the thematic areas the commissioning intentions currently cover.

3. **Trafford Performnace arrangements – NHS National Oversight Metrics:** The report explains the process that has been implemented for reporting of NHS National Oversight metrics. The process has been developed at the Trafford Finance, Performance & Sustainability Group and ratified at the Trafford Locality Board. The aim of the process is to provide a regular scorecard showing Trafford performance in terms of NHS Oversight Metrics which, following contributions from key Trafford ICS Service Leads, creates a focused report of priority areas for discussion at Trafford Locality Board.

Recommendation(s)

Health Scrutiny are asked to note the content of this paper and progress to date in each of the three areas reported.

Contact person for access to background papers and further information:

Name: Tom Maloney, Programme Director Health and Care, Trafford Council & NHS GM (Trafford) / Mark Embling, Lead Intelligence Analyst (Trafford), DII Team, NHS GM

1. GM Sustainability Plan

Introduction

1. Greater Manchester (GM) Integrated Care Partnership provides healthcare for 3m people living in 10 places. As a system, GM has sought to improve population health through working with partners whilst at the same time improving the NHS financial position and health service performance.

2. Working with partners, we have developed a Sustainability Plan. This was approved at the GM Integrated Care Board on 18th September.

3. The Sustainability Plan is based on the recognition that system sustainability rests on addressing the challenges we face across finance, performance and quality and population health - and the relationship between these.

4. The Plan shows both how the system both returns to financial balance through addressing the underlying deficit and secures a sustainable future through addressing future demand growth and implementing new models of care year on year.

5. In developing the plan, the financial and performance position of NHS providers has been considered, along with plans to transform and optimise care provision, in order to address the underlying financial deficit by the end of the 2026/7 financial year.

6. A population-based approach to developing the plan has set out the current and future pattern of demand and associated costs attributable to Non-Demographic Growth (NDG), quantified the opportunities to improve population health, and set out the immediate priorities to inform phasing and sequencing of these opportunities over time.

7. The plan shows how the current deficit may be compounded by approximately £600m of additional demand but can be addressed over time through a combination of population health measures, system collaboration and provider efficiencies.

8. There are five pillars of sustainability against which the delivery programmes are set out:

- Cost Improvement
- System Productivity and Performance

- Reducing Prevalence
- Proactive Care
- Optimising Care

9. Within the plan, we show how the projected remaining financial deficit could be eliminated over three years through:

- Consistent and complete implementation of existing Cost Improvement Plans (CIPs)
- Complete implementation of system wide plans already developed across GM along with assumptions about those not yet detailed.
- Assumptions on reconfiguration of parts of the system which have not yet been planned in detail.
- Assumptions on reducing the number and scope of procedures of limited clinical value (PLCV) and associated pathways, although this is not yet detailed.

10. The plan shows that with additional investment, the impact of Non-Demographic Growth (NDG) could be mitigated through:

- Assumptions about the impact of reducing prevalence and enabling proactive care on the health of the population

Delivery of the Sustainability Plan in Localities

11. Ultimately, the sustainability of the health and care system in GM rests on our ability to support people to stay in good health for longer. This requires an integrated, whole-system response from both within health and care and beyond.

12. We need to act both on reducing the prevalence of poor health through prevention activities and to ensure we provide early intervention and proactive care to stem further deterioration. The Sustainability Plan is clear that the projected non-demographic growth in demand and costs can only be addressed through radical changes in both our care model and in tackling the social determinants of health. We will need to apply our place model with greater pace and scale and with more consistency. This will need to include:

- Consistent, at scale, delivery of an integrated neighbourhood model – including same day GP access where clinically appropriate, community services delivered to a core GM standard and underpinned by our Live Well model
- The systematic use of population health management approaches to identify at risk cohorts and intervene earlier, delivered through more resilient primary care connecting to community and intermediate tier services
- Accelerated progress of our mental health model, particularly crisis and community developments
- Continued focus on early cancer diagnosis
- Much greater support for people to take more control over their own health - including digital offers
- Standardisation of care pathways with consistent offer across GM and reduced variation

- Significantly expanded use of new care models – including more care delivered outside hospital

Creating the Conditions for Delivery

13. All partners in each locality, including GM-level functions, will need to create the right conditions for the Sustainability Plan to be delivered. The Locality Board (Place-Based Partnership Committee) is the focal point for this.

14. It is proposed that we take the following steps to progress the work at pace:

Actions led by localities with GM support

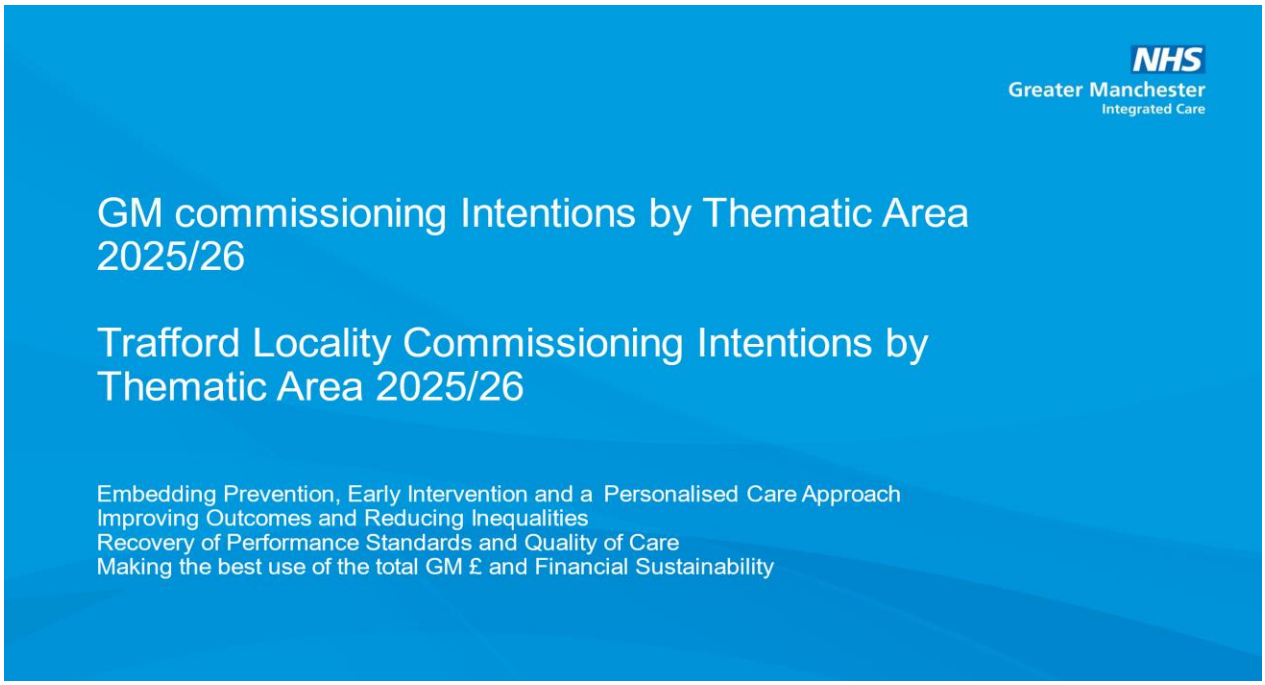
a) Develop a place-based representation of Sustainability Plan delivery – which is quantified and includes the contribution of trusts and other providers in each locality. This to be aligned to the five pillars in the Sustainability Plan and set out impact (including trajectories) against finance, performance, quality and population health. Work has already begun on a prototype – being developed through the Four Locality Partnership. The prototype will allow us to test the alignment between the place-based sustainability plan and the plans for the Northern Care Alliance across the four localities.
b) Connect the Sustainability Plan to the position of the local authority on adults and children's as part of a single approach to delivery across health and care
c) Ensure use of population health management approaches to identify at risk cohorts - supporting people to maintain good health and preventing deterioration.

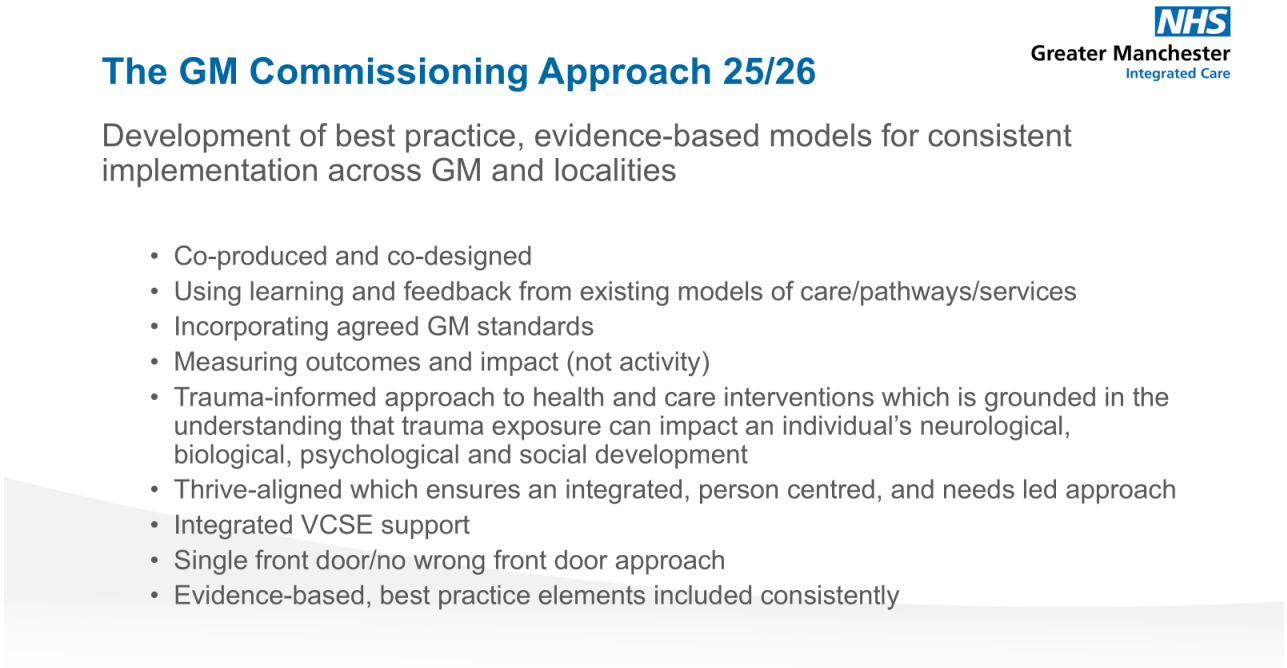
Actions led by GM functions with locality support

a) Establish a much broader set of locality metrics covering the span of locality responsibilities in tackling non-demographic growth. For example, Primary Care; Social Care; Housing; School Readiness; Violence Reduction
b) Design an Investment Plan to support delivery of the Sustainability Plan
c) Confirm relationship of GM-level programmes to place-delivery – for example Health and Care Service Review and GM population health programmes.

15. The place-based representation of delivery will need to be complemented by an equivalent exercise on the provider trust side – setting out, for example, how provider collaboration can support efficiency and productivity improvements.

2. Commissioning Intentions 25/26





Trafford Locality Commissioning Approach 25 /26

Trafford Locality will align its 25/26 commissioning intentions to the GM commissioning intentions and approach.

Trafford Locality will ensure delivery of the key GM intentions but ensure key priorities specific to the Trafford locality are clearly defined and agreed with partners.

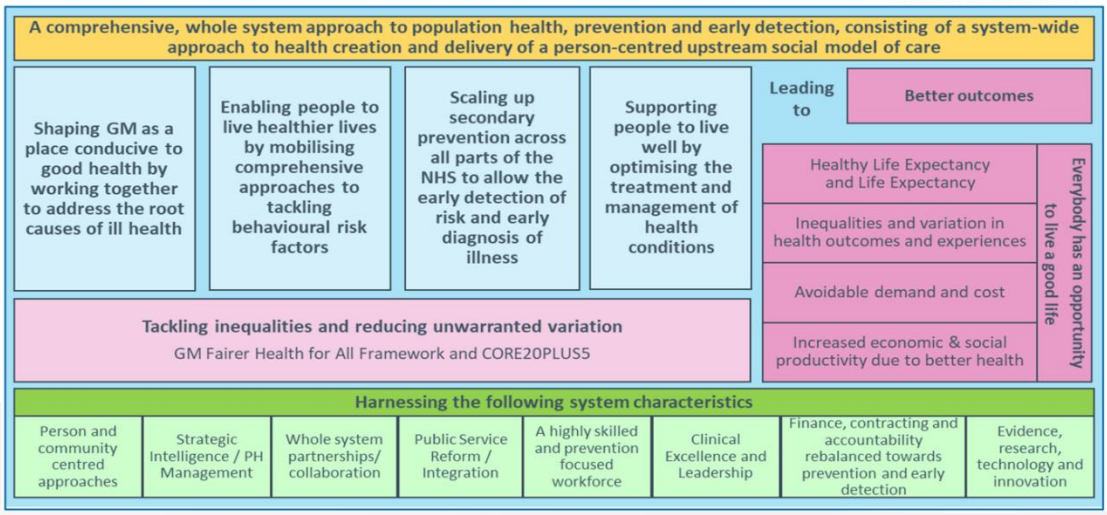
Trafford Locality will use best practice, evidence-based models for consistent implementation in line with GM intentions and embed within the locality

Enablers for all Work Programmes

- JSNA – both GM and locality – to inform and ensure alignment to identified needs, population outcomes and inequalities
- Values, principles and standards – based on lived experience and personalised care approach
- Financial – current expenditure on services and recurrent costing and commissioning) of new models of care/pathways
- Demand and capacity modelling – to enable the right services and support to be commissioned at GM and locality level to meet need – from low level support to highest level of need
- Digital transformation
- Workforce development and training
- Contractual mechanisms with clear outcome-focused service specifications

GM Prevention and Early Intervention Framework:
A comprehensive, whole system Population Health approach

NHS Greater Manchester



NHS Greater Manchester Integrated Care

Engagement & Governance

- System Programme Groups (respective areas)
- Deputy Place Leads
- NHS GM Executive Committee
- Providers Directors of Strategy
- Trust Provider Collaborative / COOs
- Directors of Adult Social Care
- Directors of Children's Services
- VCSE Leadership Group

Governance

- Formally signed off by COG December
- Approved by Chief Officers December
- Incorporated into ICB Board update – Sustainability Plan (public facing version)

NHS
Greater Manchester
Integrated Care

Commissioning Intentions Thematic Areas GM / Locality

- Diagnostics
- Elective Care
- Cancer
- Strategic Commissioning GM
- Health & Care Review / Sustainable services
- Urgent & Emergency Care
- Mental Health & Learning Disabilities
- Primary Care
- Children and Young People
- Planned and Long-Term Conditions - focusing on CVD / Diabetes / Respiratory

3. Trafford Performance arrangements – NHS National Oversight Metrics:

16. This update describes the process for the reporting of National metrics to the Trafford Locality Board.

17. It includes the download of the Locality Scorecard from the GM Intelligence Hub, additional intelligence from Trafford Locality / GM Service Leads, GM Data, Insight & Intelligence (DII) Team and feedback / input from the Trafford Finance, Performance & Sustainability Group.

18. As a brief background to the Locality Scorecard, it is a product of the NHS GM Data, Insight & Intelligence Team. It is being delivered in phases and will ultimately include:

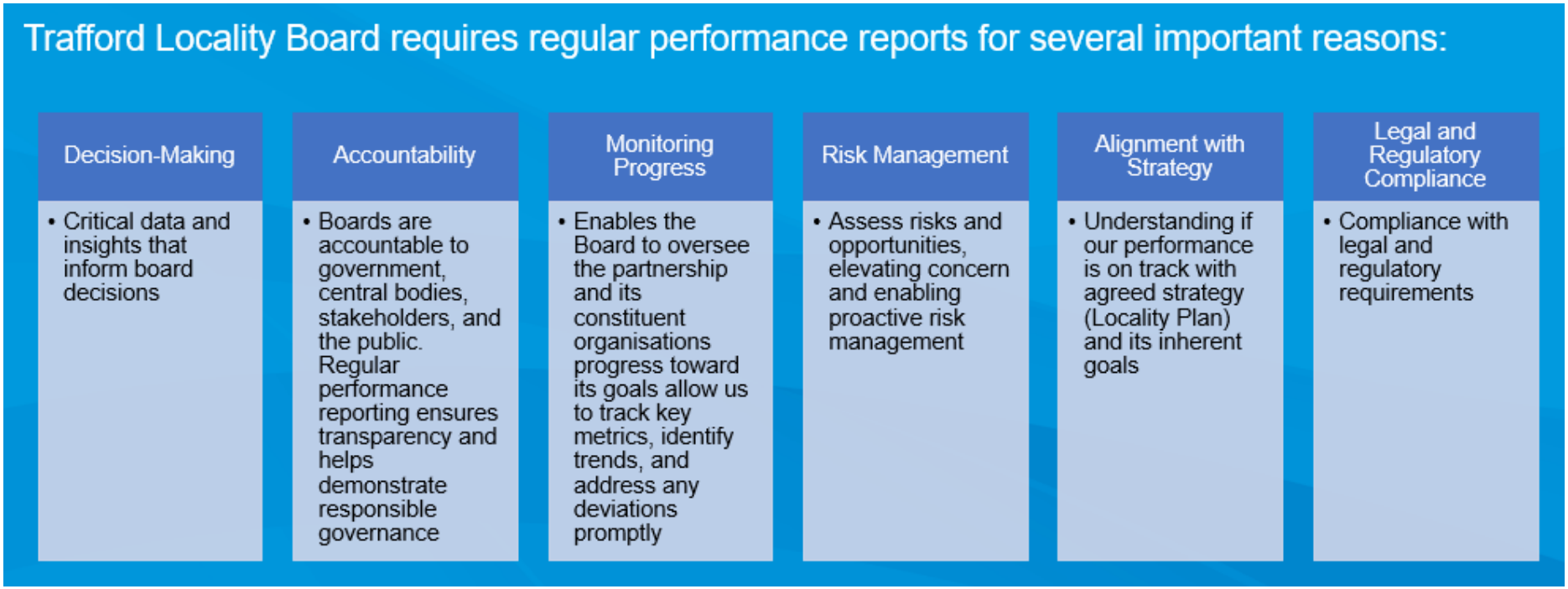
- **National Objectives associated with NHS services commissioned at place.**
  (Sight and Oversight metrics) – Phase 1 - currently available.
- **NHS services under the scope of place level planning and oversight of delivery**
  (Primary Care, Community, MH, PH) – Phase 2 - currently in draft form.
- **Integration of health and care system at place**
  (Health & Social Care Metrics) – Phase 3 - in development.

19. For clarity, this update focuses on Phase 1 National Oversight metrics. The scorecard includes Oversight Metrics for all 10 GM Localities, updated on an ongoing basis using data from the GM DII data warehouse.

20. Metric performance is based on national definitions, targets and comparisons with national performance (where available).

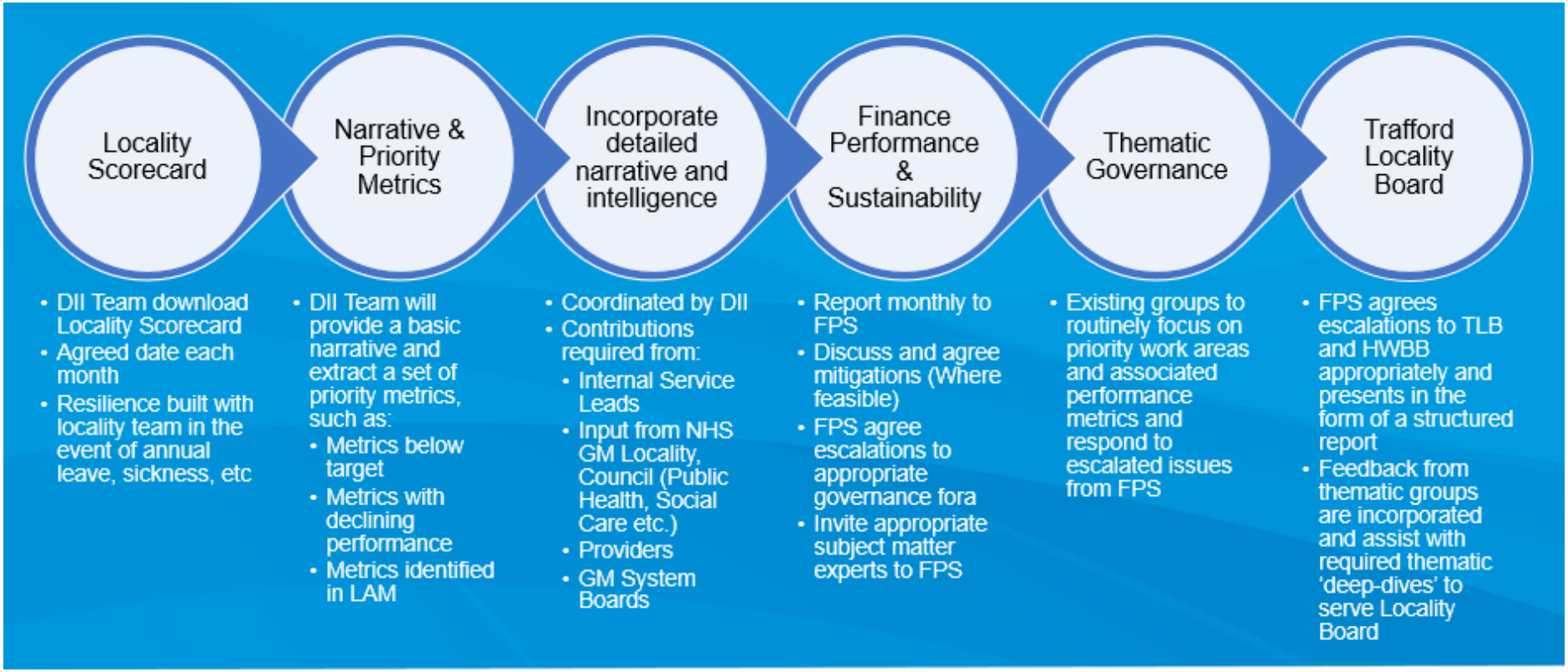
21. In Trafford we have identified that to provide assurance to the Locality Board around performance, we need to include additional narrative from key Locality and GM Leads and present the scorecard at relevant Locality meetings to develop an effective feedback and update process. The rationale for implementing a reporting process is described in Diagram 1.

Diagram 1:


Trafford Locality Board requires regular performance reports for several important reasons:
Decision-Making
• Critical data and insights that inform board decisions
Accountability
• Boards are accountable to government, central bodies, stakeholders, and the public. Regular performance reporting ensures transparency and helps demonstrate responsible governance
Monitoring Progress
• Enables the Board to oversee the partnership and its constituent organisations progress toward its goals allow us to track key metrics, identify trends, and address any deviations promptly
Risk Management
• Assess risks and opportunities, elevating concern and enabling proactive risk management
Alignment with Strategy
• Understanding if our performance is on track with agreed strategy (Locality Plan) and its inherent goals
Legal and Regulatory Compliance
• Compliance with legal and regulatory requirements

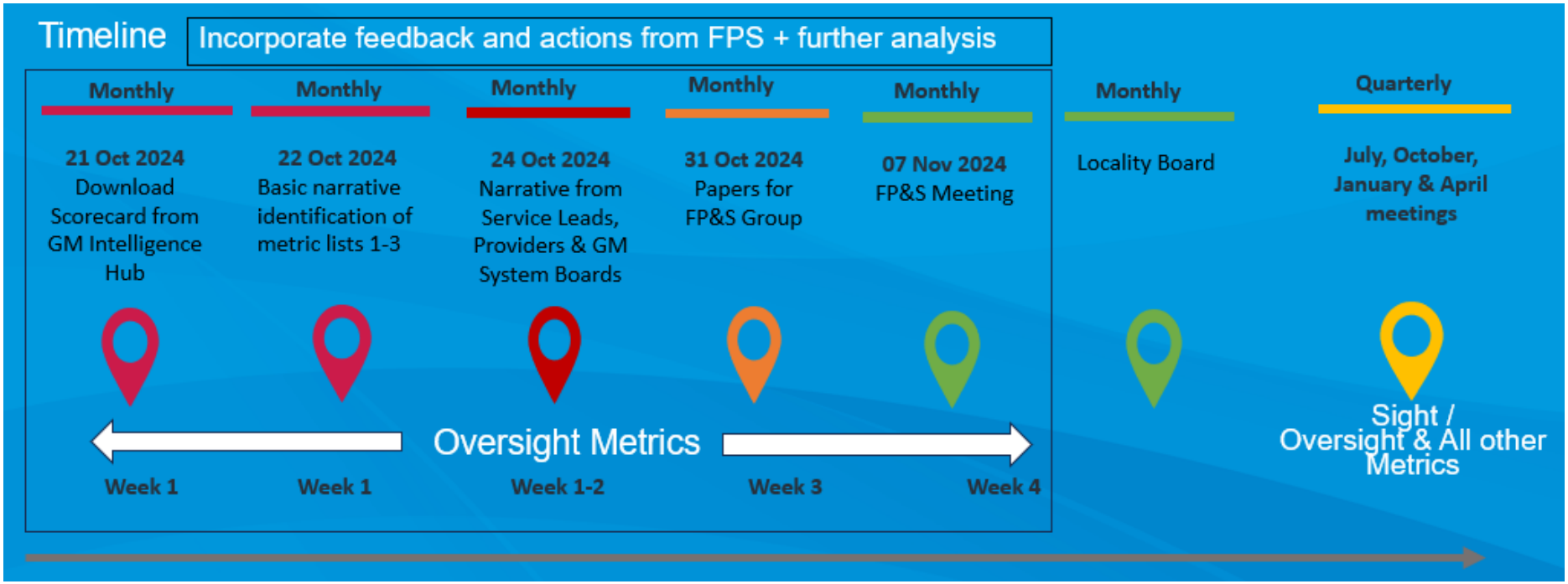
22. The process involves several steps (See diagram 2) from initially downloading the scorecard to presenting at Trafford Locality Board for the purposes of information, assurance and in some cases decision.

Diagram 2:



23. As this is an ongoing process we have included a timescale to demonstrate how the report will be delivered. The example shown below in diagram 3 is for a specific FP&S meeting in October 2024 although the process is repeated on a monthly basis.

Diagram 3:



24. Metrics and Metric Leads: We have assigned oversight metrics included in the Locality Scorecard to a Locality Officer Lead who will either provide the necessary intelligence/narrative or ascertain required narrative working with key partners.
This additional background narrative will be incorporated into the scorecard presented at Locality Board. We anticipate as part of future DII developments this process is automated to enable narrative contributors to submit via a digital form.

25. The Locality Scorecard for November 2024 is shown below in table 1.

Table 1

Trafford - Oversight Metrics

Show Definitions

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Urgent Care	N/A	A&E 4 hour performance	Monthly	Sept 24	68.4%	72.3%	↘	76.0%	5,150	7,525	N/A
	N/A	A&E Attendances	Monthly	Sept 24	7,525	7,076	↗	N/A	N/A	N/A	N/A
	S123a	Adult general & acute bed occupancy adjusted for void beds (Type 1 Only) (MFT)	Monthly	Mar 24	94.0%	94.4%	↘	92.0%	1,886	2,006	Inter
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Sept 24	17.5%	19.1%	↘	N/A	2,544	14,557	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Sept 24	1,351	1,404	↘	N/A	N/A	N/A	Lower
	EM30a	Average number of adult G&A overnight beds available (MFT)	Monthly	Sept 24	93.1%	91.9%	↗	N/A	1,853	1,992	Inter
Elective Care	EM07a	GP Referrals Made (General and Acute)	Monthly	Mar 24	4,603	4,744	↘	5,744	N/A	N/A	Inter
	EM07	Total Referrals Made (General and Acute)	Monthly	Mar 24	7,147	7,416	↘	10,411	N/A	N/A	Inter
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Annual	Dec 21	56.2%	53.7%	↗	75.0%	593	1,056	Upper
Mental Health & Learning Disabilities	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Aug 24	37.9%	32.0%	↗	75.%	422	1,113	Upper
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Aug 24	4,280	4,215	↗	5,038	N/A	N/A	Inter
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Sept 24	64.9%	65.0%	↘	66.7%	1,888	2,907	Inter
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Monthly	Mar 24	470	480	↘	0	N/A	N/A	Inter
	N/A	Number of MH patients with no criteria to reside (NCTR)	Monthly	Sept 24	6	10	↘	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Sept 24	8.5%	14.7%	↘	N/A	6	71	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Aug 24	2,115	2,080	↗	3,658	N/A	N/A	Inter
	S081a	Talking Therapies: Access Rate	Monthly	Aug 24	425	540	↘	N/A	N/A	N/A	Inter
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Aug 24	185	180	↗	N/A	N/A	N/A	Lower
	S125a	Long length of stay for adults (60+ days)	Monthly	Aug 24	83.3%	83.3%	→	0.%	25	30	Lower
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Monthly	Sept 24	98.1%	98.2%	↘	N/A	106	108	N/A
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar 23	68.3%	56.7%	↗	77.%	23,962	35,108	Inter
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Jun 24	66.9%	67.0%	↘	62.1%	7,675	11,480	Upper
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Aug 24	84.8%	84.4%	↗	82.0%	78,633	92,773	Upper
Quality	S042a	E. coli blood stream infections	Monthly	Aug 24	180	165	↗	N/A	N/A	N/A	Inter
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Aug 24	90.8%	91.5%	↘	87.1%	N/A	N/A	Inter
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Aug 24	8.5%	8.6%	↘	10.%	11,626	136,927	Lower

26. To enable a clearer picture of performance to be reported to Trafford Locality Board, a number of summary tables are included in the Locality Board report, as follows:

* Metrics where performance is below target
* Metrics where performance is declining (current v previous month)
* Metrics where performance is in National Lower Quartile
* Metrics included in Locality Assurance Meeting
* Metrics Above Target or Performance within National Upper Quartile

27. Accessing the scorecard: The Locality Scorecard is available from the GM Intelligence Hub. The GM Intelligence Hub is a dedicated website where all NHS GM dashboards, scorecards and BI products produced by the DII Team are published. It is available from the following link: https://curator.gmtableau.nhs.uk/user/login

28. Users with GM Tableau accounts can use their existing logins. A "Forgot Password" link is included on the login page. For new users, please use the "Request Access" link on the login page, complete the form and an account will usually be approved in 1-2 days. The Locality Scorecards can be found by navigating to:

- Corporate > Performance & Quality
- Locality Board Report 1 = National Sight & Oversight Metrics