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AGENDA PAPERS FOR

HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 15 January 2025

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**

1. **ATTENDANCES**

To note attendances, including Officers, and any apologies for absence.

2. **MINUTES** 1 - 6

To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 13 November 2024.

3. **DECLARATIONS OF INTEREST**

Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.

4. **QUESTIONS FROM MEMBERS OF THE PUBLIC**

A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.service@trafford.gov.uk) by 4.pm on the working day prior to the meeting. Question must be within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received.

5. **DENTAL UPDATE** To Follow

To receive a report from the Director of Primary Care (NHS Greater Manchester) regarding the provision of Dental Services.

6. **ECG PROVISION** 7 - 12

To receive a report from the Associate Director of Delivery and Transformation (Trafford).

7. **BUDGET UPDATE** 13 - 22

To receive a report from the Associate Director of Finance (NHS GM - Trafford).

8. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

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:

John Addison, Governance Manager
Email: john.addison@trafford.gov.uk

This agenda was issued on **Tuesday, 7 January 2025** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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HEALTH SCRUTINY COMMITTEE

13 NOVEMBER 2024

PRESENT

Councillor D. Butt (in the Chair).
Councillors S. Taylor (Vice-Chair), G. Devlin, S.J. Gilbert, K Glenton, B. Hartley, W. Hassan, W. Jones, J. Leicester and J. Lloyd

In attendance

Councillor J. Slater	-	Executive Member for Independent and Healthy Lives
Gareth James	-	Deputy Place Lead for Health and Care Integration
Angela Beadsworth	-	Director of Human Resources
Lucy Boubrahmi	-	Customer Service Lead
Simon Davis	-	Head of Customer Service, Libraries and Culture
John Addison	-	Governance Manager
Georgia Thurston	-	Democratic Assistant

APOLOGIES

Apologies for absence were received from Councillors S.E. Lepori, F. Hornby and D. Western

8. MINUTES

RESOLVED: That the minutes of the meeting on 11 September 2024 be agreed as an accurate record and signed by the Chair.

9. DECLARATIONS OF INTEREST

Councillor Taylor made a declaration regarding working in the NHS.

10. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public were received.

11. COUNCIL STAFF HEALTH AND WELLBEING

The Director of Human Resources provided the Committee with a report on the levels of staff absence at Trafford Council, which covered the period 2007/2008 to present. This included consideration of periods of lockdown measures for the Covid-19 pandemic.

The Committee was informed that sickness absence levels had remained stable at roughly 4% of working time lost year-on-year. Information relating to sickness levels was collected monthly by the Council, with a 12-month rolling capture of information.

The Director of Human Resources informed the Committee that there was a package of support for staff, with an ongoing communications programme and a multifaceted approach. This included supportive interventions for managers, who

were being trained to foster a safe and sustained return to work where appropriate. A culture of wellbeing within Trafford Council was to continue into 2025 with a refreshed People Plan.

The Vice-Chair asked about the main reasons for absence among Council staff. The Director of Human Resources confirmed that the reasons for absence were recorded and were used to inform relevant strategies and support on offer. The Committee was informed that 27% of absences among staff related to mental health, 17% related to back or musculoskeletal conditions, while 15% of absences related to respiratory conditions. Seasonal trends were also present with regard to viruses such as winter flu and coronavirus.

The Director of Human Resources informed the Committee that, where there was a pattern of absence for work-related stress or anxiety within one of the Council's services, proactive conversations with service leads took place to understand any relevant contexts for absence and plans to support staff.

A discussion between the Director of Human Resources and the Committee took place regarding further data relating to staff illness, pertaining to numbers of staff with Long Covid, those who have ultimately left the organisation because of ill health, and numbers of staff who have been absent as a result of accidents.

In response to a question on adjustments for neurodiverse staff, the Director of Human Resources informed the Committee that the Council had implemented Working Well Passports. For these passports, staff could record details of any conditions or required adjustments and use them when moving within the organisation, without the need to repeat information; the Director of Human Resources stressed that the passports did not replace conversations with managers, but rather developed alternate ways to share information about staff health and wellbeing.

The Chair thanked the Director of Human Resources for the report.

RESOLVED:

- That the report be noted.
- That the Director of Human Resources provide the Committee with further data relating to staff illness as requested by Members, pertaining to numbers of staff with Long Covid, those who have ultimately left the organisation because of ill health, and numbers of staff who have been absent as a result of accidents.

12. BLUE BADGE DIGITISATION

The Chair welcomed the Customer Service Lead and the Head of Customer Service, Libraries and Culture, who presented the Committee with a report on the digitisation of the Blue Badge application process.

The Committee was informed that the system had recently changed to use Microsoft Dynamics software in combination with a Government webform. Early indications and data suggested that residents were finding the new system easier to navigate.

The Customer Service Lead informed the Committee that as of 29 October 2024, there were 10,339 residents holding an active Blue Badge within the Trafford borough. Previously, the renewal process, which would usually take place every three years, was limited and involved a full re-application. This was a protracted process for residents whose conditions would not improve and who would continue to require a Blue Badge. The new GOV.UK webform was reported as being much shorter and created a better customer journey for those with ongoing conditions.

Members were informed that the new Government application form did not require an email address to be completed, which has improved accessibility and allowed for a faster and more responsive system. The Customer Service Lead reported that no negative feedback has been received regarding the new application system, and that there had been a significant reduction in the average phone call length between residents and Customer Service advisers since the changes were implemented.

It was reported that the next phase of the digitisation process was due to begin in early 2025 in collaboration with IT to establish further improvements that could be made to the service.

A Member asked what services are available to those without internet access or with limited skills with IT. The Head of Customer Service, Libraries and Culture responded that libraries within the Borough provide digital support, where residents can use or borrow a device from their local library to fill in the application form. Additionally, the Committee was informed that the service is willing to accommodate specific engagement sessions to support residents making applications.

In response to a question from a Member on how residents were supported when their conditions were variable, the Customer Service Lead informed the Committee that information was provided by medical professionals and residents' applications were considered on a case-by-case basis.

The Committee was informed that a form filling service was offered by the Blue Badge team. This process would first establish with an applicant whether a relative was able to offer help, with a telephone form-filling appointment with a member of the team if this was not possible. These telephone appointments were taken at the resident's pace, with interpreters available and 11 members of staff in the Customer Service Contact Centre trained to answer calls on Blue Badge applications. The Committee was informed that the timeline for processing Blue Badge applications was 6 weeks.

The Chair asked whether there was a limit on the numbers of residents who could hold Blue Badges; the Customer Service Lead confirmed that there was no limit, and that assessment took place on a case-by-case basis.

The Chair thanked the representatives for their report.

RESOLVED:

- That the report be noted, along with ongoing planned improvements to the service, especially early indications that the new system has made a positive impact on the customer experience indicated by:
  i. The significant reduction in call lengths.
  ii. The volume of new applications received.
- That a further update to Health Scrutiny be considered for late 2025/2026 to allow for a more detailed progress report.
- That data on the average waiting time for phone calls regarding Blue Badge application be provided to the Committee.

13. GM ICP UPDATE

The Committee received a report from the Deputy Place Lead for Health and Care Integration. This provided the Committee with an update on Integrated Care Systems (ICS) within Trafford, including the Sustainability Plan, an overview of commissioning intentions, and Trafford Performance arrangements.

The Deputy Place Lead for Health and Care Integration outlined the five pillars of the five-year Sustainability Plan, which comprised cost improvement, system productivity and performance, reducing prevalence, proactive care, and optimising care by directing care into the community, rather than through primary or secondary care routes.

The Committee was informed of the financial challenges faced by the locality; this included a planned deficit of £175million for the current financial year, with an underlying financial position of £500million (defined as that which is spent over the locality's funding allocation). As such, the longer-term pillars of the Sustainability Plan, such as reducing prevalence, proactive care, and optimising care, were necessary to create fundamental change.

For 2025/2026, the number of improvement priorities had been reduced to focus on performance in Trafford; these included the capacity of district nursing, as well as children and young people's access to mental health services. The Deputy Place Lead for Health and Care Integration informed the Committee of the tension between the need to spend money on current priorities and spending for service improvements in the next 5-10 years.

In response to a question from a Member on how the Sustainability Plan differed from previous systematic reviews of care models, the Deputy Lead for Health and Care Integration noted that in this Sustainability Plan, within the localities and at Greater-Manchester level, all partners were working collaboratively. This has meant that there would be improved engagement with a broad range of partners, including voluntary and community services, to further affect change collectively.

A Member asked about the risk registers for the Sustainability Plan, and the Deputy Place Lead for Health and Care Integration informed the Committee that each of the pillars of the Sustainability Plan had its own risk register, as did the sub-pillar programmes within each of these areas. A significant amount of risk management was being undertaken.

A Member asked what work was being undertaken to mitigate any unintended consequences and health inequalities that could arise from the Sustainability Plan.

The Deputy Place Lead for Health and Care Integration informed the Committee that a targeted approach was being implemented; the Neighbourhood Plan was a means to work differently and to engage with the public in all areas of the Borough. The Deputy Place Lead for Health and Care Integration referred to a recent listening event in Partington, and the further scope to engage residents in Trafford. The process of refreshing Trafford's Locality Plan would also ensure that work was tailored to the needs of Trafford residents.
A discussion took place between the Deputy Place Lead for Health and Care Integration and the Committee regarding Members' access to the Tableau scorecard, which contained a large amount of health data, pertaining to both Trafford and other localities. A Member also asked whether the performance of communication materials, such as patient letters, was monitored as a metric.

In response to a question about commissioning plans to cover a longer term than one year, the Deputy Place Lead for Health and Care Integration clarified that annual planning was currently in place to define commissioning intentions, with longer-term ambitions built into annual plans.

The Vice-Chair noted the importance of neighbourhood statistics and demographics involved in decision making, as well as the fact that access to a GP remained universally important to all areas in the Borough. The Deputy Place Lead for Health and Care Integration concurred and referred to additional GP appointments which were available over winter.

The Chair thanked the Deputy Place Lead for Health and Care Integration for the report.

RESOLVED:

- That the report and progress made to date be noted.
- That the Deputy Place Lead for Health and Care Integration enquire whether it is possible for Members to have access to the Tableau scorecard.
- That the Committee be provided with further information on the way in which the performance of communication materials is monitored.

14. COMMITTEE WORK PROGRAMME

The Committee received an update on items on its Work Programme for the current municipal year.

It was agreed by Members to receive some tabled items for the meeting of 15 January 2025 as briefing notes, with the option to ask further questions of officers where it was deemed significant. These items were: Maternity Services and Cancer Diagnosis.

The Governance Manager informed the Committee of a request from the Director of Public Health to scrutinise two programmes of work. It was suggested that these programmes could be considered through the Committee's Task and Finish group; Members agreed that the topics 'CVD Health Checks' and 'Suicide Prevention' would be effective areas for focus.

A Member asked whether pre-meetings might be arranged for the Health Scrutiny Committee, in order to ensure that effective questions were asked within the Committee's meetings. It was agreed that pre-meetings be arranged for meetings going forward.

RESOLVED:

- That the Work Programme for the current municipal year be amended and circulated among Members.
- That the Committee agrees to consider the topics of 'CVD Health Checks' and 'Suicide Prevention' within its Task and Finish group.
- That suggestions for an alternative date for the meeting of March 2025 be circulated among Members.
- That pre-briefing meetings be organised in advance of future meetings.

TRAFFORD COUNCIL

Report to: **Health Scrutiny**
Report of: **James Gray, Assistant Director**
Date: **15th January 2025**

Report Title

An update on the current model of delivery and utilisation of Electrocardiogram (ECG) provision within the Trafford locality

Purpose

To provide an update on the current ECG provision available to patients within the Trafford locality provided through primary care.

Next Steps / Recommendations

Trafford's Health Scrutiny Committee are asked to note the contents of this report and developments of ECG provision within Trafford.

Contact person for access to background papers and further information:
Name: James Gray, Assistant Director NHS GM (Trafford Locality)
Email: james.gray12@nhs.net

1.0 Introduction

1.1 This paper provides an update to the Trafford Health Scrutiny Committee in relation to the provision of Electrocardiogram (ECG) checks for patients within the locality. An ECG is a common test that is used to evaluate the rhythm and electrical function of a person's heart. The test is fairly straight forward, simple to undertake and causes little discomfort to the patients with no side effects and usually takes around 10 minutes to complete.

1.2 The ECG is a test that records the heart's electrical signals, obtained by attaching electrodes in 10 standard positions on the limbs and the surface of the chest. The 12-lead ECG recording should be reported automatically, or if automated analysis is not available, by a healthcare professional competent in ECG interpretation and trained to identify specific potentially life-threatening abnormalities. This must be interpreted in the full context of the detailed history and clinical signs.

1.3 An ECG may be done for a number of reasons:

- Check the heart's electrical activity.
- Find the cause of unexplained chest pain, which could be caused by a heart attack, inflammation of the sac surrounding the heart (pericarditis), or angina.
- Find the cause of symptoms of heart disease, such as shortness of breath, dizziness, fainting, or rapid, irregular heartbeats (palpitations).
- Find out if the walls of the heart chambers are too thick (hypertrophied).
- Check how well medicines are working and whether they are causing side effects that affect the heart.
- Check how well mechanical devices that are implanted in the heart, such as pacemakers, are working to control a normal heartbeat.
- Check the health of the heart when other diseases or conditions are present, such as high blood pressure, high cholesterol, cigarette smoking, diabetes, or a family history of early heart disease.

1.4 The 12-lead ECG is routinely used in NHS facilities, including emergency departments, primary care, and cardiology units. It is also employed in pre-operative assessments and during inpatient stays for monitoring high-risk patients.

- **Emergency Care:** In cases of suspected myocardial infarction (MI), the 12-lead ECG is critical for rapid diagnosis and determining the need for thrombolysis or angioplasty. It is an essential part of the 'door-to-balloon' time metric for acute MI treatment.
- **General Practice and Prevention:** General practitioners often use the 12-lead ECG to detect arrhythmias or to monitor patients with known heart disease. It is also used for baseline assessments in high-risk individuals.
- **Outpatient Clinics:** Patients referred to cardiology for follow-up care frequently undergo 12-lead ECGs to assess the effectiveness of treatment or the progression of cardiac conditions.

2.0 Background

2.1 Although it is called a 12-lead ECG, it uses only 10 electrodes. Certain electrodes are part of two pairs and thus provide two leads. Electrodes typically are self-adhesive pads with a conducting gel in the centre. The electrodes snap onto the cables connected to the electrocardiograph or heart monitor.

2.2 Electrode placement for a 12-lead ECG is standard, with leads placed on the left and right arm and left and right leg. Another pair of electrodes is placed between the fourth and fifth ribs on the left and right side of the sternum. A single electrode is positioned between this pair of electrodes on the fourth intercostal space. An eighth electrode is placed between the fifth and sixth ribs at the mid-clavicular line, the imaginary reference line that extends down from the middle of the clavicle. The ninth electrode is positioned in line horizontally with the eighth electrode but in the anterior axillary line or the imaginary reference line running southward from the point where the collarbone and arm meet. A final electrode is placed on the same horizontal line as the eighth and ninth electrodes but oriented with the midaxillary line, the imaginary reference point straight down from the patient's armpit.

2.3 The 12-lead ECG offers several benefits to patient care, including:

- **Rapid Diagnosis:** The quick turnaround time for results allows clinicians to make informed decisions on urgent interventions, such as thrombolytic therapy in acute MI.
- **Improved Clinical Outcomes:** Early detection of conditions such as ischemia or arrhythmias can reduce the risk of severe complications, including stroke, heart failure, or sudden cardiac death.
- **Non-invasive and Cost-Effective:** Compared to other diagnostic modalities such as echocardiography or MRI, the 12-lead ECG is relatively inexpensive and non-invasive, making it an ideal first-line diagnostic tool.

3.0 Current Models and offers

3.1 At present there at two main models of delivery for patients in Trafford to access ECG provision via their GP in primary care or as part of an outpatient appointment within secondary care or whilst an inpatient.

3.2 Within Trafford the ICB commission an organisation called Broomwell who provide the interpretation of the ECG readings back to General Practice. Broomwell provides GP Practices with the 12 lead ECG machines and an ECG interpretation service which can be undertaken through the digital readouts from the machines or acoustically. Broomwell provides the

diagnostic service used by clinicians to manage patients with suspected cardiovascular problems.

3.3 The provision of the diagnostic tool supports primary care to manage patients with suspected cardiovascular problems within the practice, enabling a swift interpretation and if required, urgent next steps. The key service outcomes are:

- Provide immediate expert ECG interpretation.
- Enable GPs to make immediate and better-informed diagnoses.
- Reduce referrals to the secondary sector which results in financial savings.
- Provide a convenient service for patients, close to home.

3.4 The Broomwell contract was consolidated in April 2022, combining 9 localities into one, with the aim to reduce the transactional burden on service providers currently holding multiple contracts.

3.5 Following engagement with all localities, the general consensus is that the service is needed within practices, with the interpretation being the most important element. Without the interpretations there would be a need for staff training, in particular for Practice Nurses and AHPs, who tend to be the health professionals carrying out the ECGs in practice, which would require further funding. Providing ECGs and interpretation within primary care offers a more streamlined patient pathway, closer to the patient's home and does not overburden secondary care unnecessarily.

3.6 Trafford undertakes between 350-400 ECGs via General Practice which is interpreted via Broomwell per month. In addition to the interpretation fees paid to Broomwell, NHS GM (Trafford) also pay practices a fee to undertake the ECGs. Over the last 12 months 22 of the 26 practices in Trafford have used Broomwell for the interpretation of their ECGs on a consistent basis. The Broomwell interpretation service is available to all practices within Trafford should they wish to utilise the service.

3.7 MFT provision is provided via a specific chest pain pathways that available for Trafford patients and ECGs are undertaken by clinicians within the Hospital setting. If an ECG performed did show an abnormal/concerning reading this would follow the appropriate pathway (i.e. to A&E or Rapid Access Chest clinic) without being returned to the GP for consideration. During 23/24 there were on average 297 ECGs undertaken per month as part of an outpatient/inpatient episode within a hospital setting for Trafford patients.

3.8 There is a risk that the volume of referrals to secondary care for ECG provision may increase as a result of the current Collective Action being undertaken within Primary Care. At present we have seen no impact on the volume of referrals for ECGs to secondary care. As part of ongoing Collective

Action oversight across GM and working with provider colleagues we will continue to review whether there is any change or impact.

3.9 MFT also provide an external education course which GP's can access so that they can interpret basic ECGs, further information is available on request from practices.

3.10 Broomwell monthly updates to the ICB provide:

- A monthly breakdown to the locality of the volume of interpretations undertaken
- Between April 23 – March 24 for Trafford practices there were 4,988 interpretations undertaken
- shows the time for interpretation including immediate, overnight or over the weekend
- The recommendation of the interpretation is also available including GP review, Cardiology referral or urgent Cardiology referral etc.

3.11 Providing ECGs and interpretation within primary care offers a more streamlined patient pathway, closer to the patient's home and does not overburden secondary care unnecessarily. Whilst it is difficult to separate out the ECG activity from other clinical activity/procedures undertaken within secondary care and ECGs may be part of a wider suite of diagnostics undertaken for a patient within the acute setting as part of their investigations into particular conditions. The ECGs should be used to provide and inform clinicians and provide additional information within the context of the patients other presenting conditions/complaints.

4.0 Summary

4.1 The 12-lead ECG remains one of the most valuable diagnostic tools in the NHS, contributing to early diagnosis, informed clinical decision-making, and improved patient outcomes. However, its effectiveness can be limited by issues related to training, access to equipment, and integration with existing healthcare systems. By addressing these challenges and focusing on innovation, the NHS can continue to improve the delivery of cardiovascular care and ensure that patients receive timely, accurate, and high-quality treatment.

4.2 Despite its advantages, there are several challenges in the widespread and optimal use of 12-lead ECGs in the NHS:

- Training and Expertise: Interpreting 12-lead ECGs accurately requires specialized training. The increasing reliance on technology in clinical settings can sometimes result in misinterpretation or over-reliance on automated algorithms.
- Workforce Pressure: The growing demand for 12-lead ECGs, particularly in busy emergency departments and GP practices, can

lead to delays in both the acquisition of the test and the interpretation of results.

- Access to Equipment: While most NHS hospitals and larger GP practices are equipped with ECG machines, there are still some disparities in smaller or more remote areas, leading to potential delays in diagnosis.
- Inconsistencies in financial compensation to undertake the ECG within primary care compared to other diagnostic requirements and inconsistencies between/across localities in terms of the offer available to patients.

4.3 Overall the information contained within this report outlines the frequency, availability and utilisation of ECG provision within the locality. Trafford patients have good levels of access to ECG provision both within GP practices and within secondary care where practices may not be in a position to undertake ECGs themselves.

TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **15th January 2025**
Report for: **Information**
Report of: **Julie Flanagan, Associate Director of Finance, NHS GM (Trafford)**

Report Title

Locality Finance Report Month 7 2024/25

Summary

The attached slide deck presents the financial position for the ICS overall and the locality delegated budgets by NHS GM for October 2024. An update report is provided monthly to the Locality Board.

As at Month 7, the ICS has a year-to-date deficit is £73m, £59.8m worse than plan and is a deterioration on last month's position. The forecast is in line with the accepted control total.

At the locality level, delegated commissioned services at month 7 is an overspend of £1.09m linked to personalised care spend and a forecast outturn of £2.2m deficit. Cost savings of £4.7m are included in the forecast which is c£0.5m less than the target.

Given the deterioration in the forecast position, the locality will move to monthly finance assurance reviews led by ICB executives.

Recommendation(s)

Health Scrutiny are asked to note the content of this report and progress to date

Contact person for access to background papers and further information:

Name: Julie Flanagan

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Trafford Locality Finance Report Month 7 October 2024

Trafford
Integrated Care Partnership

Part of Greater Manchester Integrated Care Partnership

GM System Financial Position

Introduction

Trafford Integrated Care Partnership

As at Month 7 the total ICS year to date deficit is £73.0m, a £59.8m variance against the revised plan (Month 6: variance of £30.7m), a deterioration from the prior month.

Month 7 2024/25 (£m)	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Full Year Forecast	Full Year Variance
GM NHS Providers	-£13.2	-£57.9	-£44.7	£0.0	£0.0	£0.0
NHS GM	£0.0	-£15.1	-£15.1	£0.0	£0.0	£0.0
ICS total	**-£13.2**	**-£73.0**	**-£59.8**	**£0.0**	**£0.0**	**£0.0**

Key points of note for Month 7 are:

- The YTD provider position has deteriorated this month by £19.2m, against the previous average monthly run rate variance of £4.25m for M1-6 and is now below the green line identified as part of the recovery plan for the provider sector. This is mainly driven by the pressure due to the shortfall in pay award funding estimated by providers at £15.0m compared to costs, however this is still being reviewed and validated.
- The NHS GM position has deteriorated in month by £9.8m (Month 6: variance of £5.3m).
- In line with NHS England reporting requirements, the FOT is being reported as breakeven following the £175.0m allocation received to fund the planned deficit.
- Whilst recovery plan and mitigations are being constantly reviewed, there is some risk associated with the speed at which these will be delivered.

Key Messages

Month 7

Trafford
Integrated Care Partnership

The below table outlines key areas to note for Month 7:

Key area	M7 Overview
Financial plan	The 2024/25 Greater Manchester ICS revised financial plan is now breakeven following the allocation which has been received to support the system deficit.
Year to date variances	The drivers of the deficit position are: • Additional costs in respect of the industrial action of £6.9m which are being mitigated by providers in the forecast position. • The YTD provider position has deteriorated this month by £19.2m, against the previous average monthly run rate variance of £4.25m for M1-6 and is now below the green line identified as part of the recovery plan for the provider sector. This is mainly driven by the pressure due to the shortfall in pay award funding estimated by providers at £15.0m compared to costs, however this is still being reviewed and validated. • NHS GM year to date pressures continue to be seen in the cost of placements – both mental health (£14.0m) and continuing care (£13.7m), and prescribing (£12.0m), offset by underspends in a number of areas.
Efficiencies/ CIP	As at M7 £243.8m of CIP has been delivered against a plan of £234.9m, an over delivery of £8.8m. The forecast CIP position is £493.3m against a target of £490.3m, an overachievement of £3.0m, which is an improvement from M6 (£1.3m). It should be noted that the M7 YTD plan is approximately 48% of the total CIP target (compared to straight line 58%), indicating a number of schemes are profiled in the latter half of the year. Although this is in line with expectations, it does place additional delivery risk in the latter half of the financial year.
Capital	As reported last month and as expected the system has received an additional allocation of £10.9m. However, for GM providers, in total there remains £87.9m of over commitments against the capital allocation. The capital plans, both CDEL and IFRS16 require further work through the Capital Prioritisation Group to reduce commitments and deliver a compliant plan, including the impact of the reduction to the capital control total. For NHS GM forecast spend is in line with plan (£5.4m) but a risk of £0.4m has been highlighted in respect of IFRS 16.
Cash	At present provider cash balances are above plan by £182.2m. As a result of YTD variance from overall expenditure plan, the cash position will continue to be monitored closely to ensure appropriate levels of working capital in the system.
Risk & Mitigations	At Month 7 ICS gross risk is £146.2m. Within NHS GM there are on-going risks in relation to efficiencies, programme slippage, placements and system pressures. The NHS GM position deteriorated by a further £19.6m this month due to the continuation of emerging pressures, and where mitigations and recovery plans are not yet impacting the financial position, and potential non-delivery of CIP. Providers are reporting significant risks in respect of pay costs. Mitigations have been identified which help reduce the total ICS gross risk to £81.4m net risk, and all partners in the system are being held to account to either mitigate pressures and risks or identify a recovery plan through the System Improvement process, including Provider Oversight Meeting (POMs), Locality Assurance Meetings (LAMs) and ICB Oversight Meetings. External support is in place to review MH, CHC and Individualised Packages of Care costs, following the external reviews undertaken by PwC and the Turnaround Director appointed by NHSE NW.

Trafford Locality Financial Position

Month 7

Trafford
Integrated Care Partnership

Summary Financial Position as at Month 7	Budget £'000	Expenditure £'000	Variance £'000
Commissioned Services			
Mental Health Services	2,742	2,855	-113
Community Services	6,996	6,499	498
Personalised Packages of Care	21,721	23,394	-1,673
Primary Care Locally delegated	2,821	2,656	165
Estates void & subsidy	1,363	1,330	33
Discharge Fund	1,218	1,218	0
Total Commissioned Services	**36,861**	**37,951**	**-1,090**
Corporate Services	2,128	1,838	290
Total Locality Delegated Services	**38,989**	**39,789**	**-800**
Shadow Reported Services			
Prescribing	24,092	24,955	-863
Primary Care Co commissioned	27,736	27,481	255
Total Shadow Reported Services	**51,828**	**52,436**	**-608**

Forecast Position for the period 1st April 2024 to 31st March 2025	Annual Budget £'000	Forecast Expenditure £'000	Forecast Variance £'000
Commissioned Services			
Mental Health Services	4,641	4,831	-190
Community Services	11,979	11,480	499
Personalised Packages of Care	36,949	39,863	-2,914
Primary Care Locally delegated	5,577	5,234	344
Estates void & subsidy	2,336	2,289	48
Discharge	2,123	2,123	0
Total Commissioned Services	**63,605**	**65,818**	**-2,213**
Corporate Services	3,649	3,110	540
Total Locality Delegated Services	**67,254**	**68,928**	**-1,674**
Shadow Reported Services			
Prescribing	40,479	42,254	-1,774
Primary Care Co commissioned	46,511	47,312	-801
Total Shadow Reported Services	**86,990**	**89,566**	**-2,575**

After 7 months the locality is £1.09m overspent on commissioned services with a forecast deficit variance of £2.2m after applying most the recovery plan assumptions. The high-risk assumptions most requiring a pan GM approach have been removed from the forecast resulting in an increase in the overspend of £650k. There has been further increases in personalised care expenditure above the M4 prediction which has shifted the forecast by a further £1m.

Corporate budgets are forecast to underspend by £540k following the recoding of the medicine optimisation budget to central GM.

Shadow reported services are showing a YTD and forecast overspend however the co commissioned budget is expected to be underspent on receipt of the full ARRS allocation.

The prescribing forecast excludes the potential shortfall on CIP delivery of c£475k.

Recovering the financial position

Month 7

Trafford
Integrated Care Partnership

When the recovery plan was established, it was founded on the assumption of a steady state from month 4 and a risk rated approach to all proposals.

Last month we applied £2.7m of expected savings which has been reduced to £2.06m following the removal of the high risk rated schemes requiring a pan GM approach. The impact of the removal of the high-risk proposals has adjusted our recovery plan to £1.1m deficit.

There remains up to £0.5m of risk in the remaining recovery items applied to the forecast

The rise in personalised care costs has resulted in the forecast deficit moving to £2.2m and potentially rising further to £3m.

With limited delegated budgets there is little scope to address the deficit across all budget areas placing the focus on personalised care.

We continue to work with the personalised care database provider to generate the reports to support the ongoing monitoring and required actions.

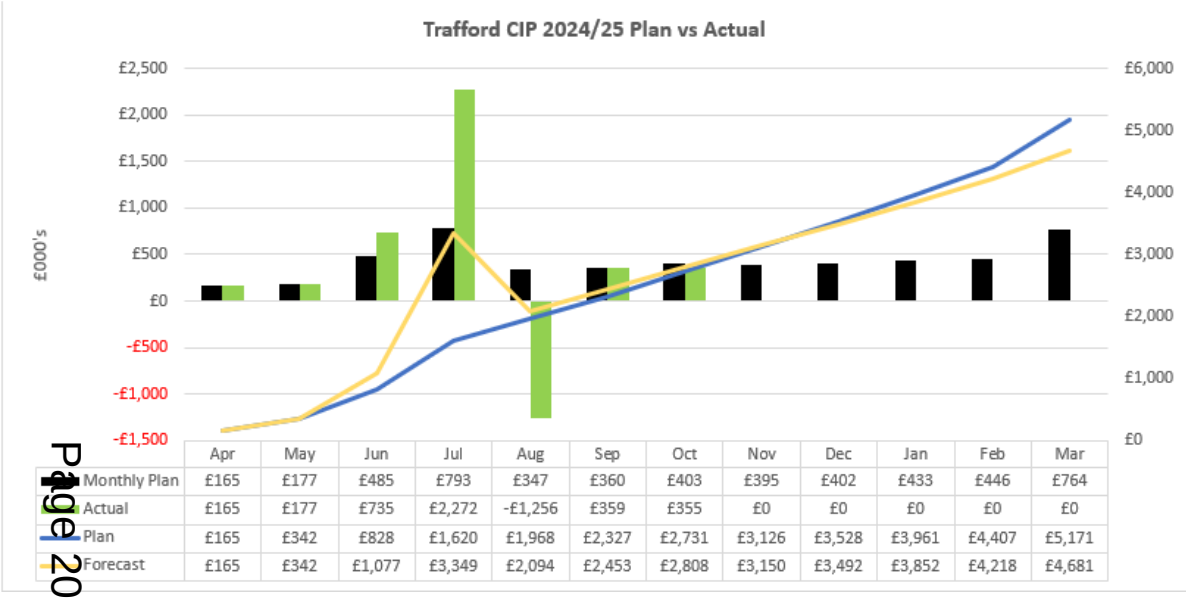
A key area of focus will be market management however this has a longer term impact and unlikely to bridge the gap over the remaining months of the year.

Given the current forecast the locality is likely to move to monthly assurance meetings

Cost Improvement Programme

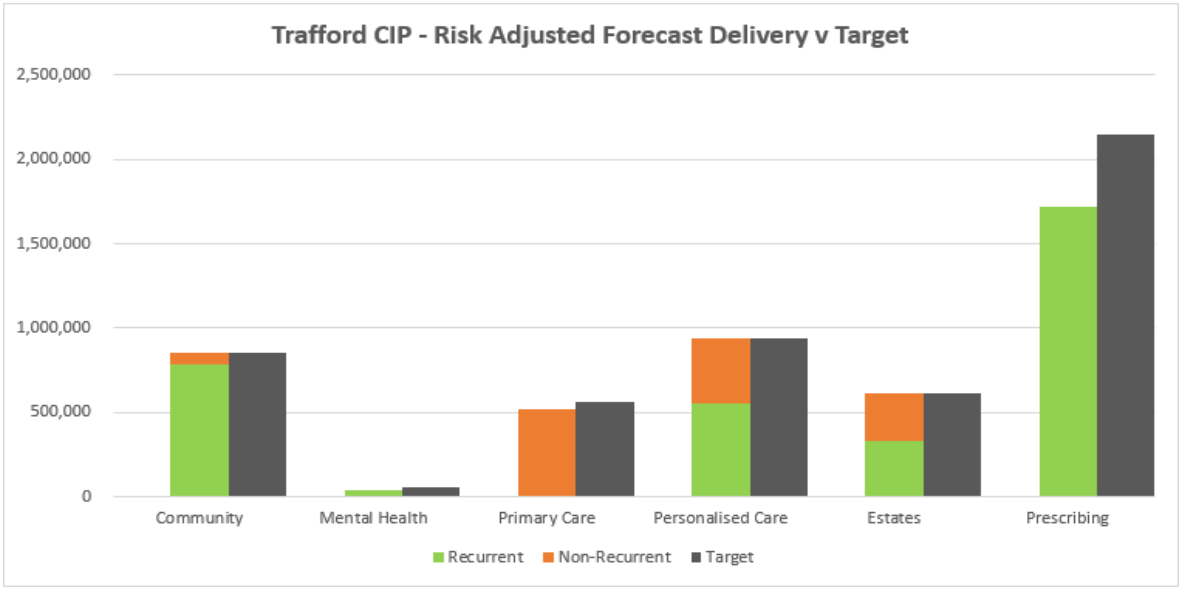
Month 7

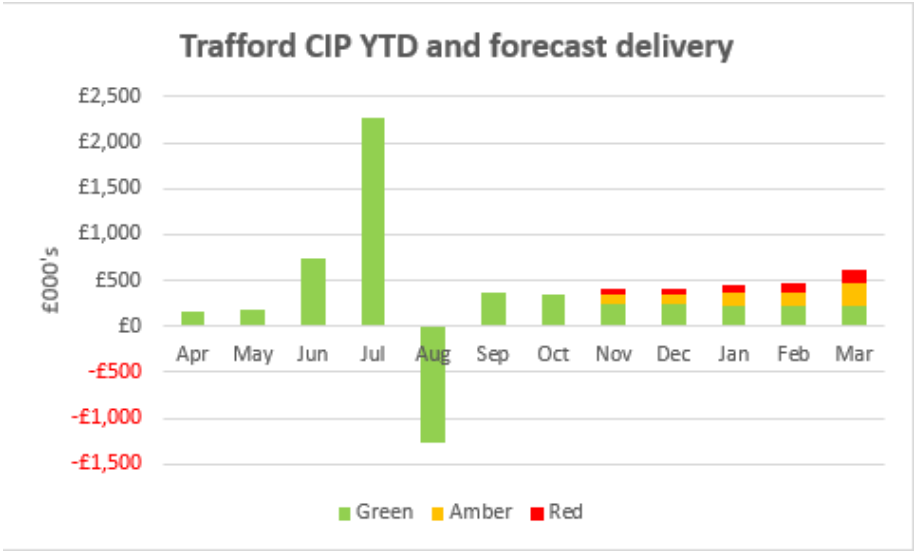
Trafford
Integrated Care Partnership



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Plan	£165	£177	£485	£793	£347	£360	£403	£395	£402	£433	£446	£764
Actual	£165	£177	£735	£2,272	-£1,256	£359	£355	£0	£0	£0	£0	£0
Plan	£165	£342	£828	£1,620	£1,968	£2,327	£2,731	£3,126	£3,528	£3,961	£4,407	£5,171
Forecast	£165	£342	£1,077	£3,349	£2,094	£2,453	£2,808	£3,150	£3,492	£3,852	£4,218	£4,681

Forecast achievement of £4.68m is in line with previous months
There is increased risk to the delivery of CIP in the remaining months of the year.
Non recurrent delivered CIP mainly within primary care, personalised care and estates.





Summary & Recommendations

Month 7

Trafford
Integrated Care Partnership

The Locality Board is requested to note:

- Month 7 year to date reported financial position for GM ICS is £73m deficit, against a planned deficit of £13.2m, resulting in a variance against plan of £59.8m. This is a deterioration on the month 6 position of £29.1m.
- Locality reported position of £1.09m deficit year to date and forecast deficit of £2.2m excluding the locality corporate budgets. This is a deterioration of £1.7m in the forecast.
- The inclusion of £2m of recovery plan items and the remaining associated risks.
- The best case outcome based on the revised recovery plan proposals is £1.1m deficit.
- Given the current forecast the locality is likely to move to monthly assurance meetings.
- The year to date and forecast position of the shadow reported services
- Locality CIP forecast delivery of £4.7m, a shortfall of £0.5m in prescribing.
- Note the continuing financial pressures across the GM ICS and the risks associated with delivery of the 2024/25 plan

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