

## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee  
**Date:** 1<sup>st</sup> March 2023  
**Report for:** Information  
**Report of:** Gareth James, Trafford Deputy Place Lead for Health and Care Integration

### **Report Title**

Integrated Care System Update

### **Summary**

The purpose of this report is to provide an update to the committee on recent developments across the Greater Manchester Integrated Care system that affect the Trafford Locality. The report covers the latest update on the development of the GM operating model including agreement of locality budgets and describes the next steps to confirm locality governance arrangements.

### **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:

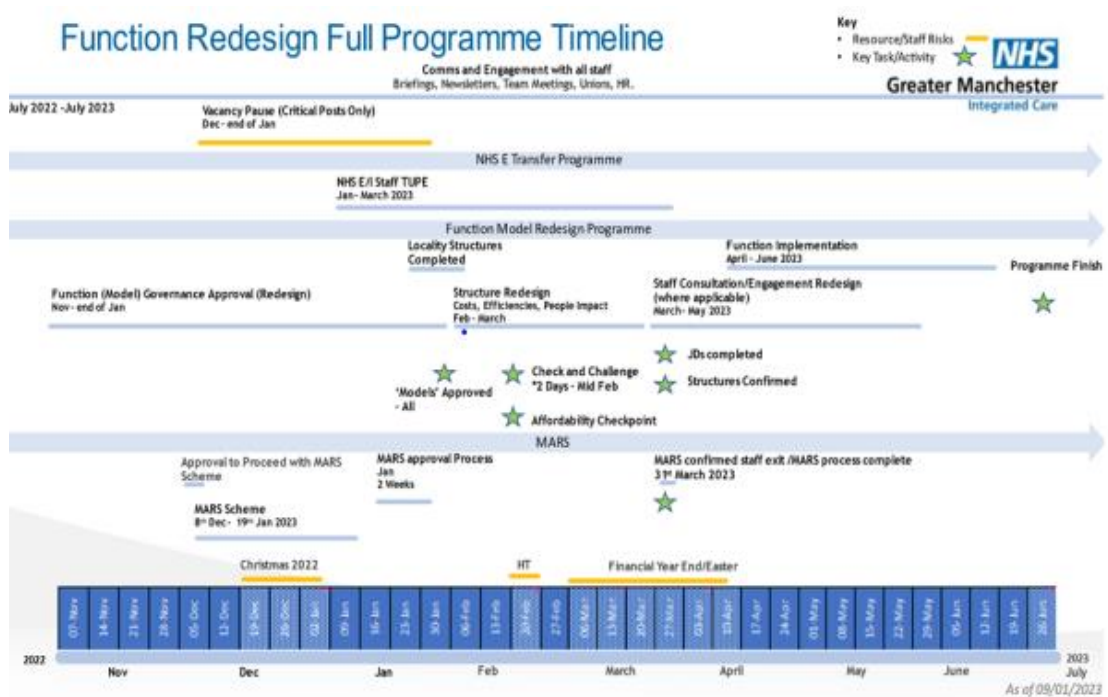
Name: Gareth James, Trafford Deputy Place Lead for Health and Care Integration

## Introduction

1. The purpose of this report is to provide an update to Trafford Locality Board (the board) on recent developments across the Greater Manchester Integrated Care system that affect the Trafford Locality.
2. The report covers the latest update on the development of the GM operating model including agreement of locality budgets and describes the next steps to confirm locality governance arrangements.

## NHS GM Operating Model – ICS Transition Programme

3. To date, the transition programme has delivered 6 staff consultation phases including the implementation of locality leadership structures. The following timeline highlights the key milestones which must be met to achieve the completion of the programme by the end of June 2023:



4. As reported last month, localities have been provided with corporate budget allocations for 2023/24; £3.702 million in Trafford, and we are on course to propose our locality team structure to meet NHS GM requirements. In addition, 22 out of 26 of the GM functions have confirmed their operating models. During February, locality structures and proposed budget usage will be subject to a consistency/alignment process and GM functional structure will undergo a check and challenge.
5. A Mutually Agreed Resignation Scheme (MARS) was undertaken between 9 December 2022 and 19 January 2023. As the MARS process is concluded locality and GM functional structures are being finalised. Following this process

phase 7 of the consultation affecting the remaining and majority of NHS GM staff will take place, starting during March 2023.

6. Consultation on all remaining structures will be undertaken at the same time in order to provide our staff with the full picture of NHS GM and, therefore, enable staff to have informed decisions about their futures. Once concluded, NHS GM staff will have clarity on their role, purpose, line- management and function within the GM operating model.

### **Trafford Delegated Locality Budget**

7. Further to the update provided last month, the budget areas and values issued by central ICB finance aligned to Trafford as at November 2022 are summarised in the table below:

<b>Budget Area</b>	<b>£</b>
CHC	13,926,125
Community	11,528,498
Mental Health	8,651,885
Primary Care	2,299,248
Prescribing	27,742,634
Locality Estates	1,892,973
<b>Total</b>	<b>66,041,363</b>

8. The values reflect a nine month period from 1 July 2022 to 31 March 2023 and remain unchanged from the values shared in the update last month. The ICB Trafford Locality Finance team have reviewed the budgets and are in broad agreement. Several issues have been raised with NHS GM finance functions and is anticipated that the final delegated budget will be agreed shortly.
9. Further details of the delegated budget are provided in a separate report to the board as part of the suite of governance documents that require Trafford partner approval prior to submission to NHS GM.

### **Trafford Locality Governance**

10. All 10 localities are required to agree governance arrangements to NHS GM before the end of the March 2023. To enable delegation of ICB functions and funding we are required to produce the locality board terms of reference, details of financial arrangements and documentation associated with any Section 75 agreements.
11. In line with the previously agreed process and timetable a task and finish group of Trafford partners has been considering legal advice and has agreed a preferred governance model for approval at the locality board in February.

Following this approval a submission of all key documents will be made to NHS GM for agreement at the ICB board meeting in March 2023.

### **2023/24 Operational Planning**

12. A Greater Manchester group has been established to lead the 2023/24 planning process. System partners and boards are working to set trajectories against national objectives and local ambitions. There is a commitment to ensure plans are set at the correct level of granularity, at provider and locality level where appropriate.
13. Plans will be submitted in line with the national timetable; the first submission of activity, finance and workforce plans being 13 February 2023. Prior to submission there will be a triangulation meeting involving Place Based Leadership, Provider Chief Executives and Greater Manchester's Executive Team in the morning of the same day. Final submission is due on 30 March 2023.
14. The table provided as Appendix 1 summarises the national objectives for 2023/24. They will form the basis for how performance of the NHS is assessed alongside the local priorities set by systems. As a locality we are completing an exercise to review all key deliverables set out in the Operational Planning Guidance and supporting documents to inform the Locality priorities for 2023/24. A further update will be provided to the board in March 2023.

### **Hewitt Independent Review**

15. As discussed previously the Secretary of state for Health and Social Care appointed the Rt Hon Patricia Hewitt to undertake an independent review to consider the oversight and governance of integrated care systems (ICSs). The review considered how ICSs could be best enabled to succeed, balancing greater autonomy and robust accountability.
16. All ICSs were asked to contribute to the development of the review with GM ICS responding in January 2023. Feedback from the GM response is expected in the coming months.

## Appendix 1

The table below sets out the national objectives for 2023/24. They will form the basis for how performance of the NHS is assessed alongside the local priorities set by systems.

Area	Objective
<b>Urgent and emergency care*</b>	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
<b>Community health services</b>	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
<b>Primary care*</b>	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
<b>Elective care</b>	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
<b>Cancer</b>	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
<b>Diagnostics</b>	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition

<b>Maternity</b>	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
<b>Use of resources</b>	Deliver a balanced net system financial position for 2023/24
<b>Workforce</b>	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
<b>Mental health</b>	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
Improve access to perinatal mental health services	
<b>People with a learning disability and autistic people</b>	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
<b>Prevention and health inequalities</b>	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach