

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 17th January 2025
Report for: Information/Decision
Report of: Thomas Maloney, Programme Director Health and Care,
Trafford Council & NHS GM (Trafford)

Report Title

Greater Manchester Sustainability Plan & Trafford Sustainability Plan

Purpose

The report updates the Board on the published GM Sustainability Plan which outlines 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.

The report also contains an update on the ask of localities to produce a locality version of the sustainability plan. Each locality has been asked to define their contributions and develop a place-based representation of the Sustainability Plan.

To do this the locality is asked to consider how it connects the Sustainability Plan to the position of the local authority on public health, 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.

High level detail on the new data products has been included in the main body of the report. Partners are encouraged to utilise the data available to help inform thinking, strategy and commissioning both in the short term (25/26) and medium term (26/27 onward) as we seek to influence priorities for subsequent years in line with our collective aspirations to improve the health of our population, tackle inequalities and drive social and economic development.

The report summarises progress to date, identifies a series of next steps and their associated timelines for completion.

Recommendations

The Board is asked to:

- Note the content of report and progress to date.
- Support the development of content for our Locality Sustainability Plan.
- Note the new DII products available and explore utilisation of the new data products available.

Contact person for access to background papers and further information:

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1. Background and Context

1.1 Greater Manchester (GM) Integrated Care Partnership has worked with partners, to develop a Sustainability Plan. This was approved at the GM Integrated Care Board on 18th September 2024. 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. 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.

1.2 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.

1.3 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.

1.4 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.

1.5 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

1.6 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.

1.7 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.

2. Delivery of the Sustainability Plan in Localities

2.1 The Locality Board and Health and Wellbeing Board provide the platform and governance for delivery of the sustainability plan. The Boards are the focal points to:

1. Develop a place-based representation of the Sustainability Plan – 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.
2. Connect the Sustainability Plan to the position of the local authority on public health, adults and children’s as part of a single approach to delivery across health and care.
3. Ensure use of population health management approaches to identify at risk cohorts - supporting people to maintain good health and preventing deterioration.

2.2 Each element of the Sustainability Plan (i.e. the five pillars and their constituent programmes) has a GM (and/or trust) and/or locality focus. The following table reflects that localities have a primary focus on delivery of the Reducing Prevalence and Proactive Care pillars (Pillars 3 & 4). However, they also contribute to other pillars. Each locality has a Cost Improvement Programme (CIP) as part of the ICB’s overall plan and, in turn, the CIP of the relevant local trust/s and other organisations will need to be seen in the context of locality delivery plans.

	Cost Improvement	System Productivity and Performance	Reducing Prevalence	Proactive Care	Optimising Care
	Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs)	Multi-provider/system activities to improve the use of our resources and our performance	Maintaining the population in good health, building up individuals' capabilities and positive assets and avoiding future costs through prevention	Catching ill health early, managing risk factors, and delivering evidence based, cost effective interventions to reduce the level of harm	Transforming the model of care through system actions
Focus of delivery	Trusts and the ICB (including locality CIP) but may impact locality delivery	Trusts (through System Groups) and other parts of the system as appropriate (e.g. primary care) broken down to place level	Localities (including partnership with non-NHS organisations and services)	Localities (including primary care and community services)	As determined by the focus of the new model of care – may be clinical (e.g. maternity) or sectoral (e.g. community services)

2.3 Localities have been tasked with providing details of existing programmes and confirmed plans against the five pillars. The first phase relates to existing programmes and planned programmes for 2025/26. We will need to:

- Summarise the locality’s cost improvement programmes – both as part of ICB’s CIP and set out the key CIP programmes of the relevant, local trust/s intended to support a sharing of financial positions and intentions between the trusts, local authority, VCFSE and ICB.
- Provide details of 2025/26 plans for programmes that fall within the

Reducing Prevalence and Proactive Care pillars – indicating which pillar each programme relates to.

- Indicate the impact (quantified where possible) of these programmes and any related process measures. This may include programmes not currently listed in the Sustainability Plan - which only included programmes where evidence for ROI could be identified. These programmes must ensure connection with the position of the local authority – particularly on public health, adults and children’s services. An indication of programmes and likely scope at this stage is sufficient. We anticipate that this will include confirmed plans to improve performance and access in key areas (i.e. discharge).

2.4 A template has been provided by NHS GM for each locality to use as the basis for Locality Sustainability Plan content which enables localities to connect their priority work areas to the pillars of the GM Sustainability Plan, GM programmes, Governance and capture intended outputs, outcomes and return on investment. The deadline for completion of the template is 31st January to align with the overall annual planning process for 2025-26 and to enable the local plans to be ready to commence delivery from month one in 2025-26. A small extension has been granted for us to ensure our submission goes through the correct locality governance.

2.5 Locally, the governance for completion of this exercise is sitting with the established Trafford Strategy and Planning Group and the Trafford Finance, Performance and Sustainability Group – additional engagement from HWBB members in these forums is welcome as we complete the exercise throughout January and early February.

2.6 An update on initial draft priorities and commissioning intentions is due to be taken to the Trafford Locality Board (21st January). The Locality Board will be asked to provide feedback on the draft priorities listed and further refinement of the draft priorities will take place in the aforementioned groups before a final version is taken to the Locality Board in February (18th) for sign off and subsequent submission into NHS GM – this extended deadline has been agreed with NHS GM.

2.7 To assist the development of the GM Sustainability Plan and our local interpretation, a number of new data products have been made available through the central GM Intelligence Hub as follows:

Geographic Health Profiles dashboard (interactive dashboard)

- Overview of the selected cohort giving a summary of its demographic breakdown along with data from primary care, secondary care and the NW ambulance service

Sankey visualisation for individual years 2018, 2024 (actual) and 2030 (projected position).

- Sankey diagrams are a data visualisation technique or flow diagram that illustrates the shift/movement of people from one state to another over time e.g. from good health to poorer health.
- For the Sustainability Plan, population segments have been grouped together to show at a high level the proportion of people in good and poor health.

Population Segment Forecast Dashboard.

- This dashboard looks at actual and forecast data for the population segments that have been created as part of the GM Sustainability Plan, including trends over time, actual vs. forecast data and expected percentage change (based on forecast data) by segment for each locality.
- It is designed to help localities to understand how the number of people accessing services is expected to change over time, which of the population segments can expect the highest and lowest amount of growth and, hence, where the 'pressure points' are likely to occur.
- The data used in the report are updated monthly. Forecast numbers will be recalculated annually, with the next updated scheduled for July 2025.

2.8 These products are available through the GM Intelligence Hub to help us shape our local plans both for 25/26, 26/27 and beyond. We should fully utilise the data on our population through the health profiles to indicate where we would focus future programmes to reduce prevalence and enable proactive care. Where possible, this should include any requirements for investment.