NHS
Greater Manchester
Integrated Care

Agenda

Trafford Locality Board Meeting

Date: Tuesday, 17 October 2023

Time: 1.00 pm

Venue: Meeting Room 9 and via MS Teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1			**Apologies for Absence**		Info	Chair
2			**Declarations of Interest**		Info	Chair
3	1.00	5 mins	**Minutes of the Meeting Held on 19 September 2023**	1 - 6	Approval	Chair
4			**Action Log**	7 - 8	Discuss	Chair
5	1.05	5 mins	**Public Questions**	9 - 10	Discuss	Chair
6	1.10	10 mins	**Integrated Care System Update**	11 - 16	Discuss/Info	GJ/ST
7	1.20	10 mins	**Trafford Locality Plan Refresh**	17 - 32	Approval/ Discuss	TM
8	1.30	10 mins	**Six Month Governance Review**	33 - 52	Approval/ Discuss	TM
9	1.40	15 mins	**Strategic Priorities/Objectives and Risks for the 2023/24 Trafford Locality Board Risk Register**	53 - 62	Approval/ Discuss	MB/TM
10	1.55	10 mins	**NHS GM Trafford Finance report**	63 - 76	Discuss/Info	JF

11	2.05	15 mins	**Winter Plan - to follow**	Paper	Info	GJ
12	2.20	10 mins	**Podiatry: New Service Model**	77 - 84	Approval	TW
13	2.30	15 mins	**42nd Street - to follow**	Paper	Approval	JM
14			**Forward Plan**	85 - 86	Info	Chair
15			**Any Other Urgent Business**			Chair
Part 2 s75						
16	2.45	5 mins	**Better Care Fund - 23-25 Plan and Narrative**	87 - 132	Info	NA/GJ

Further Information:
For help, advice and information about this meeting please contact:
Pippa Dewhirst, Governance & Support Services Manager
E-mail: pippa.dewhirst@nhs.net

This agenda was produced on 11 October 2023

NHS Greater Manchester Integrated Care

Minutes

Trafford Locality Board

Date: Tuesday, 19 September 2023

Time: 1.00 pm

Venue: Meeting Room 9 Trafford Town Hall and via MS Teams

Present	Apologies
Graeme Ferguson (GF) Clinical Director and Co-Chair of TLB); Gareth James (GJ) Deputy Place Lead for Health & Care Integration, NHS Greater Manchester Integrated Care; Helen Gollins (HG) Director of Public Health; George Devlin, (GD) VCFSE Representative Sara Todd (ST) (Trafford Place Lead for Health & Care Integration) Darren Banks (Group Director of Strategy, MFT) Jane Wareing (JW) GP Board Representative Katy Calvin Thomas (KCT)- TLCO Andrew Latham (AL) Healthwatch In attendance: Cllr Jane Slater (JS) Cllr Karina Carter (KC) Nathan Atkinson (NA) Corporate Director of Adults & Wellbeing, Trafford Council Jill McGregor (JM) Corporate Director of Childrens Services Pippa Dewhirst (PD) Governance & Support Services Manager Jacqui Dennis (JD) Governance Officer Clare Robson (CR) Public Health Team Trafford Thomas Maloney (TM) Health & Social Care Programme Director Manish Prasad (MP) Associate Medical Director Julie Flanagan (JF) Finance Lead Trafford for item 9 Cathy O Driscoll (COD) Associate Director of Delivery & Transformation (Trafford) for item 7 James Gray (JG) Head of Unscheduled Care (Trafford) for item 7	Tom Ross (TR) Leader of Council and Co-Chair Elizabeth Calder (EC) (GMMH) Janet Wilkinson (JWi) Chief People Officer NHS Greater Manchester Integrated Care Heather Fairfield (HF) Healthwatch Trafford;

Item No.	Topic	Action
63	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Elizabeth Calder, Janet Wilkinson, Tom Ross and Heather Fairfield with Andrew Latham attending on Heather's behalf.	
64	**DECLARATIONS OF INTEREST** There were no declarations of interest.	
65	**MINUTES OF THE MEETING HELD ON 15 AUGUST 2023** RESOLVED: The minutes of the meeting held on 15 August 2023 were approved as an accurate record.	
66	**ACTION LOG & MATTERS ARISING** The action log was reviewed and updated.	
67	**PUBLIC QUESTIONS** There were no questions received from members of the Public.	
68	**INTEGRATED CARE SYSTEM UPDATE** TLB were provided with a report that updated on recent developments across the Greater Manchester Integrated Care System that affected the Trafford Locality. The report provided an update on: • NHS GM – ICS transition programme; • NHS GM – Draft operating model; • Winter planning; • Governance – GM 6-month review; and • Covid Vaccination programme. GJ gave a verbal update as per the report, with regards to the operating model he noted it was clear with regards to community services that the commissioning would sit at locality and work was ongoing with colleagues to establish how this would be achieved within the current financial flows and contracting model to deliver against the agreed design principle of single tier decision making. GJ advised with regards to winter funding that a report would be brought back to the board in October. HG took the opportunity to give a Covid update, noted new covid variant identified BA286. There was limited data due to the level of testing but the vaccine still worked against the new variant and vaccination of those over 70 and vulnerable groups was crucial. HG noted the advice for those under 18 was to not go to school if symptomatic for three days and if over 18 stay away from the workplace if symptomatic for 5 days and to continue with handwashing. HG would provide further update when available. GJ was thanked for the update and TLB noted the report. RESOLVED: Trafford Locality Board noted the report.	ACTION ACTION

69	**TPCB 23/24 STRATEGIC PRIORITIES UPDATE** The report gave an update on neighbourhoods and the recent test and learn pilot and the Trafford Urgent Care Review. GD provided overview of the test and learn pilot. The model built on VCFSE sector knowledge and their capacity to engage with individuals in communities. The model supported VCFSE organisations to work with primary care partners to improve information, access, experience and outcomes. GD advised the pilot took place in Sale it enabled residents to access health advice, arrange screenings, discuss health concerns and weight management issues. There was also a family funday with health presence offering blood pressure tests and health advice. GD noted the positive feedback from those that accessed health advice and that it supported prevention as people were getting early advice so they could take action and prevent further health issues. GD advised residents welcomed the opportunity to access health support in the community and there were 153 consultations with residents. The project built relationships with system partners and facilitated the development of a community health panel that would enable future health conversations with residents. GD reported IT connectivity was a challenge but hoped the model could be replicated in other neighbourhoods to underpin neighbourhood working in communities. It was noted further evaluation of the impact to residents would be useful. GD was thanked for the update and it was highlighted as a good example of neighbourhood working. TM noted there would be further conversations with regards to sustainability of the model at a GM test and learn meeting scheduled for the 21 September 2023 and he would provide a further update to TLB. COD introduced the item and JG gave an update on the Trafford urgent care review, he described the work to date and gave an update on the needs assessment and outputs. JG highlighted seven possible priority areas for further consideration: 1) Improve triage/assessment of patients at TGH; 2) Develop consistent advice from primary care; 3) Improve communications and engagement re urgent care; 4) Improve out of hours provision in Trafford; 5) Reduce primary care access variation; 6) Improve streaming of patients between primary care & urgent care; and 7) Consider how we could/should use Altrincham Minor Injuries unit. JG confirmed that mental health and all age service would be a key them within each area and the priorities were subject to change as work progressed, he elaborated why each priority had been chosen and suggested next steps as per the report including re-engaging with groups who had provided input to offer an update, develop possible models within task and finish group, work with system partners and consider final possible models. Members suggested an updated directory and referral tree for GPs so it was clear where to direct patients. It was noted the engagement and analysis undertaken were positive and continued engagement was supported. TLB supported the suggested priorities and next steps. RESOLVED: Trafford Locality Board noted: a) the content of the report; b) the progress made on the Urgent Care Review to date; and c) the identified possible priority areas for development.	ACTION ACTION

70	**LOCALITY PERFORMANCE ASSURANCE FRAMEWORK AND LOCALITY OUTCOMES** The report gave an update on the developing Locality Performance Assurance Framework and developments since the previously communicated update. The detail in the paper was sat within the context of the emergent and evolving GM Operating Model and focussed on the GM and Locality core components of the suggested framework. Furthermore the report detailed progress towards delivering the Locality Outcome targets agreed through Trafford Locality Board earlier this year. The report provided the Trafford baseline and progression against the agreed trajectories with mixed performance as highlighted in the report. GJ gave an overview as per the report he noted the locality performance assurance framework which would update as the operating model was implemented and the links to Trafford Governance. GJ also highlighted the draft outcome targets. TLB noted the progress with the locality performance framework and outcome. RESOLVED: Trafford Locality Board: a) noted the progress on producing a comprehensive Locality Performance Framework; and b) supported the work to deliver improvements against the Locality Outcomes aspirations.	
71	**NHS GM TRAFFORD FINANCE REPORT** JF gave a presentation that detailed the financial position for the ICS overall and the locality delegated budgets by NHS GM. The reported position did not include any corporate costs which were currently reported centrally. The ICS reported a £104.8m deficit at month 4 and forecast breakeven. £60.8m related to NHS provider positions and £44m for NHS GM of which £40m was linked to the system efficiency target. The Locality budgets were overspent by £178k at month 4 with a forecast underspend of £188k. Savings plans had been identified to deliver the target with work on going to identify further schemes to support any potential slippage. JF highlighted the key challenges to the delivery of the finance position were the level of risk in the system and the deliverability of efficiencies. JF noted the mitigations in place as per the report. HG queried if an improvement plan was in place for prescribing, JF noted it was difficult to target as the issue was a combination of both volume increase and price variance and was being seen across every area but further work would be completed to review the volume increases. JF was thanked for the update. RESOLVED: Trafford Locality Board noted: a) the overall financial position of the ICS at Month 4, being £104.8m deficit; b) the locality financial position of £178k overspent at month 4 but a forecast outturn of £188k underspend; c) the actions being taken to address the current and emerging pressures; and d) the risks and mitigations to manage the locality financial position.	

72	**TICP ENGAGEMENT FRAMEWORK** TLB considered a report that described the journey to date in exploring options for a revised Trafford Health & Social Care Engagement Model, following the mandate from the Trafford Locality Board (April 22/Sept 22). The report described the approach taken to understand relevant policy and guidance and existing good practice, locally, regionally, nationally and internationally. It was advised this helped shape the outline solutions as to how to embed a Trafford Integrated Care Partnership (TICP) engagement framework, to provide an effective public, patient and community engagement across health and care. The report also described the required foundations for the new model, desired methodology and supporting governance arrangements to inform and challenge the planning, design and collective decision making. TM gave an update as per the report he noted the input from the Communications and Engagement workshop which helped to form the 'we will' statements to ensure the best model of engagement. TM highlighted the key building blocks of strategy & vision, shared principles, good governance, systems and processes and infrastructure and TLB supported the creation of action plans to support each area. TM noted the engagement framework and asked for TLB's support to create an engagement toolkit for each spatial element of the framework. TM also requested TLB support the exploration of the further considerations: a) to develop a TICP staff induction package; b) a system wide communication plan; c) data and intelligence; and d) system resources. DB queried the use of TICP in relation to the staff induction package, TM advised this was not in relation to all TICP staff but would be explored to support professionals to get to know each other to support the neighbourhood work. TLB supported the recommendations as per the report. RESOLVED: Trafford Locality Board: a) noted the content of the report and specifically the emergence of the GM People and Communities Participation Strategy; b) supported the curation of detailed actions plans for each of the building blocks, where appropriate; c) supported the creation of a detailed Engagement Toolkit, working alongside GM ICP; and d) support to explore the 'further considerations' in section 7 of the paper.	ACTION
73	**TLB FORWARD PLAN** RESOLVED: The TLB noted the forward plan.	
74	**ANY OTHER URGENT BUSINESS** There was no other urgent business.	

75	**PART 2 - S75** NA provided a verbal update he noted that the BCF narrative and accompanying documents were approved at the Health and wellbeing board on the 15 September and had been through the regional assurance process. RESOLVED: Trafford Locality Board noted the s75 update.	

Trafford Locality Board - Action Log 23/24

Action No.	Date of Meeting	Agenda Item Ref.	Action	Update	Lead	Target Date	Status
36	18/07/23	ICS Update	6 month governance review to be completed for the period April- Sept 23	Added to forward plan for October.	TM	17/10/23	Completed
37	18/07/23	ICS Update	Staffing structure to be shared with TLB.	GJ to share when all staff confirmed in posts.	GJ	20/08/23	In Progress
38	18/07/23	TPCB Update	Detailed pack to be shared with members following the meeting.	Sent via email.	TM	20/08/23	Completed
39	18/07/23	GM Workforce Strategy and Local Delivery Plan	First draft of local workforce delivery plan to come to the October meeting.	Added to forward plan for November.	TM	20/08/23	Completed
40	18/07/23	Children in crisis	JM team to complete children 'deep dive' with regard to tier 4 cases and provide update to the board.	Added to forward plan for November, JM to provide verbal update.	JM	20/08/23	In Progress
41	18/07/23	Trafford Primary Care Quality Contract	Diarise regular updates to the TLB.	Added to forward plan, update included within October ICS update paper and full report scheduled for November.	JBS	20/08/23	Completed
42	15/08/23	Public Question	GJ to meet member of the public to discuss public engagement.	GJ met with member of public.	GJ	19/09/23	Completed
43	15/08/23	ICS Update - Engagement	Engagement update to be brought to September board meeting.	On agenda for 19/09/23	TM	19/09/23	Completed
44	15/08/23	Healthwatch - Public Health Team	HG to share any outputs from research fellow work with regards to behaviours of young people.	Outputs from research expected in 12 months added to Forward Plan	HG	01/09/24	Completed
45	19/09/23	ICS Update - Covid	HG to provide further covid updates when available.	HG to give verbal covid update.	HG	17/10/23	In Progress
46	19/09/23	ICS Update - Winter Planning	GJ to ensure winter planning update would be brought back to the Board.	On agenda 17/10/23	GJ	17/10/23	Completed
47	19/09/23	TPCB Strategic Priorities - Neighbourhoods (Test and Learn)	TM to update folllowing the GM test and learn meeting.	TM to provide verbal update.	TM	17/10/23	In Progress
48	19/09/23	TPCB Strategic Priorities - Urgent Care Review	JG to progress next steps as per report.		JG	21/11/23	In Progress
49	19/09/23	TICP Engagement Framework.	TM to progress action plans, engagement toolkit and exploration of further considerations.		TM	19/12/23	In Progress

Completed
In Progress
Overdue

This page is intentionally left blank

Public Question Time – Trafford Locality Board

This item is time limited to 5 minutes.

Public Questions

Any Member of the public wishing to ask a question with regards to an agenda item at the above meeting can only do so if a written copy of the question is submitted to the governance team three working days before the meeting.

Where possible questions will be responded to verbally in the 5 minutes allocated at the meeting, if this is not possible the question will be raised at the meeting and a response will be provided in writing to the requestor.

Please complete the form below and return it to gmicb-tr.governance@nhs.net

Name:

Contact Details:

Question:

Should you have any queries, please contact the Governance team at gmicb-tr.governance@nhs.net.

This page is intentionally left blank

Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Locality Board**			
Date of Meeting	**17th October 2023**			
Report Title	**Integrated Care System Update**			
Report Author & Job Title	**Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) and Trafford Council**			
Organisation Exec Lead	**Sara Todd, Chief Executive Trafford Council & Trafford Place Leader for Health and Care Integration**			
OUTCOME REQUIRED	Approval	Assurance	**Discussion**	**Information**

EXECUTIVE SUMMARY

The purpose of this report is to provide an update to Trafford Locality Board (TLB or the Board) on recent developments across the Greater Manchester Integrated Care System that affect the Trafford Locality.

The report covers the following areas:

a) NHS GM – ICS transition programme
b) GM Operating Model
c) NHS GM Finance Position
d) Trafford General Practice Quality Contract Update

RECOMMENDATIONS

Trafford Locality Board is asked to:

a) Note the content of this report.

CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board

Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	The paper provides an update on recent developments across GM ICS and does not focus on any specific risks.
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	The report does not include any specific financial information although does describe the process to agree locality structures. NHS GM Trafford Locality
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	Date of TCAPS / Clinical Lead comment): N/A Name/Designation: N/A Comment: N/A
What is the impact on inequalities? (***Please provide a***	N/A

high-level description of any known impacts)	
Equality Impact Assessment / Quality Impact Assessment Outcome ***(If not appropriate at this stage please state if an EIA or QIA is necessary)***	N/A
People and Communities: Communications & Engagement ***(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)***	N/A
Trafford's Carbon Footprint ***(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)***	N/A
Links to Measurement / Outcomes ***(Please detail if this is included within the report)***	N/A
Enabler implications	**Legal implications:** N/A
	Workforce implications: Potential implications of appointment to agreed ICB and locality structures.
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	This update has not been through the H&SC System Reform Steering Group. The rapidly evolving nature of ICS related work results in this paper being produced near to the deadline for TLB papers to ensure accuracy of content. Governance arrangements have been considered by appropriate TLB partners and where possible has been socialised in the Health and Social Care Steering Group.
Organisation Exec Lead Sign off	Sara Todd, Chief Executive Trafford Council & Trafford Place Leader for Health and Care Integration

Introduction

1. The purpose of this report is to provide an update to Trafford Locality Board (TLB or the board) on recent developments across the Greater Manchester Integrated Care System that affect the Trafford Locality.

2. The report covers the following areas:

a) NHS GM – ICS transition programme
b) GM Operating Model
c) NHS GM Finance Position
d) Trafford General Practice Quality Contract Update

NHS GM - ICS Transition Programme

3. Following a lengthy process to agree structures and budgets, as reported to the board in September, we are now in the final stages of the implementation period. Both localities and GM functions have undertaken filling of post panels with all affected colleagues receiving a letter confirming one of the 4 potential outcomes; slotting-in, preference exercise, ringfenced interview or potentially displaced.

4. By way of update following the previous update in September we can confirm all the preference exercises have been completed and colleagues impacted by this have been provided with a written outcome. Affected staff and their current line manager have been informed of the outcome and colleagues directly affected have worked through to a solution and have been placed into suitable roles. Handover agreements are being put in place for affected staff and negotiated with new line mangers.

5. Regarding ring-fenced interviews – arrangements are continuing to be put in place for these to take place as soon as possible, however some interviews may be slightly delayed taking into consideration colleagues who are on annual leave. Individual consultation processes are continuing with all colleagues displaced with a view to seeking suitable alternative employment on an individual basis.

6. Any colleagues who are unsuccessful as part of the ringfenced interview process will become displaced and the search for a suitable alternative will begin. Initial lists of opportunities have been shared with displaced staff and we will continue to support colleagues with every effort being made to secure alternative roles.

NHS GM Operating Model

7. The NHS Greater Manchester Board has signed off our GM Operating Model, which sets out the logistics of how we work together across the whole GM Integrated Care System to improve health and tackle inequalities for 2.8 million people living in Greater Manchester.

8. The model is based on the vision and mission within the GM ICP strategy and clearly explains how we go from planning services to delivering services, setting out the architecture of our integrated care system with clear lines of accountability and decision-making. It provides the detail of our governance and the remit of the principal meeting arrangements, as well as clarity on the functions of NHS GM and how they are discharged through joint working with system partners.

9. There is still further work to clarify and develop our values and behaviours, operating processes and resourcing and localities, in particular Deputy Place Leads, are supporting these work-streams to ensure we understand how our aims and objectives can be achieved within the current financial flows, contracting model and in line with the agreed design principle of single tier decision making.

NHS GM Finance Position

10. The ICS financial position has worsened at month 5 reporting a year to date variance to plan of (£129.6m) compared to (£104.8m) the previous month. The ICS continue to forecast a breakeven position but with increased risk of delivery.

11. The key drivers of the cost pressures in the ICB are prescribing, continuing healthcare and mental health out of area placements; for providers the drivers are agency staffing costs, the cost of industrial action and risks to the receipt of elective recovery funding based on quarter 1 performance.

12. NHS GM reported a year to date adverse variance to plan of (£59.6m) and forecast surplus of £122m. the majority of the year to date variance is linked to the non-delivery of the system savings target (£51m) and an increase in prescribing costs (£8.7m).

13. Scrutiny of the ICS financial position is underway facilitated by the turnaround director (Stephen Hay) as part of the external support focusing on the key assumptions and pressures in the current forecast position, the in-month spend profile and identification of additional efficiencies opportunities and mitigations. It is understood the first 8 weeks will focus on data gathering, and a series of review meetings with each provider organisation and the ICB, with

ICB colleagues present in the provider meetings. The dedicate dsupport arrangements detailed are expected to be in place until end of March 24 and oversee the planning for 24/25.

14. Detail on the local financial position is covered in the main agenda of the Board.

Trafford General Practice Quality Contract Update

15. Following TLB and NHS GM governance processes the Trafford General Practice Quality Contract commenced on the 1st September 2023.

16. Positively, 25 out of 26 practices have returned signed contracts with ongoing discussions with the remaining provider to understand the issues and challenges in the delay. The GM sign off process and governance resulted in a delay of 1 month from the planned 1st August start date and therefore numerous practices have flagged the issue of challenging targets with a reduced timeframe in which to deliver the agreed targets. The locality primary care team continue to offer advice and support and work with general practice to mitigate any known risks.

17. A monitoring framework has been set up to help understand progress against the agreed targets. The first extract of data is underway with performance reports available monthly from 16th October, through to contract end on 31st March 2024. It has previously been agreed to report back to the Board on a bimonthly basis through to March 24. These updates will include detailed performance data and will be broken down at practice and PCN level to aid our understanding of impact and any further support required. The Primary Care Committee will review the deliverables of the contact on a bi-monthly basis also and this will be scheduled to compliment the reporting timeframe of the Locality Board.

18. Trafford is fully involved in the GM ICB led work in reviewing all GP quality contracts across GM. This work will look to standardise key areas of focus for all GM GP quality contracts in 2023/24 (with additional locality elements also factored in where appropriate). It is envisaged that for 2024/25 a GM standard quality contact will replace all current GM GP quality contracts at this time and Trafford will remain directly involved in influencing this worm to ensure it positively affects Trafford's known area for improvement in general practice.

Recommendation

19. Trafford Locality Board is asked to note the content of this report.

Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Provider Collaborative Board**			
Date of Meeting	**17th October 2023**			
Report Title	**Trafford Locality Plan Refresh**			
Report Author & Job Title	**Thomas Maloney Programme Director Health and Care, NHS GM (Trafford) and Trafford Council**			
Organisation Exec Lead	**Gareth James, Deputy Place Based Lead for Health and Care Integration, NHS GM (Trafford)**			
OUTCOME REQUIRED *(please highlight)*	**Approval** **X**	Assurance	**Discussion** **X**	Information

EXECUTIVE SUMMARY

The report sets out the draft approach for the curation of the Locality Plan refresh, incorporating the Trafford Health and Wellbeing Strategy.

The report covers programme governance, ways of working, indicative timelines and content creation, sat within the context of the NHS GM action for localities to consider a refresh of their existing locality plans.

The report also seeks feedback from the Board to help shape the level of engagement with staff and the public and to support the proposed strategy task and finish group to drive forward the work.

RECOMMENDATIONS

The Board are asked to:

1. Note the content of the report.
2. Discuss the key questions and agree to the commitments as detailed at the end of the presentation.

CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board	
Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	N/A
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	Name/Designation: N/A Comment / Approval: N/A
Comment by Trafford Clinical and Practitioner	Date of TCAPS / Clinical Lead comment: N/A Name/Designation: N/A

Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	Comment: N/A
What is the impact on inequalities? **(P*lease provide a high-level description of any known impacts)***	Comment: N/A
Equality Impact Assessment / Quality Impact Assessment Outcome ***(If not appropriate at this stage please state if an EIA or QIA is necessary)***	N/A
People and Communities: Communications & Engagement ***(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)***	Communications and Engagement plans will be developed as part of the mobilisation as referred to in the slide deck.
Trafford's Carbon Footprint ***(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)***	N/A
Links to Measurement / Outcomes ***(Please detail if this is included within the report)***	N/A
Enabler implications	**Legal implications:** N/A
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	A version of this presentation has been to the H&SC Steering Group (4th October 2023) with comments being incorporated into the slide deck distributed to the Board. Further amends have been incorporated following conversations at the Trafford Provider Collaborative Board (9th October)
Organisation Exec Lead Sign off	Gareth James, Deputy Place Based Lead for Health and Care Integration, NHS GM (Trafford)

Trafford Locality Plan Refresh

Trafford Locality Board
17th October 2023

Trafford
Integrated Care Partnership

Part of Greater Manchester Integrated Care Partnership

Presentation by:
Tom Maloney & Catherine O'Connor

Trafford Locality Plan Refresh: Background

Trafford
Integrated Care Partnership

Trafford Locality Plan 2019-24 and 2021 Refresh
The Locality Plan 2019-24 presented milestone plans for work that we agreed to take forward to 2024.

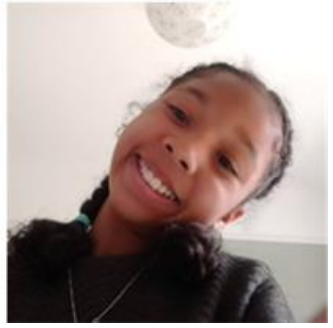
In 2021, we undertook a Locality Plan Refresh which aimed to build on existing arrangements and commitments, whilst ensuring we capitalised on the opportunities the Integrated Care White Paper and subsequent Bill and while establishing an Integrated Care System by June 2022.

The aim of the Locality Plan milestones were to ultimately enable our Trafford health and care system to increase collaboration, enhance the public voice, and address our known challenges and inequalities which will result in the achievement of our agreed aspirations.

Better connected communities

Better wellbeing for our population

Better lives for our most vulnerable people



Milestones review
In 22/23 we conducted an in-depth review with leads to investigate:

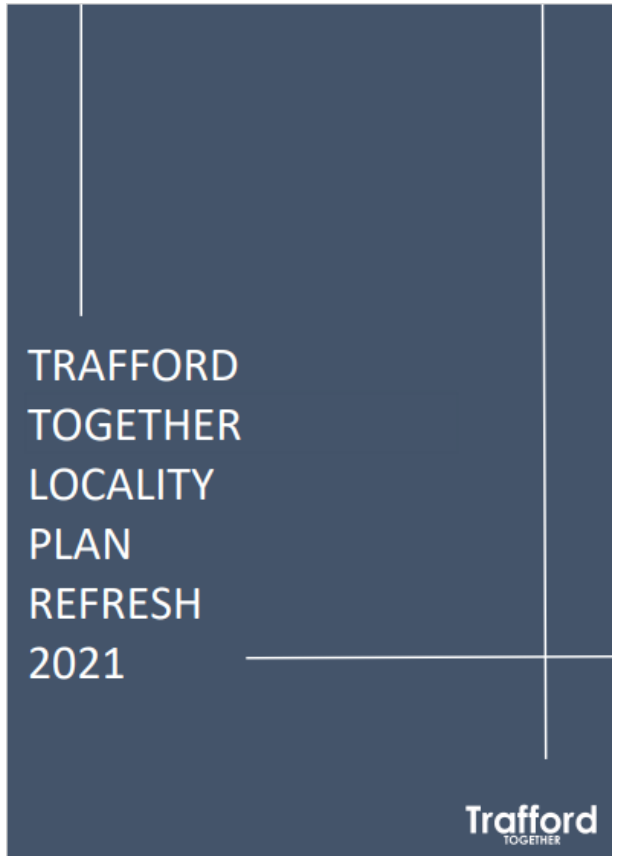
- key achievements
- what we didn't do
- what's still ongoing
- any new deliverables that came on board after publication of the Locality Plan

Trafford Locality Plan Refresh: Aim and Rationale

Trafford
Integrated Care Partnership

Aim:
Our aspiration is to refresh the Locality Plan and create one plan for health and care for Trafford by integrating the aims and aspirations of the current health and wellbeing strategy.

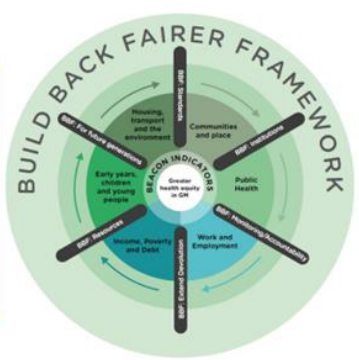
Rationale:
- Creation of Trafford's Integrated Care Partnership as part of the GM ICP / NHS GM
- GM ICP Strategy published May 2023
- GM Joint Forward Plan published July 2023 – 160 actions
- Clarity on GM Operating Model (October 23)
- Clarity on Locality structure (October 23)
- Carnal Farrar Leadership Review & Strategic Financial Framework
- GM System Improvement Programme – 13 priority programmes
- Trafford Health and Wellbeing Strategy 2019-2029
- HWBB Deep Dive Programme 2022
- Development of annual 'Strategic Priorities' delivered by the Trafford Provider Collaborative Board (TPCB)
- Opportunity to align the Locality Pan with the Health and Wellbeing Strategy
- Timeliness of planned updates to TICP organisational strategies and visions (Council, MFT, GMMH, etc)
- General support for the refresh of the Locality Plan at the July 23 Locality Board and encouragement from NHS GM to update Locality Plans (October 23)

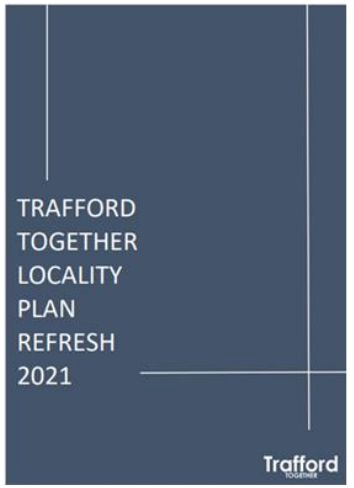


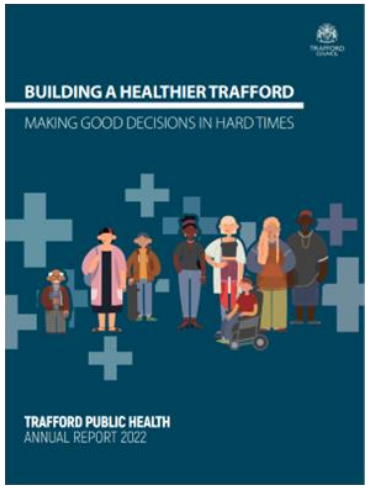
One ‘Plan’ for Health and Care in Trafford

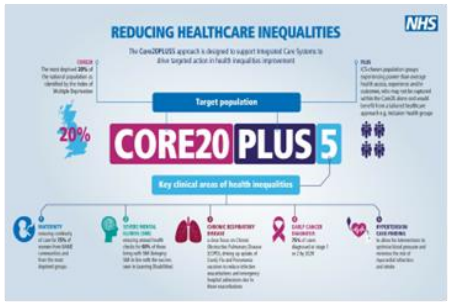
Trafford
Integrated Care Partnership

- Existing National, Regional and Local Strategy – all contributing to the overall aspirations of the 2021 Locality Plan
- Connectivity of strategies and harnessing the cross over and realising the interdependencies is a key task to ensure VfM and positive outcomes for Trafford people and communities
- Importance of ‘Action Plans’ – what tangible changes will we make to help achieve our aspirations and how can we ensure complimentary action associated with our respective strategies and plans?









Programme Approach

Trafford
Integrated Care Partnership

Leadership

- H&SC Steering Group supported the suggestion of a **Strategy Development Group** – a small task and finish group to hold the ring on the work, drive the programme plan and monitor progress:
  - Nominations from partners welcome
  - Group members to be responsible for interface with organisational governance
  - Meet every 3 weeks to drive forward the work (TBC)
- **System Leadership / Dispersed Leadership** - all partners taking ownership and leading conversations where appropriate – staff, stakeholders and/or service users
- **Commitment from all partners** to codesign the content – constructive challenge throughout to ensure content is reflective of our joint ambitions for Trafford people and communities

Communications

- Consistent communications – Communications and **Handling Plan**
- **Target audiences:** Staff / Stakeholders / People and Communities
- **Variety of methods and approaches** to be considered – email, newsletter, website, social media, intranet, face to face
- **Managing expectations –** what is core 'must do' business and what can we aspire to within known restrictions and guidance (?)

Programme Documentation

- **Programme Plan** of key dates, timelines and dependencies
- **GANNT Chart** / Risk Register / RAID Log / Decision Logs
- Communication and Engagement Records & **Handling Plan**

Initial Programme Approach

Utilising the suggested **Strategy Development Group**, we will:

- Create timeline for sign off
- Create a draft plan detailing contents and leads
- Create structured distribution lists to ensure consistency of engagement and communications
- Create content overview slide deck of the planned refresh for wider sharing and socialisation
- Create plan template for leads to populate
- Hold drop-in sessions to support leads in content creation
- Utilise existing partnership forums (Example: H&SC Steering Group) to drive forward the development of the plan

Communications, Co-Design & Participation

Trafford
Integrated Care Partnership

Stakeholder Engagement & Participation

- Stakeholder mapping exercise – identifying our key partners and ensuring they are invested and involved in the planned refresh
- We will need to engage with several key forums such as: HWBB, TPCB, TCAPS, etc

Public Engagement & Participation

- Managing expectations – being clear about what can we do within the resources available
- What are our mandatory duties (respectively) and therefore being realistic about what we can achieve as a system in addition
- Utilise recent engagement intelligence to help formulate our content (Example: Urgent Care Review, Poverty Truth Commission, etc)

Considerations:

- To what extent do we engage with the public?
- How do we do this best within limited capacity and resources?
- Are we at risk of asking the same questions to the same people again?

Challenges and Considerations:

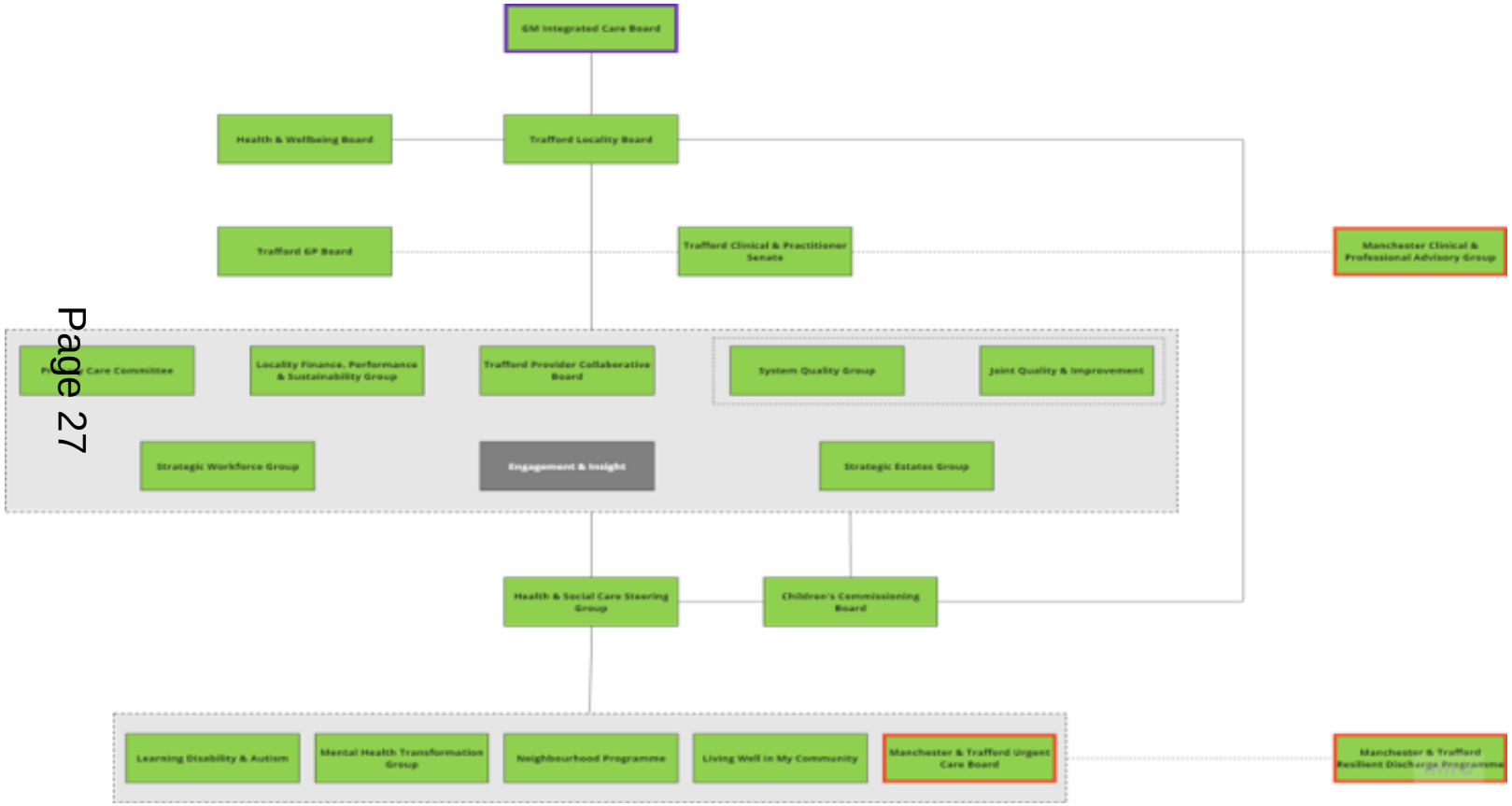
Trafford
Integrated Care Partnership

Acknowledgement of conditions in which we are operating:

- Carnall Farrar Leadership Review and implementation of recommendations
- Staffing and capacity – settling in following transition
- GM Operating Model maturity / clarity
- Financial challenges – Organisational and GM
- By-election and Local Elections 2024
- Competing timeframes of GM ICP Strategy, Joint Forward Plan and Annual Operating Plans
- GM prioritisation and local prioritisation – interdependent with mobilisation of the GM Operating Model and Strategic Financial Framework
    - ❑ A workshop is planned for November (Date TBC) so that we can draw on more content from the Strategic Financial Framework and integrate this work into the planning process for 2024/5.
- GM Joint Forward Plan and mandated priorities that will need local consideration
- National guidance and evolving GM policy
- Embedding and further development of GM and Locality Governance
- How we make this meaningful for all staff at all levels – clear visibility and ownership across our organisations

System Governance & Organisational Governance

Trafford
Integrated Care Partnership



- The Locality Plan will need the **full support of our partners organisational governance and that of our Trafford system** – importantly being socialised in **thematic groups and forums which are not linked to direct provision of health and care** – Tackling Poverty, Housing, Cost of Living, Social Value
- We will need to **consider organisational governance requirements and timelines** to factor in adequate time ahead of planned deadline for publication

Timeline: Key Activities and Forums

For sign off

For agreement

For information/ discussion

Trafford
Integrated Care Partnership

Note: This timeline is indicative only and activities have not yet been sequenced. We will also need to add a pause in activities during the pre-election period (2024).

TBC
2023/24
Trafford Provider Collaborative Board
Progress Update
For information/ discussion

TBC
2023/24
Age Well Board
Input
For information/ discussion

TBC
2023/24
Trafford Community Collective
Input
For information/ discussion

TBC
2023/24
SLT
Input
For information/ discussion

TBC
2023/24
Trafford Clinical and Practitioner Senate
Input
For agreement

TBC
2024
Trafford Locality Board
For sign off

TBC
2023/24
Health & Wellbeing Board
Input
For information/ discussion

TBC
2023/24
Start Well Board
Input
For information/ discussion

TBC
2023/24
Health & Social Care Steering Group
Input
For information/ discussion

TBC
2023/24
CLT
Input
For information/ discussion

TBC
2023/24
Partner organisational governance
Input
For information/ discussion

TBC
2024
Trafford Provider Collaborative Board
For sign off

TBC Public Engagement Activity **TBC**

Content considerations……

Trafford
Integrated Care Partnership

We have an opportunity to reset the dial on our Locality Plan which will clearly set out our collective ambition for Trafford People and Communities.

Question: What are the pivotal, stand-out elements of our Plan that we need to factor into our thinking?

Key Questions

Trafford
Integrated Care Partnership

The Locality Board are asked to discuss the following questions and provide a steer where possible:

1. Do you think completion of the first phase of work between October 23 – March 24 is a sensible timeframe for 'engagement', followed by publication of the final plan in the middle of 2024?
2. Programme infrastructure – is there anything else you'd like / expect to see?
3. Are you supportive of the 'Strategy Development Group' and are you willing to commit colleague/s to participate?
4. To what extent do we co-design the refreshed Locality Plan with our communities / the public?
5. Any further challenges and risks we need to consider and factor into the programme?
6. Any other considerations by exception?

Trafford
Integrated Care Partnership

Any further questions or comments?

healthandsocialcarepmo@trafford.gov.uk

This page is intentionally left blank

Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Locality Board**			
Date of Meeting	**17 October 2023**			
Report Title	**Six Month Governance Review**			
Report Author & Job Title	**Thomas Maloney, Health & Social Care Programme Director**			
Organisation Exec Lead	**Gareth James, Deputy Place Based Lead**			
OUTCOME REQUIRED *(please highlight)*	Approval X	Assurance	Discussion X	Information

EXECUTIVE SUMMARY

Following the formal constitution of Trafford Locality Board (TLB) in April 23 Trafford along with the other locality boards in NHS GM were asked to provide a six month governance update to NHS GM.

The six month governance assurance document to cover the period April 2023 - September 2023 is provided for review and support prior to submission to NHS GM in November 2023.

The assurance document has been reviewed by the Senior Leadership Team and was considered at the Health and Social Care Steering Group on the 4th October 2023.

Following discussion at the Health and Social Care Steering Group meeting it was updated to include reference to progress with the Neighbourhood programme and to recognise childrens performance and waitlists as a challenge.

Alongside the six month governance review Committee Effectiveness surveys were sent out to members of TLB, Trafford Provider Collaborative Board, Primary Care Commissioning Committee and Health and Social Care Steering Group and the initial findings and next steps are noted in the presentation.

RECOMMENDATIONS

The Trafford Locality Board is requested to:

a) review and support the governance assurance document for submission to NHS GM; and

b) note the next steps with regards to the Committee effectiveness surveys.

CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board

Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	The paper is for assurance purposes and to an opportunity to escalate any potential risks to NHS GM.

Financial implications and comment/approval *(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)*	Name/Designation:N/A
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead *(If not required, please briefly detail why)*	N/A
	Name/Designation: (If appropriate)
	Comment:
What is the impact on inequalities? (P*lease provide a high-level description of any known impacts)*	N/A
Equality Impact Assessment / Quality Impact Assessment Outcome *(If not appropriate at this stage please state if an EIA or QIA is necessary)*	N/A
People and Communities: Communications & Engagement *(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)*	N/A
Trafford's Carbon Footprint *(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)*	N/A
Links to Measurement / Outcomes *(Please detail if this is included within the report)*	**N/A**
Enabler implications	**Legal implications: N/A**
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	The paper was reviewed at the Senior Leadership Team meeting and at the Health & Social Care Steering Group.
Organisation Exec Lead Sign off	Gareth James, Deputy Place Based Lead

This page is intentionally left blank

Trafford Integrated Care Partnership Six Month Governance Review

Trafford
Integrated Care Partnership

Part of Greater Manchester Integrated Care Partnership

Trafford
Integrated Care Partnership

Overview

- NHS GM have requested all localities complete a six month governance review covering the period April – September 23. Trafford were asked to complete an assurance template which requested information on key decisions, highlights and challenges from the Board, priorities and any escalations.

- As part of the six month review there was also an ask to review the Trafford Locality Board terms of reference, this has been paused pending outputs from the operating model and the updating of the GM Scheme of Reservation and Delegation which is due to be updated and taken to NHS Greater Manchester Integrated Care Board on the 15th November.

- In addition to the mandated elements of the review we also committed to send out committee effectiveness surveys to gauge satisfaction with the current governance arrangements.

Six Month Assurance Report

Trafford
Integrated Care Partnership

Highlights

- Trafford Locality Board: Levels of engagement and attendance / Establishment of co-chair arrangements / Terms of Reference / Ways of working / Positive feedback highlighted by the Committee effectiveness survey
- Reshaping of Trafford system governance architecture – rationalisation of groups and connection with Trafford HWBB
- Agreed Children's Commissioning Board direct reporting to TLB
- Traction of children's agenda within TLB work programme
- Collective commitment to refresh Locality Plan
- System response to GM requests inc feedback on GM ICP Strategy and GM Joint Forward Plan
- Neighbourhoods – significant progress to develop Trafford neighbourhood model including establishment of integrated neighbourhood teams, neighbourhood plans and creation of neighbourhood networks

Challenges

- Evolving governance arrangements and clarity of roles and responsibilities of some mandated groups / sub-committees
- Clarity surrounding the GM Operating Model and on-going work surrounding the strategic financial framework
- Staff capacity and workforce challenges (recruitment/retention/ NHS GM staff transition to new functions and roles)
- Prioritisation of available resources
- QUIPP / Savings programmes across all constituent partners of the Board
- Availability of locality level data / outcomes
- Sufficient progress on all the strategic priorities of the Trafford Provider Collaborative Board
- Childrens waiting list challenges/performance

Trafford
Integrated Care Partnership

Key Decisions

- TPCB Priorities 23/24 supported April 23 and regular monitoring of priorities scheduled
- GP Quality Contract 23/24 supported July 23 with scheduled updates to be brought back to the Board
- Commitment to Locality Plan Refresh and Integration of Health and Wellbeing Strategy August 23
- Approved Delegated Budget June 23 and TLB receive monthly finance updates
- S75 Agreement approved June 23 and monthly updates by exception
- Supported development of Locality Performance Assurance Framework and monitoring progress of locality outcome targets

Priorities

- TPCB Strategic Priorities (Neighbourhoods, Resilient Discharge Programme and Urgent Care)
- Children's oversight and support driven by Children's Commissioning Board
- Refresh of Trafford Locality Plan and planned merge with the existing Health and Wellbeing Strategy
- Development of 24/25 operational plan
- Organisational development programme for the Locality Board
- Oversight of locality financial and quality performance

Escalations – to be confirmed at TLB

Key Questions for Trafford Locality Board

Trafford
Integrated Care Partnership

Are there any further highlights and/or challenges from Trafford Locality Board that colleagues would want to be included in the six month governance review?

Is there anything you would like to escalate to NHS GM Integrated Care Board?

Committee Effectiveness Survey

Trafford
Integrated Care Partnership

The survey was sent out to members and attendees of Trafford Locality Board, Trafford Provider Collaborative Board, Health and Social Care Steering Group and Primary Care Commissioning Committee. The questions posed were:

1. Does the Committee have clear written Terms of Reference that adequately and realistically define the Boards role?
2. Does the Committee have the right number of members?
3. Does the Committee have members with the right skills and expertise?
4. Currently the Committee meets bi-monthly for two hours, do you think this is appropriate?
5. What improvements/key learning do you think the Committee can take into 23/24?
6. Are papers circulated in good time for members to give them due consideration?
7. Are minutes a true reflection of the discussions and decisions taken at meetings?
8. Would you prefer to keep the option of dialling in via teams or make the meeting solely face to face?
9. Are meetings chaired effectively and with clarity of outcome and purpose?
10. Does the Chair allow debate to flow freely and does not assert his/her views too strongly?
11. Overall, I am satisfied with my contribution to the Committee?
12. Overall, I am satisfied with the Committees contribution to the wider governance

Questions were multiple choice with the options agree/slightly agree/neither agree nor disagree/slightly disagree or disagree and finally respondents were given the opportunity to leave any comments or suggestions for improvement. Due to deadlines respondents were given a week to complete the survey for future reiterations we will give a longer period to encourage participation.

Trafford
Integrated Care Partnership

Trafford Locality Board Survey Findings

- The survey was sent to members and regular attendees of TLB and 9 people participated in the survey.
- The feedback was generally positive, comments highlighted progress with the Board that members expected to further develop as a result of the outputs from the operating model and further clarity on delegations.
- 77.78% supported the meeting moving to face to face only. In the interim we will continue with hybrid meetings and with the support of Members will look to hold as a face to face meeting in the future.
- 88.89% agreed to some extent that the terms of reference adequately and realistically define the Boards role.
- There was broad support that the board had the right number of members and expertise. There were suggestions of enhanced membership and this will be considered as part of the terms of reference review.
- Overall results suggested participants were satisfied with the Chairing, minuting of the meeting and the Boards contribution to wider governance.

Trafford
Integrated Care Partnership

Trafford Provider Collaborative Board Survey Findings

- There were 7 responses received all of which agreed the terms of reference and membership were appropriate, these would be reviewed on an annualised basis with input from Members.
- Comments with regards to key learning for the board included:

1. **Refresh of priorities to reflect emerging hospital at home**
2. **Further focus on neighbourhoods**
3. **More succinct outcomes and actions**

- 71.4% of respondents would prefer to keep the option to dial in to the meeting via teams so this option will continue to be offered.
- All were in agreement the meeting was chaired effectively and satisfied with the boards contribution to wider governance.

Trafford
Integrated Care Partnership

Health and Social Care Steering Group Survey Findings

- 11 people participated in the survey.

- Whilst the majority concurred the group had the right number of members with appropriate expertise there was additional feedback that attendance could be improved. There was a suggestion that the meeting could be moved to bi-monthly to improve attendance. This would be explored and the membership clarified to ensure adequate representation at all meetings.

- The remit of group and how it sits within the wider governance were queried this would be considered as part of the evolving governance review as the remit of the Board will inevitably change as the Finance, Performance and Sustainability Group and Local Quality Groups become fully operational.

100% preferred to keep the option to dial in via teams.

100% were satisfied with the actions provided from the meeting and the Chairing of the group.

Trafford
Integrated Care Partnership

Primary Care Commissioning Committee Survey Findings

- There were 4 people that participated in the survey.
- With regards to the terms of reference whilst none disagreed they were not adequate further clarity was requested with regards to management of delegated budgets.
- 75% preferred to keep the option to dial in via teams and so this would be maintained.
- 100% agreed the minutes were a true reflection of the meeting and all agreed the meetings were chaired effectively.
- A suggested improvement was for the annual work programme to be further developed, this would be reviewed as part of the feedback to the board.

Trafford
Integrated Care Partnership

Learning and Next Steps from Survey

Ensure annual work programme available for meetings

Re-do the surveys in 6 months time to ensure feedback was embedded and as locality governance progresses that members are satisfied with governance arrangements

Socialise survey earlier and allow participants longer to complete the survey to try and encourage more participation

Take back the results of the survey to the Boards to discuss findings and implement any changes

This page is intentionally left blank

NHS
Greater Manchester
Integrated Care

Six-monthly assurance report from the Trafford Locality Board to the NHS GM Integrated Care Board

Ref	Topic	Updates
1	Update on establishment	The board was formalised when the terms of reference were ratified by NHS Greater Manchester Integrated Care Board in April 23.
	a) Acceptance of delegated budgets Qs 2 – 4 2022 / 23	The delegated budgets for Q2-4 were approved in Feb 23. The Delegated budgets for 23/24 were approved by the Board in June 23.
	b) Terms of Reference	The terms of reference review for Trafford Locality Board has been paused pending feedback on the operating model and update to the NHS GM Scheme of Reservation and Delegation which is due to go to NHS Greater Manchester Integrated Care Board in November.
	c) Governance organogram	The latest Trafford governance organogram is linked below: trafford organogram.pptx
	d) Section 75 Agreement / Better Care Fund arrangements	The s75 agreement for 23-25 was reviewed and approved by TLB in June 2023. The agreement covers the better care fund including discharges and the learning disabilities pooled fund. The Better Care Fund element of the agreement was reviewed at the July meeting of the Health and Wellbeing Board (HWBB). There are monthly s75 updates on the TLB agenda and there are planned thematic updates to report on the progress on the TLB forward plan. The BCF is monitored at HWBB and updates are provided by exception by the Chair of HWBB who is a regular attendee of TLB.
2	Highlights and challenges from locality board (including any key decisions made) including developments for neighbourhoods	The Board follows a work programme and regularly reviews key items including GMICS update, TPCB priorities, childrens, finance etc.

		Key Decisions • TPCB Priorities 23/24 supported April 23 and monthly monitoring of priorities • GP Quality Contract 23/24 supported July 23 with scheduled updates to be brought back to the Board • Commitment to Locality Plan Refresh and Integration of Health and Wellbeing Strategy August 23 • Approved Delegated Budget June 23 and monthly finance updates • S75 Agreement approved June 23 and monthly updates by exception • Supported development of Locality Performance Assurance Framework and monitoring progress of locality outcome targets **Highlights** • Trafford Locality Board: Levels of engagement and attendance / Establishment of co-chair arrangements / Terms of Reference / Ways of working / Positive feedback highlighted by the Committee effectiveness survey • Reshaping of Trafford system governance architecture – rationalisation of groups and connection with Trafford HWBB • Agreed Childrens Commissioning Board direct reporting to TLB • Traction of children's agenda within TLB work programme • Collective commitment to refresh Locality Plan • System response to GM requests inc feedback on GM ICP Strategy and GM Joint Forward Plan • Neighbourhoods – significant progress to develop Trafford neighbourhood model including establishment of integrated neighbourhood teams, neighbourhood plans and creation of neighbourhood networks **Challenges** • Evolving governance arrangements and clarity of roles and responsibilities of some mandated groups / sub-committees • Clarity surrounding the GM Operating Model and on-going work surrounding the strategic financial framework • Staff capacity and workforce challenges (recruitment/retention/ NHS GM staff transition to new functions and roles) • Prioritisation of available resources

		• QUIPP / Savings programmes across all constituent partners of the Board • Availability of locality level data / outcomes • Sufficient progress on all the strategic priorities of the Trafford Provider Collaborative Board • Childrens waiting list challenges/performance
3	Escalations to the Board	There are no escalations at this point.
4	Trafford Locality Board priorities for the next six months	1) TPCB Strategic Priorities (Neighbourhoods, Urgent Care and Home First) 2) Childrens oversight and support driven by CCB 3) Refresh of Trafford Locality Plan and planned merge with the existing Health and Wellbeing Strategy 4) Development of 24/25 operational plan 5) Organisational development programme for the Locality Board 6) Oversight of locality financial and quality performance

This page is intentionally left blank

Name of Committee / Board	Trafford Locality Board			
Date of Meeting	17 October 2023			
Report Title	Strategic Priorities/Objectives and Risks for the 2023/24 Trafford Locality Board Risk Register			
Report Author & Job Title	Miriam Butler, Risk and Planning Manager, NHS GM (Trafford)			
Organisation Exec Lead	Thomas Maloney, Programme Director Health and Care, Trafford Council / NHS GM (Trafford)			
OUTCOME REQUIRED *(please highlight)*	Approval	Assurance	Discussion	Information

EXECUTIVE SUMMARY

The purpose of this report is to present the Trafford Locality Board with the proposed strategic priorities / objectives and corresponding strategic risks and seek approval for the risks to form the 2023/24 Trafford Locality Board Risk Register

RECOMMENDATION

The Trafford Locality Board is asked to:

1. Note the content of the report,
2. Discuss and approve the proposed strategic priority/objectives and corresponding strategic risk that will form the 2023/24 Trafford Locality Board Risk Register as outline in the report.

CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board

Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	Risk is requested to be on meeting agendas' to further embed risk management activities. Risk management is an integral part of the organisation's statutory requirements. Risks considered and mitigated in the body of the report.
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	Name/Designation: N/A Comment / Approval: N/A
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	Date of TCAPS / Clinical Lead comment: N/A Name/Designation: N/A Comment: N/A
What is the impact on inequalities? ***(Please provide a high-level description of any known impacts)***	N/A
Equality Impact Assessment / Quality Impact Assessment Outcome ***(If not appropriate at this stage please state if an EIA or QIA is necessary)***	N/A

People and Communities: Communications & Engagement *(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)*	N/A
Trafford's Carbon Footprint *(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)*	N/A
Links to Measurement / Outcomes *(Please detail if this is included within the report)*	N/A
Enabler implications	**Legal implications:** N/A
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	N/A
Organisation Exec Lead Sign off	Thomas Maloney, Programme Director Health and Care

1.0 Introduction

1.1 This report highlights the proposed strategic risks corresponding to the strategic priorities / objectives (Appendix 1) of the Provider Collaborative and Trafford Locality Board. If approved, this will form the Trafford Locality Board Risk Register for 2023/24 and the process of populating the register will be undertaken. The key controls, gaps in control, risk rating, mitigating action plans (with action owners), progress against actions plans, assurance and the gaps in assurance, will be reviewed and agreed with the Locality SRO or risk owners.

2.0 Background and Context

2.1 The Locality Board has a responsibility to maintain an on-going risk profile of the Trafford locality through the Locality Board Risk Register. Accountability for each of the strategic risks recorded on the risk register is assigned to a Locality SRO or risk owner. The risk register provides evidence and ensures that a systematic process for identifying Trafford locality's strategic objectives as well as its associated strategic risks, towards the achievement of its objectives, is in place. It is a key document for the Locality Board and should be used to monitor key risks and to assure itself that the risks are being mitigated.

2.2 The Trafford Provider Collaborative Board (TPCB), other Boards and/or working groups that report into the Locality Board will have oversight of individual risks recorded on the register, in accordance with the terms of reference of each Board, Group, Forum etc.

2.3 The Locality Board has been working in an integrated manner with partner organisations and other stakeholders under the established Trafford Integrated Care Partnership. Joint priorities and work areas for the health and social care system have been developed to address challenges that have been identified. These are set out in the aspirations of the Trafford Locality Plan and the three strategic priority work areas of the TPCB.

2.4 A set of strategic priorities and objectives have been agreed that reflected the aspirations of the Locality Board's arrangements. Corresponding strategic risks have been identified, which when approved, will form part of the 2023/24 Trafford Locality Board Risk Register. It is hoped that in future, the register will be expanded on and updated with more work areas being included as things develop and as responsibility for the delivery of the Joint Forward Plan Areas of Action become clearer.

2.5 The main priority work areas for now, each with a set of it's own strategic priorities and objectives are, the Resilient Discharge Programme, Urgent Care, Clinical and Care Professional Leadership, Neighbourhood Model, Children's Health Care, Safeguarding, People and Workforce, Finance and Data, Insight & Intelligence.

3.0 The status of the proposed 2023/24 Trafford Locality Board Risk Register

3.1 There are currently 18 strategic risks identified for the 2023/24 Locality Board Risk Register which align and directly linked to the strategic priorities and objectives.

3.2 Once the strategic risks are approved, the process of populating the register will be undertaken. The Key Controls, Gaps in Control, Risk Rating; Mitigating Action Plans; Progress against Actions Plans; Assurance and the Gaps in Assurance, will be reviewed and agreed with the Locality SRO or risk owners. The strategic priorities, objectives and risks are all detailed in Appendix 1 below.

4.0 Recommendations

The Trafford Locality Board is asked to:

1. Note the content of the report,
2. Discuss and approve the proposed strategic priority/objectives and corresponding strategic risk that will form the 2023/24 Trafford Locality Board Risk Register as outline in the report.

Appendix 1: Draft Strategic Priorities, Objectives and Risks for Trafford Locality Board

NHS GM ICB Strategic Priorities	Trafford Locality Strategic Priorities	Strategic Objectives	Strategic Risks	Committees/Board Oversight	Locality SRO
Recover core NHS and care services. We will continue to improve access to high quality services and reduce long waits.	**Resilient Discharge Programme** • Improving flow out of hospital. • Maximise the impact on patient flow with increased 'safe' discharge rates, a consistent Home First Offer, and achieving the best possible outcomes for citizens.	Manchester and Trafford Home First Board Priorities are: 1. **Back to Basics intervention on wards** – embedding home first ethos and strengths-based practise 2. **Transfer of Care Hub** Including IDT/Data/Discharge Policy 3. **One Team**– Manchester LCO Only 4. **Homeless/High Intensity Users** – awaiting further details and priorities with Trafford to be agreed 5. **Models of Community Bedded Care** – D2A models for Trafford and Manchester and development of social care beds. **Specific Trafford RDP Activity*:** 1. **Commissioning of D2A Pathway 3 offer**: 1.1 One provider of GP support 1.2 Recommissioning of D2A bed provision and CBU unit 1.3 Full implementation of Rapid MDT to D2A model. 2. **Intermediate Care Review**: creating a sustainable model of bedded IMC within Trafford. 3. **Home care resilience** **Please note that a Trafford RDP Plan is currently in development by the RDP Tactical Working Group and the above is subject to change*	1. There is a risk to the delivery of Trafford RDP Programme due to a greater alignment of Manchester and Trafford system priorities being required. Further work is required to ensure appropriate alignment following the move to Home First Board and revision of priorities. 2. There is a risk to the delivery of a sustainable and clinically safe model of Intermediate Caredue to financial challenges and complex governance and delivery arrangements. 3. There is a risk to the development and delivery of an appropriate model of intermediate care due to the potential impact of Trafford Community Response Implementation and Hospital at Home programmes on the requirements for IMC bedded care. Delays in the implementation of Hospital at Home and Trafford Community Response could result in a higher number of beds being commissioned than required.	Manchester and Trafford Resilient Discharge Board is now changing to Home First Board.	Cathy O'Driscoll *Associate Director of Delivery & Transformation (Trafford)*
	Urgent Care Preventing avoidable admissions	**1. National Priority Projects for 23/24** • UEC Recovery Plan and 5 priority areas across the NHS and with System partners for both Health and Care • Continuation of the development of Virtual Wards **2. Locality Priority Projects for 23/24** • Urgent Care Review and co-design across Trafford • Project Management of Trafford Community Response Implementation • Delirium Project Support • Implementation of M+T Urgent Care Board / Hospital at Home Board Programme activity	1. There is a risk to the wider urgent care agenda and specifically the Urgent Care Review Programme due to the lack of clinical input and Primary care input within programmes of work, resulting in potential challenge to the viability of the programme, engagement in the programme, justifiable representation across the system and ensuring clinical leadership in the direction of the programme of work. This could have an impact on the timeliness of delivery/completion of the programme. 2. There is a risk to the delivery of the urgent care programme priorities (including urgent care	Manchester and Trafford Urgent Care Board	Cathy O'Driscoll *Associate Director of Delivery & Transformation (Trafford)*

NHS GM ICB Strategic Priorities	Trafford Locality Strategic Priorities	Strategic Objectives	Strategic Risks	Committees/Board Oversight	Locality SRO
			review/priority programmes) due to the proposed changes to the structure of the team within Unscheduled care within the GM Consultation process resulting in limited capacity/dedicated resource for delivery of the priority areas, impact on wider system and long term locality plan delivery against local and national priorities for urgent care. 3. There is a risk to the delivery of the Trafford Community Response Implementation and the timescales associated with the delivery for the Crisis Response and D2A Pathway 1 element in time for winter, due to limited capacity for delivery. This could result in delays in delivery of the programme in line with initial outlined timescales, impact on the wider system and interconnected service delivery such as H@H development and wider system development opportunities.		
	Clinical and Care Professional Leadership • Improving urgent and emergency care and flow • Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard • Improving service provision and access • Improving quality through reducing unwarranted variation in service provision • Using digital and innovation to drive transformation	**The six clinical delivery functions:** Urgent Care Long Term Condition Children and Young People Cancer Mental Heath Primary Care Transformation / Quality Leadership development for clinical leads and pipeline for future leaders	1. There is a risk of ineffective clinical engagement and support within the Trafford locality. This is because there are current gaps in the clinical leads structure and there is no long-term plan in how primary care will engage with the locality system due to lack of adequate resources to backfill the time to support representation at relevant key Board meetings. This may result in ineffective collaboration and co-production of local priorities set up by the Provider Collaborative, lack of resilience in the clinical structure, ineffective delivery of clinical priorities and potential impact to patient care. 2. There is a risk that CCPL will be unable to deliver / discharge its duties effectively without a dedicated project and coordination support to coordinate the work across all Boards which is needed to achieving objectives. This could could impact on patient care.	Trafford Locality Board	Manish Prasad *Associate Medical Director (Trafford)*

NHS GM ICB Strategic Priorities	Trafford Locality Strategic Priorities	Strategic Objectives	Strategic Risks	Committees/Board Oversight	Locality SRO
Strengthen our communities. We will help people, families and communities feel more confident in managing their own health.	**Neighbourhood Model** Making health and wellbeing more person-centred and community-based, delivered in neighbourhoods through better, more local, and faster access to services, embedding a population health management method and prevention-first approach that builds on our community assets, co-owned and designed with residents to support their health and wellbeing needs now and in the future.	**1. Intelligence** • To develop and implement a set of proposals and detailed plans to embed a data-led approach in Neighbourhood Programme workstreams and ways of working. Designing and embedding a Population Health approach, understanding neighbourhood research • Measuring programme impact • Performance tracking, quality and improvement **2. Neighbourhood Plans** • The development, delivery and refinement of Neighbourhood Plans for each of Trafford's four neighbourhoods: North, Central, West, andSouth **3. Integrated Neighbourhood Teams** • To develop and implement a set of proposals and detailed plans for Integrated Neighbourhood Teams • To work with the Intelligence working group to agree a set of key performance/outcome metrics • To monitor and escalate key risks and issues **4. Colocation** • To develop and implement a set of proposals and detailed plans for Colocation, including Programme Colocation plan, Programme Estates Plan, Programme IT plan, Operational development plan	1. Capacity, funding, engagement, and commitment is required from all partners in relation to the Neighbourhood Programme's four strategic objectives. Without the above, there isa risk of none delivery of person-centred and community-based care in neighbourhoods and a lack of a population health management or prevention-first approach.	Trafford Provider Collaborative Board	Richard Spearing *Managing Director TLCO*
Help people stay well and detect illness earlier. We will work together to prevent illness and reduce risk and inequalities.	**Children's Health and Care** • Build better health services alignedand integrated with the 'whole system' of support. • Improve the outcomes and experience of children and young people and their families/carers • Increase access to effective evidence-based treatment when required, including minimising inappropriate inpatient or secure care • Reduce health inequalities ensuring access for groups and individuals who have historically found it hard to find support • Support prevention, early intervention, and the reduction of stigma	1. To review all CYP Community Health services 2. To review 5-12 years mental health offer 3. Develop a support offer for CYP and families whilst waiting for services including pre and post diagnosis. 4. Early Years Family Hubs – support gaps in commissioning offer 5. Establish a single point of access for mental health services into progress. 6. GM Speech and Language balanced system 7. Develop a Joint SEND commissioning Plan 8. Increase access to evidence-based care for women with moderate, complex and severe perinatal mental health 9. Develop an All-Age Mental Health Strategy. 10. Implement recommendations from Serious Case Review.	1. There is a risk that children and young people will suffer from adverse healthcare due to insufficient funding and capacity across health services to meet the surge in demand. This could lead to delayed diagnosis/treatment and care resulting in poorer outcomes for children and young people especially in delayed access to mental health services and delays in the assessment and diagnosis of Autism and ADHD	Trafford Locality Board	Sally Atkinson *Specialist Commissioner Children's Clinical Commissioning*

NHS GM ICB Strategic Priorities	Trafford Locality Strategic Priorities	Strategic Objectives	Strategic Risks	Committees/Board Oversight	Locality SRO
	• Invest in the competence and capacity of the workforce • Continue to focus on prevention				
Statutory Obligations In pursuit of achieving the ICP Strategic Objectives, we will do this whilst ensuring that NHS GM's statutory obligations are met.	**Safeguarding** • Safeguarding is about protecting an individual's and communities' health, wellbeing, and human rights; enabling them to live free from harm, abuse, and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility. • This includes ensuring positive relationships with statutory partner agencies and good connectivity with wider community assets	GM Delivery Groups 1. System assurance 2. System learning and improvement 3. Statutory safeguarding and regulations	1. There is a risk that the capacity of the Designated team at place will be unable to fulfil the requirements of the three delivery group functions adequately. This will lead to gaps in oversight and assurance of contracts, statutory functions, training, and abilities to embed new requirements such as the serious violence duty.	Trafford Strategic Safeguarding Partnership	Sarah Owen *Assistant Director of Nursing & Quality (Trafford)*
Support our workforce and our carers. We will ensure we have a sustainable, supported workforce including those caring at home **Help people get into – and stay in – good work.** We will expand and support access to good work, employment and employee wellbeing.	**People and Workforce** • Workforce integration: we continue to improve the way we work together across health and care to achieve our shared goals • Good employment: we look after our people and use our influence to improve employment standards for others, as part of our commitment to addressing broader health inequalities. • Workforce wellbeing: we provide the support and space for our people to maintain good health and wellbeingand make sure help is on hand when its needed. • Addressing inequalities: we are committed to having a workforce that represents the communities we serveat every level and where our people are treated fairly and with respect. • Growing and developing our workforce: we support our people to develop and are always finding new ways to plan, grow and retain our workforce for the future together	1. To attract the best people to work in health and care from within our communities and further afield to grow a sustainable workforce 2. To develop career pathways across health and care by providing access to the best education and training, supporting progression and promotion from entry level to board level 3. To improve employment practices within health and care to help drive economic and social recovery in our communities 4. To provide everyone with access to good wellbeing support regardless of their employer 5. To enable more people to work flexibly to support a good work / life balance 6. To improve the experience of our people with protected characteristics so they feel represented, heard and treated with respect 7. To ensure our people in social care feel recognised and valued for their important contribution to our system as part of our commitment to greater integration 8. To have compassionate and inclusive leaders that are representative of our communities and support our people to be their best	1. There is a risk that without adequate resource, planning and controls we will fail to attract and retain our workforce; this may lead to a critical shortage of skills which could result in the organisation failing to deliver on its strategic priorities.	Trafford Locality Board	Thomas Maloney *Programme Director Health and Care*

NHS GM ICB Strategic Priorities	Trafford Locality Strategic Priorities	Strategic Objectives	Strategic Risks	Committees/Board Oversight	Locality SRO
		9. To develop an effective system culture that promotes collaboration and empowers our peopleto work across organisational and geographical boundaries and move more easily between services 10. To improve how we plan for the future together in a truly integrated way			
Achieve Financial sustainability. We will manage public money well to achieve our objectives.	**Finance** • Deliver the statutory financial duties • Ensure future financial sustainability, development of medium-term financial plan • Align funding with the Trafford Strategic Service plan	1. Embed system recovery programme based on drivers of operational and financial performance 2. Develop a 3-year financial plan 3. Review the locality delegated and alignedbudgets to ensure alignment with the Locality Serviceplan	1. Given the size of the financial challenge thereis a risk the ICS and ICB does not meet its statutory financial duty 2. There is a risk of increasing scrutiny and intervention by NHSE and consequential impact on service plans 3. Risk locality governance maybe restricted as a result of increased intervention	Trafford Locality Board Trafford Finance, Performance & Sustainability Group	Julie Flanagan *Associate Director of Finance (Trafford)*
	Data, Insight & Intelligence (DII) • The GMICB DII function will replace the existing BI Teams in the 10 GM Localities. • A new GM Health & Care Intelligence Hub will replace the 10locality Tableau sites to provide access to a new suite of BI Tools.	1. Allocation of two Business Intelligence (BI) posts into Trafford Locality to maintain local knowledgeand provide a link into the wider GM DII team. 2. Existing Trafford data warehouse to be replaced by a web-based GM warehouse utilising Snowflake server technology and complying with IG requirements around hosting patient data and populating the GM Care Record. Availability of a patient longitudinal record and enabling data linkage across several health and care datasets for secondary use purposes. 3. Enable the use of GMBI products developed by the DII Delivery Groups (e.g., Urgent Care, Performance, Elective Care, Cancer, Primary Care, Mental Health, Community dashboards and analysis tools). 4. Promote DII BI solutions and empower Trafford Locality to utilise and embed in all work areas. 5. Maintain priority work areas for Trafford Locality until DII products are available, for example, Primary Care Quality dashboards, support for Urgent Care, regular EMIS extracts to support Health Inequality work.	1. There is a risk some existing BI reports hosted on the Trafford Tableau site may stop refreshing due to changes in data sources. There may be a delay in these reports being replaced by GM-developed alternatives. 2. There is a risk that the BI Team may not be able to deal with requests for data analysis / intelligence and new developments will be puton hold. 3. Interim arrangements will see a small team of analysts made available for BI support to Trafford Locality but these are shared with Salford and Manchester. Currently, there is no inter-access to each other's systems. There is a risk that annual Leave and sickness may result in some reports not being refreshed together with non-attendance at meetings.	Trafford Locality Board	Mark Embling *Head of Business Intelligence (Trafford)*

This page is intentionally left blank

Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Locality System Board**			
Date of Meeting	**17 October 2023**			
Report Title	**NHS GM Trafford Finance report**			
Report Author & Job Title	**Julie Flanagan NHS GM Trafford**			
Organisation Exec Lead	**Gareth James**			
OUTCOME REQUIRED *(please highlight)*	Approval	Assurance X	Discussion X	Information X

EXECUTIVE SUMMARY

The attached slide deck presents the financial position for the ICS overall and the locality delegated budgets by NHS GM. The reported position does not include any corporate costs which are currently reported centrally.

The ICS reported a £129.7m deficit at month 5 and forecast breakeven. £70m related to NHS provider positions and £59.7m for NHS GM of which £50.9m is linked to the system efficiency target.

The Locality budgets were overspent by £417k at month 5 with a forecast underspend of £666k, however this excludes a significant prescribing forecast cost which has been reported centrally. Savings plans have been identified to deliver the target with work on going to identify further schemes to support any potential slippage.

RECOMMENDATIONS

The Trafford Locality Board is requested to note:

1. The overall financial position of the ICS at Month 5, being £129.7m deficit.
2. The focus and continuation of the turnaround process in place across GM
3. The locality financial position of £417k overspent at month 5 and forecast outturn of £666k underspend excluding centrally held costs on prescribing.
4. The actions being taken to address the current and emerging pressures
5. The risks and mitigations to manage the locality financial position

CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board

Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	The ICS submitted plan includes total efficiencies of £606m including a system efficiency target of £130m held by NHS GM. The net risk to delivery of the statutory financial duty the system at month 4 is £220.6m. The locality efficiency is £2.325m.
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	Name/Designation:
	The M5 ICS deficit position continues to grow with significant risk to the delivery of the financial plan without radical actions being implemented in year. The

	performance management framework and enhanced controls are in place.
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	N/A
	Name/Designation: (If appropriate)
	Comment:
What is the impact on inequalities? **(P*lease provide a high-level description of any known impacts)***	N/A
Equality Impact Assessment / Quality Impact Assessment Outcome ***(If not appropriate at this stage please state if an EIA or QIA is necessary)***	N/A
People and Communities: Communications & Engagement ***(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)***	N/A
Trafford's Carbon Footprint ***(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)***	N/A
Links to Measurement / Outcomes ***(Please detail if this is included within the report)***	
Enabler implications	**Legal implications: N/A**
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	
Organisation Exec Lead Sign off	Gareth James

This page is intentionally left blank

NHS
Greater Manchester
Integrated Care

Trafford Locality Board
Finance Report month 5, August 2023

Part of Greater Manchester
Integrated Care Partnership

GM ICS Month 5 financial position

The YTD financial position at Month 5 for the Greater Manchester System is a £149.7m deficit against a planned deficit of £20m, representing a YTD overspend of £129.7m.

The following table presents the position by sector:

	Budget Year to Date £m	Actual Year to Date £m	Variance Year to Date £m	Budget Annual £m	Full Year Forecast £m	Variance FOT £m
NHS Providers	-70.9	-140.9	-70.0	-122.0	-122.0	0.0
NHS GM	0.0	-8.8	-8.8	-8.0	-8.0	0.0
System Efficiency	50.9	0.0	-50.9	130.0	130.0	0.0
Total ICS Surplus / (Deficit)	**-20.0**	**-149.7**	**-129.7**	**0.0**	**0.0**	**0.0**

Forecast outturn is consistent with plan

On YTD For providers, of the £70m adverse variance to plan, £13.9m relates to CIP under delivery and £49.3m relates to bank and agency costs.

The YTD position for the ICB itself has deteriorated further in month to a deficit of £8.8m linked to increasing prescribing costs. NHS GM is forecasting to meet its mental health investment standard for 2023/24 reaching a target increase of £647m.

No savings have been delivered to date against the £130m system risk management framework plan, representing a £50.9m adverse variance to date.

ICS Key Messages

Month 5

The financial position for the GM system has continued to deteriorate in Month 5, with YTD variance against plan of £(129.6)m, compared to Month 4 £(104.8)m. However, the monthly deficit run rate has reduced in Month 5 for providers showing a potential indication that increased financial control is taking effect. The forecast outturn for the system remains at breakeven, but with increased risk of achievement.

The following key challenges to the delivery of the financial position remain:

NHS GM	GM Providers
Risk: System reported net risk of £230.2m, an increase of £9.7m from Month 4, is driven primarily by a change in the treatment of Prescribing (No Cheaper Stock Obtainable) risk within NHS GM – which now assumes that no central funding will cover this pressure.	
Efficiencies: System target £606.2m, of which there is net risk of £126.1m. YTD £169.1m of savings have been delivered compared to a target of £232.5m. Due to the pressures emerging in the position, there is increasingly less potential to deliver the systems savings target of £130m.	
Prescribing: Most significant area of pressure for NHS GM. Costs are projected to increase by 4.3% against 2022/23 levels. At Month 5 forecast pressure of £29.8m which has been reflected in system risk.	**Agency:** For the first time this year projected FOT for agency costs have exceeded the ICS agency ceiling of £164.7m – now projected to be £178m for 2023/24. Bank and agency adverse variances now total £49.3m across providers.
Mental health: £7.9m YTD overspend, of which £5.9m is related to increases in GM Out of Area Placement packages.	**Industrial action:** The impact of industrial action has been included within system net risk. Costs to date are estimated at £26m.
CHC: CHC costs have been escalating - with the 2023/24 FOT for GM ICB projected to be c.10.5% higher than 2022/23 actual spend. This is due to aligning funding for care homes with local authorities in line with the 'fair cost of care' initiative – which NHS received no additional funding for.	**Elective recovery fund:** NHS provider performance is currently behind ERF target performance (based on Month 3 information) which may result in loss of income for GM ICS – pending any rebasing of targets. This is included in gross system risk, but mitigated in net risk.

ICS Key Messages (continued) Month 5

Work has commenced on the rapid review of the GM ICS position, facilitated by the appointed turnaround director as part of the external support provided. This support will be in place until April 2024, the initial phase focussing on:

i. The current forecast position including key assumptions and pressures.
ii. The in month spend profile (the run rate) and how this correlates to the forecast outturn.
iii. Supporting GM ICS to identify opportunities for further efficiencies and mitigations.
iv. A review of compliance against the enhanced financial controls in place at each organisation

A report of the initial findings is expected to be shared with NHS GM in late October.

Trafford Locality Finance position – Month 5

The locality position by sector for year to date and forecast for the year is as below. Year to date the locality is reporting a an overspent position of £417k and for the forecast there is an underspend of £666k. The prescribing forecast excludes the increased cost pressure which was held centrally in the month 5 reported position as it was at month 4. The value of the Trafford share is c£1.7m.

Year to date

Summary Financial Position as at Month 5	Budget £'000	Expenditure £'000	Variance £'000
Commissioned Services			
Mental Health Services	1,866	1,835	31
Community Services	5,382	5,128	254
Personalised Packages of Care	14,094	14,116	-22
Prescribing	16,670	17,538	-869
Primary Care Locally delegated	1,368	1,292	75
Estates void & subsidy	1,173	1,262	-88
Total Commissioned Services	**40,552**	**41,171**	**-619**
Reserves / QIPP	**202**	**0**	**202**
Total	**40,755**	**41,171**	**-417**

Forecast Position for the period 1st April 2023 to 31st March 2024	Budget £'000	Forecast Expenditure £'000	Forecast Variance £'000
Commissioned Services			
Mental Health Services	4,479	4,435	44
Community Services	12,916	12,430	486
Personalised Packages of Care	34,185	33,663	521
Prescribing	40,562	40,855	-293
Primary Care Locally delegated	4,868	4,762	106
Estates void & subsidy	2,816	3,014	-198
Total Commissioned Services	**99,825**	**99,159**	**666**
Reserves / QIPP	**-1,566**	**-1,566**	**0**
Total	**98,259**	**97,593**	**666**

Locality Financial Position key messages

- Month 4 saw a further deterioration in the year to date position moving from an overspend of £178k to £417k, being a combination of continued prescribing cost pressures and additional cost of personalised care packages partially offset by QIPP delivery.
- Although the forecast position is showing an underspend of £666k, this excludes the central top up accrual on prescribing of which Trafford's share is c£1.7m.
- Main area of concern continues to be prescribing spend. Although we are delivering against the prescribing savings plan we are experiencing cost pressures due to a combination of price and volume increases. Work continues to identify spikes in volume for further review.
- As reported last month, due to the increase in MH out of area placements, costs are captured centrally within the ICB reported position. The cost of MH out of area placements for Trafford to month 5 is £460k with a forecast of £1.2m.

Trafford locality QIPP reporting

NHS Greater Manchester Integrated Care

The locality QIPP target for the financial year is set at £2.3m.

There is an over achievement year to date partly linked to budget phasing.

The forecast outturn at month 5 is for the QIPP target to be delivered in full by the end of the financial year.

QIPP area of work	M5 YTD	M5 YTD	M5 YTD
	Target	Achieved	Variance over/ (under) achievement
	£'000	£'000	£'000
Prescribing - in year	138	176	39
Prescribing - FYE 22/23	220	220	-
Personalised Care - pricing CHC	206	133	-73
Personalised Care - pricing IMHAD	82	21	-61
Estates income	-	-	-
Personalised Care - case reviews	22	102	80
Community - unidentified	-112	-	112
Primary Care - AVS	-	106	106
Locality Total	**556**	**759**	**202**

Risks & Mitigations

NHS Greater Manchester Integrated Care

Risks

- Risk that MH out of area placements continue at current high levels and costs recoded to the locality
- Future investment proposals are rejected in the STAR panel due to overall financial position
- Higher than forecast final invoices for estates running costs
- No contingency funding to support any cost pressures arising in year

Mitigations

- Review all budgets throughout the year to identify any slippage to support QIPP or other cost pressures
- Additional scrutiny of any new expenditure proposals in line with GM STAR process and NHSE financial controls

Summary & Recommendations

The Locality Board is requested to note:

- The overall financial position of the ICS at Month 5, being £129.7m deficit, the continuation of the formal turnaround process and the key areas of focus.
- The locality financial position of £417k over spend at month 5 and forecast surplus of £666k excluding a share of the central accrual on prescribing and increased MH out of area placement costs
- The actions being taken to address the current and emerging cost pressures and support the continued enhancement of financial control in place
- The risks and mitigations to manage the locality financial position

NHS
Greater Manchester
Integrated Care

Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Locality Board**			
Date of Meeting	**17th October 2023**			
Report Title	**Podiatry: New Service Model**			
Report Author & Job Title	**Tim Weedall, Head of Specialist Services Commissioning, NHS GM ICB - Trafford**			
Organisation Exec Lead	**Gareth James, Deputy Place Lead**			
OUTCOME REQUIRED *(please highlight)*	Approval X	Assurance	Discussion X	Information

EXECUTIVE SUMMARY

This report sets out the preferred new service model for Podiatry across Manchester & Trafford.

As part of the MLCO/TLCO Community Health Transformation Programme, the aim was to develop a single Podiatry service model across Manchester and Trafford, providing a consistent and equitable offer to all patients (adults & children); maximising podiatry outcomes for those with lower limb, foot and ankle pathologies; and optimising health, independence, and wellbeing.

The clinical podiatry leads from all 4 areas (North, Central & South Manchester & Trafford) have developed a harmonised service specification and clinical/workforce model to resolve the waiting list and workforce challenges being experienced since Covid.

The LCO Executive has agreed to move to a phased implementation of both clinical and workforce models and a detailed implementation plan is being developed jointly.

RECOMMENDATIONS

1. Trafford Locality Board to approve the new proposed Podiatry service model which aims to:

    - Standardise provision for podiatry services across Manchester and Trafford LCOs.
    - Amend the service offer to provide consistent access criteria.
    - Align budgets according to size/need across Manchester/Trafford localities.

CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board

Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	The risks have been considered through a QIA being completed against the proposed new service model.
	Name/Designation:

Financial implications and comment/approval *(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)*	Comment / Approval *(Delete appropriately):* Any savings arising out of the implementation of the new service model will need further discussion between the locality and the LCO
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead *(If not required, please briefly detail why)*	Date of TCAPS (& GP Board): 21st September
	Name/Designation: (If appropriate) Dr Manish Prasad
	Comment: Further clarification is required on the list of alternative providers and assurance on the comms for patients when discharged. (This will be picked up in the implementation/communications plan)
What is the impact on inequalities? (P*lease provide a high-level description of any known impacts)*	No impact on inequalities due to the changes to the exclusion criteria being based solely on clinical need for specialist podiatry - there is not a material change in access to services
Equality Impact Assessment / Quality Impact Assessment Outcome *(If not appropriate at this stage please state if an EIA or QIA is necessary)*	EqIA completed – Removing variation will bring additional benefits of parity of provision and equity of expectation of outcome. The service will aim to monitor ethnicity of service users against Trafford population QIA Completed – with a recommendation to implement a phased clinical and workforce model.
People and Communities: Communications & Engagement *(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)*	A stakeholder communication& engagement plan will be delivered once approval received to the new phased implementation of workforce and clinical model.
Trafford's Carbon Footprint *(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)*	Neutral impact on Trafford's carbon footprint envisaged.
Links to Measurement / Outcomes *(Please detail if this is included within the report)*	• There would be shorter waiting times. • Parity of provision. • Equity of expectation of outcome.
Enabler implications	**Legal implications: N/A**
	Workforce implications: Phased Implementation
	Digital implications: N/A
	Estates implications: N/A

Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	Trafford SLT 5/9/23 (& 10/10/23) MFT Exec Directors 14/9/23 TCAPS & GP Board 21/9/23
Organisation Exec Lead Sign off	Gareth James, Deputy Place Lead

1.0 Introduction

1.1 The purpose of this paper is to seek approval from the Locality Board on the recommendations made by MLCO / TLCO Executive regarding the delivery of the Community Health Transformation Programme (CHTP), specifically Manchester and Trafford Podiatry community health services – and seek approval to adopting the new Podiatry clinical and workforce model in Trafford.

1.2 The CHTP is a multi-year programme focused on reducing variation in and between Community Health services in Manchester and Trafford, ensuring equality and equity of access to services to effectively tackle health inequalities and best use of resources directed to population need.

1.3 The Podiatry Service is part of the wider Allied Health Professionals Directorate within M/TLCO. Professional podiatrists and support staff provide specialist footcare to qualifying individuals registered with a Manchester or Trafford GP

1.4 Podiatry is delivered on legacy North, Central, South Manchester and Trafford specifications. There are many similarities between the different specifications but also some marked differences - the Trafford podiatry service specification has not been reviewed since 2018 – and differences in the services provided to MFT as part of a service level agreement.

1.5 A Manchester & Trafford LCO podiatry project group was set up and has re-designed the clinical offer to align with a new Service Specification, Standard Operating Procedure, Triage matrices, referral process and a new proposed workforce model to meet both the clinical need and demand as well as the recruitment and retention issues facing the profession. This group will also act to monitor performance and governance across the teams and ensure parity of service.

1.6 The aim is a single Podiatry service model across Manchester and Trafford providing a consistent and equitable offer to all patients (adults & children); maximising podiatry outcomes for those with lower limb, foot and ankle pathologies; and optimising health, independence, and wellbeing. Promotion of patient empowerment, preventative strategies and self- management are integral to the offer.

1.7 Adopting the principle of standardisation means where applicable there will be a reduction of service with an aligned plan to support those currently referred in and those who will be referred in with appropriate advice guidance and signposting.

2.0 Comprehensive Impact Assessment (CIA) Panel Approach

2.1 A CIA panel was set up to review the new documentation including a Quality Impact Assessment and an Equality Impact Assessment. It was agreed the options to be explored as part of the CIA were: i) Single business delivery model across MLCO and TLCO and ii) Cease provision of low-level, high-volume activity which has been decommissioned elsewhere across the country.

Single Business Delivery Model

2.2 The reform includes standardisation of both clinical and workforce provision:

- Clinical - Clinic type, Slots per template, Service hours / days, Pathways, Resources, Equipment, Diagnostic access
- Workforce - Job roles, Detail per band, Student placements, Job descriptions, training / CPD
- SLA delivery with MFT hospitals

Cease Provision for low-level high-volume activity

2.3 The new service specification aims to provide a consistent offer across Manchester and Trafford including:

- Standardised access criteria: a new service shift of resource from qualified Podiatrists to a strength-based approach by educating and signposting for:
  - People referred for annual diabetic foot checks only.
  - Nail cutting for patients with normal nails and who have no pathology affecting the feet; personal foot care defined as toenail cutting and skin care including the tasks that healthy adults would normally carry out as part of their everyday personal hygiene
  - Nail cutting for people with diabetes, peripheral vascular disease (PVD), rheumatoid arthritis (RA) who are classed as low risk (those who have a good blood supply, including good nerve sensation and who have no podiatry needs
- A new M/TLCO definition of Housebound recognising that some patients are housebound for a temporary period.

- Budgets attributed to the size and need in the population.
- Activity and KPIs

2.4 Under the new model patients will be seen according to their clinical and medical needs and according to NICE guidelines. All referrals are screened against the eligibility criteria. Detailed matrices will be used to support the triage decision making, one for adults and one for children. If a referral is not accepted, the patient is informed, given advice, or signposted to the most appropriate place/service.

2.5 An 'assess to discharge' approach is taken. Each patient's needs are assessed – and they are assigned to one of 4 principal clinical pathways: Wound Care Pathway; High Risk Pathway; Musculoskeletal Pathway; (Pathological) Nail Surgery Pathway – and a treatment plan drawn up. Patients with lifelong conditions will remain on the caseload indefinitely for ongoing monitoring and treatment, to prevent loss of limb. This is determined by the podiatrist after comprehensive assessment.

2.6 Once treatment is complete, where possible, patients are provided with self-care advice (and any appropriate technology to support self-care) and discharged. If further assistance is needed in the future, a new referral is considered, according to the acceptance criteria.

Service Impacts

2.7 The CIA panel discussed the impact of the preferred option to implement standardised provision and reduce the service offer. The positive impact of removing variation outweighed any negative impacts and it is expected that:

- There would be shorter waiting times
- Parity of provision
- Equity of expectation of outcome.

2.8 It was thought that there may be initial resistance to the changes potentially leading to formal complaints, mainly due to patients not qualifying for ongoing home visits, and low/no risk foot care needs not being eligible for a qualified podiatrist; however, education and sign-posting resources will be developed and will be issued to patients at triage where not appropriate for the service.

2.9 No adverse equality impacts have been identified, tested through the EQIA. Ongoing collection of data however will confirm this and facilitate any required change.

2.10 The CIA Panel agreed to the proposed reformed offer and delivery model, determining_that a phased approach is the most suitable implementation method, for staff and patients.

2.11 The CIA panel also agreed the phased approach should begin immediately, post approval, as waiting lists are increasing.

2.12 Service impacts are set out in the table below:

Domain	Service objective	Impact of proposed change	Narrative
Safety	Avoidable Pressure Ulcers (grade 3-4)	Positive	• Increased and embedded use of Purpose T assessment for early identification and intervention for those at risk • Introduction of shared care collaborative document across Podiatry, District Nurses and Tissue Viability Nurses • Rapid access to podiatry services through effective triage, streaming and reduced waiting times.
Patient Experience	Complaints resolved within agreed timescale	Neutral / positive	• There is a risk that complaints to the service may rise in the initial phases of implementation. We would commit to resolving these in a timely manner
Operational Excellence	Non-RTT waiting list size	Positive impact	• Current long waits are being addressed through waiting list initiatives which will bring the non-RTT waits in line with national targets • The implementation of the new service model provides immediate access to resources for those with non-pathological foot disorders without them being placed on a waiting list. The previous clinical model would have them on a waiting list as non-urgent to await input. • The assess to discharge approach and new streamlined clinical pathways aim to improve the patient journey through the service and

			therefore improve throughput of patients off the waiting list and into the service. • Increased use of Patient Initiated Follow-Up (PIFU) can begin once waiting list size is reduced - but will also act as an effective mechanism to keep caseloads dynamic and therefore reduce the numbers waiting. • The work implemented for Podiatry will inform the process for other clinical areas with large waiting list numbers, namely MSK and assist in reducing these lists too.

3.0 Trafford Waiting List

3.1 The table below sets out the waiting list for the Trafford podiatry service at August 23.

Weeks	Patients Waiting
0 - 18	444
19 - 52	641
53 - 65	266
65 - 78	163
79 - 104	51
104+	1
Total	1,566

3.2 Waiting lists are increasing and the Trafford Podiatry Service is currently providing a waiting list initiative to resolve the longest waits for low-risk patients – using Saturday clinics and locum support (2 bank staff) – aiming to reduce waiting times to under 65 weeks by October.

3.3 The revision to the service specification will mean no medical risk/low podiatric need patients will be treated – although all will be assessed and have access to resources to support self-care before being discharged – meaning shorter waiting times for other patients with high/increased risk conditions.

4.0 Recommendation & Next Steps

4.1 Trafford Locality Board to approve the new proposed Podiatry service model which aims to:

- Standardise provision for podiatry services across Manchester and Trafford LCOs
- Amend the service offer to provide consistent access criteria.
- Align budgets according to size/need across Manchester/Trafford localities.

4.2 M/TLCO clinicians to continue to develop the patient education and signposting materials including training videos for primary care on how to spot vascular foot problems and education for care home and social care staff – and further clarification on the list of alternative providers and assurance on the communications for patients when discharged.

4.3 M/TLCO to finalise the implementation plan for the new service - with GP and other stakeholder input - including mobilisation, communication and engagement plan. This will be monitored through the weekly Community Services Review meeting between the locality and the Trafford LCO Managing Director and Podiatry Service leads.

4.4 The Podiatry service model will now be taken through the MFT Contract Review Group.

Date & Time of Meeting	21 November 1.00pm	19 December 1.00pm	16 January 1.00pm	20 February 1.00pm	19 March 1.00pm
Agenda and Papers Sent out	14-Nov	12-Dec	09-Jan	13-Feb	12-Mar
Part 1 – GM ICB Committee (Trafford)					
	GM Integrated Care Partnership Update – ST (GJ) -Serious Violence duty	GM Integrated Care Partnership Update – ST (GJ)	GM Integrated Care Partnership Update – ST (GJ)	GM Integrated Care Partnership Update – ST (GJ)	GM Integrated Care Partnership Update – ST (GJ)
	Performance - locality finance, performance and outcome standards - performance assurance framework	Community Collective Annual Update	Performance	Community Collective	March - Anchor Institution / Social Value
	Prescribing Governance - KL - tbc	Locality Plan refresh	TICP Engagement Framework	Healthwatch Annual Delivery Plan	Performance
	Healthwatch Update - HF	GM Anchor Network TM	GP Primary Care Quality Update	Finance update	GP Primary Care Quality Update
	Children in Crisis Update - JM	HWBB Update - tackling health inequalities (JS/HG)	Finance update		Finance update
	Finance update	Fairer Health for All - Greater Manchester's framework to reduce inequalities - locality engagement(HG / TM)	Healthwatch Update		Govenance Update
	GP Primary Care Quality Update	Finance update			Healthwatch Update
Part 2 – Section 75 Committee					
	S75 Update by Exception	S75 Update by Exception	S75 Update by Exception	S75 Update by Exception	S75 Update by Exception
	BCF Quarterly update	s75 thematic updates tbc			

This page is intentionally left blank

Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Locality System Board**			
Date of Meeting	**17th October 2023**			
Report Title	**Better Care Fund – 23-25 Plan and Narrative**			
Report Author & Job Title	**Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) and Trafford Council**			
Organisation Exec Lead	**Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford) & Nathan Atkinson, Corporate Director Adults and Wellbeing, Trafford Council**			
OUTCOME REQUIRED *(please highlight)*	Approval	Assurance	Discussion	**Information x**

EXECUTIVE SUMMARY

The BCF plan for 2023/25 and the accompanying BCF narrative for 2023/25 were approved at Trafford Health Wellbeing Board (HWBB) on the 15th September 2023. The documents were submitted for approval via the regional assurance process and received sign off from the national team following their approval at HWBB. The documents are brought to TLB for information.

RECOMMENDATIONS

The Trafford Locality Board is requested to:

a) Note the signed off BCF plan and Narrative

CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board

Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	N/A
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	Name/Designation: N/A N/A
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	N/A Name/Designation: (If appropriate) N/A Comment: N/A
What is the impact on inequalities? ***(Please provide a high-level description of any known impacts)***	N/A

Equality Impact Assessment / Quality Impact Assessment Outcome ***(If not appropriate at this stage please state if an EIA or QIA is necessary)***	N/A
People and Communities: Communications & Engagement ***(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)***	N/A
Trafford's Carbon Footprint ***(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)***	N/A
Links to Measurement / Outcomes ***(Please detail if this is included within the report)***	N/A
Enabler implications	**Legal implications:** N/A
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	The BCF was reviewed and approved at HWBB 23/09/23
Organisation Exec Lead Sign off	Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford) & Nathan Atkinson, Corporate Director Adults and Wellbeing, Trafford Council

HM Government

NHS England

BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 25 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

Health and Wellbeing Board(s) :**Trafford Locality Board**

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils) .

- Trafford Council
- Trafford Locality of Greater Manchester Integrated Care
- Trafford Local Care Organisation (TLCO/Community element of MFT)

How have you gone about involving these stakeholders?

The Trafford BCF plan is a long-term plan which is developed and approved on a rolling annual basis via Trafford's Health and Wellbeing Board. All the relevant partners to the BCF are core members of all our health and social care governance in Trafford and have therefore been fully engaged in the curation and sign off the plan.

The activity within the BCF is a core component of the Trafford Locality Plan (2019-2024) which has been co-designed by system partners and formally adopted through Trafford's Health and Social Care System Governance architecture which is described in more detail under question 5. The Locality Plan was refreshed in 2021 and a further review is anticipated on completion of the GM and Local Operating Model following the transition to ICS arrangements – the BCF will form a fundamental component of the revised plan once actioned.

The BCF outcome measures are monitored and have been evaluated, with key indicators remaining stable or being reduced over the year which evidences positive progress.

Our 23/25 BCF plan will be aligned closely to the planning, design, delivery, and reporting arrangements that span Trafford Locality Board and the Health and Wellbeing Board ensuring a tight system grip on performance, enabling transparent system reporting on all related areas of the wider Section 75, BCF and wider aspirations of the Trafford Locality Plan.

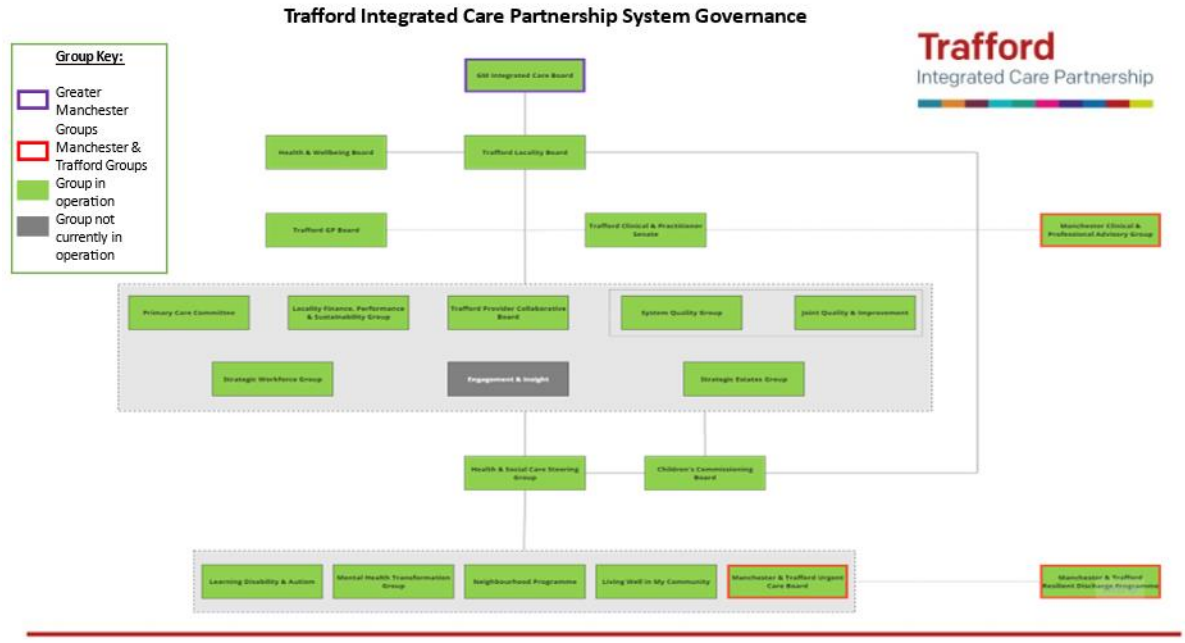
We have ensured that the BCF services/schemes are aligned to the three Trafford Provider Collaborative Board Strategic Priorities (23/24) and the more granular thematic priorities of the various partnership groups that drive forward the work of the BCF schemes are corralled via our regular (monthly) multi-stakeholder Health and Social Care Steering Group.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

The health and care governance structure has evolved significantly since the introduction of the ICS arrangements and disestablishment of Clinical Commissioning Groups. The current Trafford system governance is outlined in Figure 1 below and demonstrates our commitment to an inclusive set of governance arrangements across the Trafford system with full partner engagement/membership.

Figure 1:



The behaviours and ways of working which we aspire to have embedded in all our partnerships forums is encapsulated in our Health and Wellbeing Board (HWB), Trafford Locality Board and Trafford Provider Collaborative Board Terms of Reference, all which have been recently updated and formally signed off by partners (Terms of Reference available on request). The Boards function based on the following operating principles:

- Collaborative working
- Embedding a population health management approach
- Value for money
- Promoting innovation, and encouraging new ideas from patients/service users, carers and the workforce
- Champion both locality and neighbourhood service coordination through our integrated neighbourhood model
- Seek to avoid and identify any conflicts of interest

It is important to note the formalised governance that is operational in Trafford, particularly the arrangements of the Trafford Locality Board. The Locality Board incorporates three elements/'forums' and thus carries out three distinct roles:

1. Consultative forum
2. ICB Committee
3. Section 75 Committee

Of particular importance is the Section 75 Committee:

"A forum through which relevant section 75 arrangements are managed ("Section 75 Committee"). Section 75 arrangements will be managed, and decisions will be taken in accordance with requisite delegated authority given to core members of the Section 75 Committee by their respective organisations. Trafford Locality Board partners who do not have delegated authority in respect of section 75 arrangements will be able to participate in discussions regarding the section 75 arrangements, subject to conflict of interest rules, but will not be able to take de cisions in relation to section 75 arrangements."

The final sign-off of the BCF Plan is the responsibility of the Trafford Health and Wellbeing Board. It is also where assurance is sought that the BCF plan not only aligns to the wider aspirations of the Locality Plan but also contributes towards the Health and Wellbeing Strategy, specifically reducing health inequalities.

We committed in the 2019 Locality Plan to work with our partners on how we create together a culture of co-production that becomes our normal way of working – to plan, design and deliver services together with our partners and the Trafford public, where appropriate. The creation of our Locality Board and the Trafford Provider Collaborative Board as described above are the vehicles by which we will deliver against our system priorities, including the aims of the BCF. The Trafford Provider Collaborative Board has three strategic priorities which are refreshed on an annual basis and the detail of the BCF is operationally overseen through these arrangements with formal escalation to both the Health and Wellbeing Board and the Locality Board.

Below is a list of system partners who are active members of some/all of our locality governance arrangements:

- Trafford Council (Various Directorates)
- Manchester Foundation Trust (MFT)
- Trafford Local Care Organisation (Part of MFT)
- Greater Manchester Mental Health Foundation Trust
- Trafford General Practice Board
- Healthwatch Trafford
- MasterCall (Out of hours provider)
- Trafford Community Collective (VCFSE Representative)
- Thrive (VCFSE Locality Infrastructure Organisation)
- Independent Social Care Providers (Nominated representative)
- Trafford Leisure
- Greater Manchester Police
- Department for Work and Pensions

Executive summary

Trafford's BCF Plans this year are in some respects aligned to previous BCF submissions. However, we have built upon these foundations to create innovative and creative models which ensure our people can remain living well at home for as long as practicably possible.

The priorities for Trafford Locality include the following relevant outcomes to the BCF plan:

- Reduced proportion of admissions to long term care with increased proportion of people living independently at home for longer
- Reduced emergency admissions to hospital
- Increased proportion of people who return to living independently following a hospital admission
- Reduced 'No Criteria to Reside'

The targets agreed by system partners are detailed in the main BCF submission template and the following summarises how they will be achieved within the 4 KPIs are as follows:

- **Avoidable admissions- indirectly standardised rate of admission per 100,000 population**

- **Discharge to usual place of residence:** > % of people, who are discharged from acute care to their usual place of residence

- **Permanent admissions to residential & nursing 24 hour care: long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes per 100.000 population**-< % of people being admitted to 24 hour care facilities across the Borough

- **Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services:** >% of people remaining at home following an episode of care/treatment.

National Condition 1: Overall BCF plan and approach to integration

Trafford has a long-standing commitment to integration across health and care. Our section 75 incorporates the BCF, Discharge to Assess (D2A) and Learning Disability provision. The section 75 gives lead commissioning responsibility to the Council for the sourcing of D2A beds and provision of homecare. The ICB leads on the clinical elements.

A joint Trafford Council and NHS GM (Trafford) finance group meets on a regular basis to discuss s75 activity, joint ventures and additional areas of work which may have more indirect impact. It is also pertinent to mention the standing up of a formal Finance, Sustainability and Performance Group which will report into the Trafford Locality Board on locally delegated resources. The Locality Board also receives reports on the s75 performance indicators and activity.

We have built our plan around our place and in Trafford this is our four neighbourhoods, our locality and working with other localities in Greater Manchester. We remain committed in Trafford to ways of working that put into practice, our principles and the difference these make to the people we serve. The principles in our 2019-24 Locality Plan remain a key focus as we recover from the pandemic;

- Together as Partners – co-ordinating across our health and social care system, thinking bigger and doing better using our combined resources to improve outcomes for residents.
- In a Place – being positive about our places and spaces, bringing people who live and work in an area together to build stronger communities.
- With People – putting residents at the heart of what we do, listening and working with people.
- Focusing on Prevention – commitment to taking action early and making every contact count.
- Continually improving – making the most of technology and using data and information to make shared decisions. We will continue to learn and develop our workforce and make the best use of our combined assets

The Age Well programme will focus on the delivery of an initial set of Neighbourhood le d services which are a combination of national must do's and gaps identified through our needs assessment , i.e.:-

- Crisis Reponses
- Case Management
- Enhanced Care in Care Homes

This will support the delivery of Core 20PLUS, to provide the right care and support reduces inequalities and address health needs improving outcomes.
New initiatives are described under the relevant headings to prevent duplication.

National Condition 2

Neighbourhood Working (Better Care at Home)

We aim to achieve the objectives set out in the NHS Long Term Plan, through an integrated neighbourhood model with system partners, looking to support individuals with multiple long-term conditions, including frailty to remain well at home.

With the support delivered by a multi-disciplinary team (MDT) , we are confident that our approach will contribute to reduced avoidable episodes of ill health which result in the need for the individual to access unplanned or emergency care. With holistic assessment, personalised care & support planning, coordinated care by the MDT agreeing interventions and support, people will be supported to stay at home, achieve better outcomes for their health & wellbeing while addressing and reducing health inequalities for this group.

Community including community nursing

In recent years, Trafford has placed great importance on the fundamental role of our Neighbourhood model in ensuring we have a social model for health – rather than a predominantly medical one – which focuses on the importance of people and communities as well as health and care services.

The Trafford Neighbourhood model is consistent with the Greater Manchester Model for Health which is based on core principles of co-production, working with people and communities rather than 'doing to'. The Neighbourhood model is the key to making our model for health a reality, ensuring that people are supported to live well with the support they need, whether they're diagnosed with a long-term condition, cancer, dementia, or they're at the end of their life and receiving palliative care.

Our model aims to bring about a shift in the culture of how people approach health and wellbeing, making it more person-centred and community based. It will allow residents and patients to build more personal resilience, increased confidence in self-management as well as addressing their health and social needs. People will be empowered and supported in their independence. Neighbourhoods will strengthen communities and networks to support individuals where required through localised, enhanced and faster access to services.

Trafford system is committed to work together across different partners and services to make the best use of our resources whilst encouraging collaboration. We want to create opportunities to support residents to prevent ill health. We will embed a population health management method and nurture a 'prevention-first' approach that builds on our community assets. It will be co-owned and designed with our residents to support their health and wellbeing needs now and in the future.

We champion locality and neighbourhood service coordination. We work on the principle that organising health and social care service delivery on Neighbourhood footprints creates opportunities for frontline staff to work together in places. This will improve the quality and integration of services and the extent to which they are joined up for residents. The outcomes will be reduced duplication and ensuring people are in control of their care

This will be delivered via:

- Four core Integrated Neighbourhood Teams (INT's) which consist of case management, children's services, adult social care, community nursing, communication and engagement and care navigators.
- Voluntary, Community, Faith and Social Enterprise sector (VCFSE) offer wrapped around the Core Integrated Neighbourhood Teams.
- Primary Care Networks (PCNs) are a key stakeholder within wider Integrated Neighbourhood Teams, with delivery underpinned by the priorities within the Primary Care Direct Enhanced Service (DES).
- Other services such as Palliative Care Nursing, Learning Disability and safeguarding specialists will also be reached out/brought into the integrated neighbourhood teams in a flexible and adaptive manner.
- Realignment of community nursing roles to support new models of Proactive Care (Anticipatory Care).
- Strategic Leadership will be provided by Neighbourhood Leadership Team which includes leads from; Social Care, District Nursing, Mental Health, General Practice and VSCFE.
- Introduction of Trafford Urgent Community Response Service

Technology and Equipment

Our ethos is to ensure that all our people can remain living well at home for as long as possible and to maximise the opportunities, we must use modern solutions. We are investing in our Technology Enhanced Care (TEC) offer and have explored several options include the using of robotics, sensors and connectivity through the Internet of Things to prompt self-care and support independence.

Age UK Passion for life and dementia

The aim of the service for the Dementia Advisors is to ensure that Trafford residents living with dementia and their carers receive high quality information, advice, advocacy and support which promotes independence, increases choice and focuses on social support, peer networks and community cohesion to enable them to live an independent and fulfilling life. Passion for Life is a Day Service that supports those with a Dementia Diagnosis in various sites across the Borough of Trafford.

1:1 Hours

During the Pandemic, the Trafford system witnessed significant changes in the way Health and Social Care operated, one significant change was that our Social Workers were removed from the hospital sites (except for a duty worker for increased complex situations including Safeguarding. This was mainly driven by the National requirement of all Health Social Care partners developing a Discharge to Assess (D2A) offer to meet increasing demand. We simply needed our resources in the

Community to ensure that we could ensure our residents needs were assessed in a timely manner and enabled to return home as soon as reasonably practicable.

As we witnessed the significant restrictions on our people's liberty being infringed with these high levels of intrusive care, it is important to note that the financial costs were also sizeable and reliant on a Social Care professional assessing our people to reduce/remove the 1:1 associated care.

Therefore, in 2021/2022, the Trafford system made the decision to commission our own 1:1 support with a local Care Agency called Cucumber, with a detailed contact which enabled the Local Authority to deploy & cease care when the person no longer needed it, operating this Trusted Assessor model.

- The benefits to our people meant that they only received the right care at the right time
- We were able to deploy our 1:1 workforce where required & not being reliant on the Care Homes sourcing their own 1:1, sometimes at £27-£30 per hour
- We were able to support more of our people who are 'more complex' quicker as the LA supplied the 1:1 care
- We are paying £17.86 per hour, which is currently less that our framework provider rate
- It was the Right thing to do!

Handy Person Service

We have invested in our practical services this year to support the speedy transition from Hospital to Home with a particular focus on making sure that the home is a safe environment to go home to, and meets the person's needs where these have changed as a result of needing care and clinical interventions. This will include filling service gaps such as the removal and moving of furniture, putting curtain rails up and preparing the home to ensure it is a safe environment to go home to from hospital. The Council have commissioned Helping Hands, a not-for-profit social enterprise to provide this service.

Home Care Capacity

Throughout the pandemic we accessed several centrally funded grants, one of which supported one of our providers to purchase a vehicle.

This has enabled the provider to delivery in excess of 500 additional homecare hours in areas of the Borough where transport links are extremely limited, and time restrained and where employees did not have access to their own vehicles.

We have agreed to extend this model through 2023/24.

Stroke Support Service

Stroke Association delivers Stroke Recovery Service for Trafford residents who have experience d a stroke, their families, and carers. The service works with local community stroke teams and other partner organisations to ensure the service is complements the local system and that together they improve people affected by stroke's long-term outcomes

- Coordinated support throughout your stroke journey
- Home visits and/or regular telephone calls

- Emotional support
- Tailored information including communication tools
- Assistance with accessing community-based support
- Support for carers and family members including monthly carers drop in at Trafford General Hospital for newly diagnosed stroke survivors.
- Living well after stroke groups
- Childhood Stroke Support Team has been supporting parents of children who have had a stroke

Ascot House

Ascot House is our 24 hour intermediate care facility within the Borough of Trafford for both community and hospital discharge.

Ascot House is the longstanding provider of Trafford's intermediate care provision, enabling the Trafford system to monitor changes in demand and capacity over a substantial period of time The utilisation of intermediate care beds at Ascot House has maintained relatively consistent levels over the last few years enabling the system to anticipate periods where demand will peak. The number of beds commissioned at Ascot House as been sufficient to manage demand and no additional capacity has been commissioned from alternative providers. Whilst temporary closures of units due to Covid outbreaks impacted on the number of beds open between 2020-2022, 35/36 beds have been consistently open at Ascot House (IMC Unit) between April 2022- March 2023, with the Year to Date (YTD) average occupancy rate of 79%, with a low of 59.3% (April 22) and a high of 92.3% (July 22).

Whilst beds were not up to full establishment of 36 beds in previous years, average YTD occupancy in 20/21 and 21/22 was 73%.

Through the efforts of service and improvements made with regards to patient flow, occupancy rates within Ascot House have improved over time however, utilisation remains under 80% which indicates there is an ability to drive greater utilisation or a review of the number of beds required.

Ascot House currently provides a therapy-led (rather than nursing) model of care. Working in partnership, Trafford system is undertaking a review of this model during 23/24 to identify if there is there is an unmet need for patients with nursing needs who would benefit from bed based intermediate care. Through the introduction of the Rapid MDT in Discharge to Assess beds, the service will identify any patients who should be stepped down from a Pathway 3 bed to intermediate care within the current criteria, and those we could have been supported within intermediate care setting if there was an increase in nursing provision.

This review is also considering the impact of the introduction of Trafford's Community Response service and whether this will enable more patients to be discharged directly home with support, thereby reducing the number of intermediate care beds required within the system.

The impact of introduction of new service offers and their impact on intermediate care bed-based utilisation will be monitored via the Trafford Resilient Discharge Programme and the D2A Assurance Dashboard with reports to Trafford Provider Collaborative on a quarterly basis.

Health Recovery Beds

Throughout 2022-23 it was identified that there was a relatively small number of patients who required a period of recovery prior to receiving rehabilitation or prior to long -term care needs being able to be assessed, taking them outside of D2A pathway 3 assessment period of 8 weeks. Prior to 2022-23 a patient would have experienced a long length of stay in hospital impacting on patient experience and flow through hospital sites.

Subsequently, in January 2023, the Trafford system introduced health recovery beds which are spot purchased in local care homes. This new pathway and provision are managed and commissioned via Trafford's Urgent Care Control Room, which is run and managed by Trafford's Urgent Care Integrated Health & Social Care Team within the Trafford Local Care Organisation (TLCO). To date, 8 health recovery beds have been commissioned and has included:

- Patients who require fractures to heal before rehabilitation can be delivered.
- Stroke patients who have received intensive rehabilitation within specialist stroke units and determined to require long-term residential or nursing care.

Trafford Community Response

Trafford Community Response (TCR) is part of the Trafford Local Care Organisation (TLCO) and provides assessment and short-term interventions including crisis intervention and supported hospital discharge with therapy / nursing input where required.

There are four main aims of TCR:

- Support people to remain at home
- Help people avoid going into hospital unnecessarily.
- Help people return home from hospital as soon as they are medically safe to do so
- Prevent people from having to move into a residential home until they really need to.

Services in the TCR will be integrated with health & social care colleagues forming specialist community teams. The service will provide the 2-hour crisis response, support hospital discharge with nursing and therapy input and will over the coming months work to integrate more community services such as Community IV.

The TCR is designed to be a short-term intervention with possible onward referral to another service if appropriate, including other parts of the Trafford Community Response (TCR) service or wider LCO.

The role of the service is to prevent hospital admission and attendance at urgent care services by assessing, diagnosing, and treating people experiencing a health and social care crisis that requires an inter-disciplinary intervention. The team supports a clinical triage process, supporting the point of entry into the Trafford Community Response service. This includes the Northwest Ambulance Service referral via 999 or 111 as well as via ambulance crews on scene. The team provides an intensive support service for up to 48 hours, before either discharging the person, or making onward appropriate referrals.

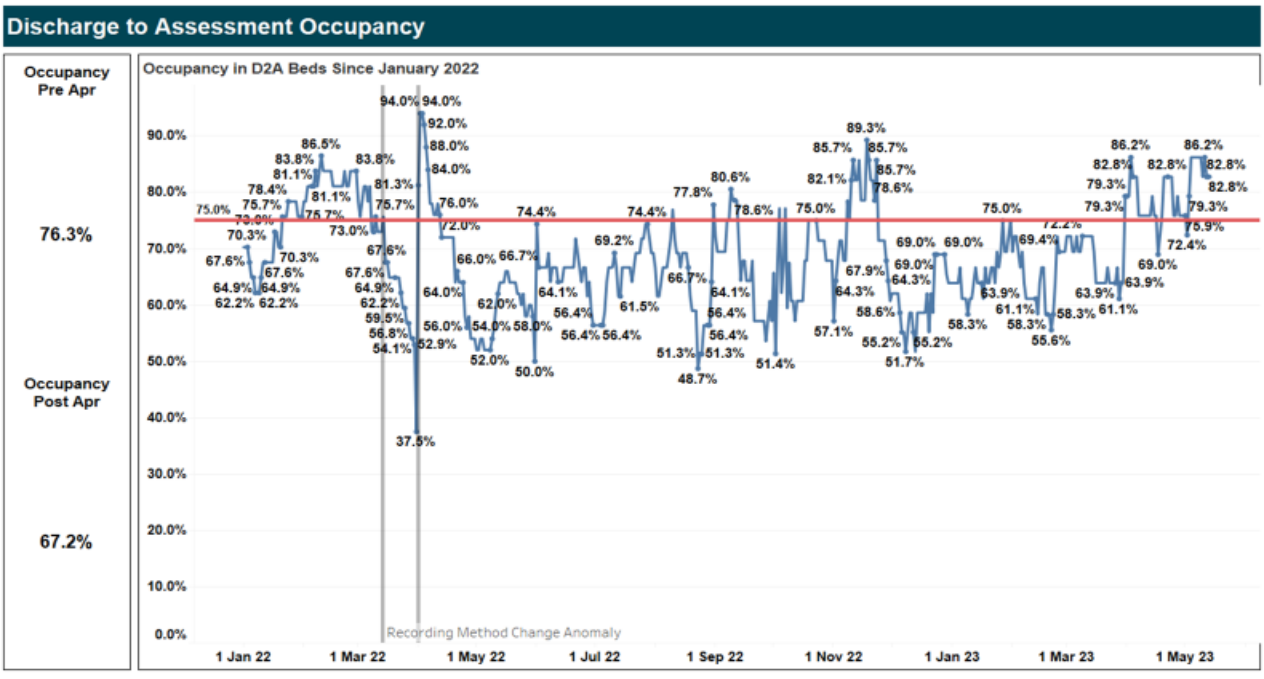
Trafford Resilient Discharge Model

Following the introduction of the hospital discharge guidance and the subsequent increase in residents being discharged for an assessment for long term care into bed-based care, we saw an increase in the complexity of health conditions being managed within a Pathway 3 D2A bed setting, and challenges regarding medications on discharge. This posed significant capacity challenges to General Practice, as these patients required timely review by a clinician. Without timely review and intervention there is an increased risk of patients being readmitted to hospital. Subsequently, the Trafford system commissioned a single GP provider, supported by pharmacists, to provide general practice support for block and spot purchased Discharge to Assess beds. This service provides:

- Temporary Registration of all people
- Provide 3 hours of medical cover per day 5 days per week
- Prescribe both repeat and acute medication as requested/in line with a consultation.
- Action any recommendations from the medicine's optimisation team.
- Service focused on ensuring a safe discharge, proactive care, supporting residents to get the medical care needed by working closely with the wider MDT team and being a single point of contact for primary medical care.
- Leading the MDT approach to care co-ordination.
- Ensuring optimal prescribing support by working in partnership with the dedicated medicines optimisation personnel
- Ad hoc requests from care homes
- Work with the Rapid MDT to D2A Team

Demand and capacity

We monitor capacity and demand across the system together with how we make use of the resources we have commissioned. We look at the number of people under Right to Reside who require support to be discharged, number of people who are discharged across the pathways and available capacity of those services to meet need.



This example shows the activity and use of block purchased D2A beds – we decommission if there is poor response by a provider and/or under use of beds, and spot purchase to increase capacity when there is limited resource.

Our demand predictions are based on the past 3 years level activity and have been in the main fairly accurate – however the key challenges for us is the need to respond to changing activity levels from partners, which is often unprecedented and changes in line with national policy – e.g. increased targets for hospital discharge.

Asset Based Community Capacity

We have employed several Community Link Officers across Adult Social Care to ensure our residents are supported from a preventative perspective. These roles are key to ensuring our people can access universal services and community resources to ensure their needs can be met at neighbourhood level.

Ageing Well Integrated Crisis and Rapid Response - Small team that provides rapid response to crisis in residential and nursing homes for over 65s

Trafford's urgent and emergency care systems have been under significant pressure for a sustained period. Within Trafford an aging population with comorbidities has contributed to increased levels of activity within urgent care across both Manchester and Trafford services.

Similarly, to other localities and areas around the country, Trafford urgent care services have all experienced significant challenges with rising activity levels, increased complexity of need, pressure on beds and in enabling safe and effective discharge. This has meant that the services within the community to support people at home and reduce the need for admission to hospital are becoming even more vital. Urgent Care community services are needing to manage higher levels of demand, acuity, and complexity than traditionally offered. People often have health and social care needs which means that the service offer needs to be provided through a multi-disciplinary approach, with teams working in collaboration with other services. This needs staff with different, developed, and enhanced skills.

Within Trafford our community response service consists of a range of specialists including; Nurses, Social Workers, Therapists and pharmacists.

Trafford Community Response (TCR)

Trafford Community Response (TCR) is part of the TLCO and provides assessment and short-term interventions including crisis intervention and supported hospital discharge with therapy / nursing input where required.

There are four main aims of TCR:

- Support people to remain at home
- Help people avoid going into hospital unnecessarily.
- Help people return home from hospital as soon as they are medically safe to do so

- Prevent people from having to move into a residential home until they really need to.

Services in the TCR will be integrated with health and social care colleagues forming specialist community teams. The service will provide the 2-hour crisis response, support hospital discharge with nursing, social work and therapy input and will over the coming months work to integrate more community services such as Community Intravenous Therapy service (CIV).

The TCR is designed to be a short-term intervention with possible onward referral to another service(s) if appropriate, including other parts of the wider Trafford system service.

The role of the service is to prevent hospital admission and attendance at urgent care services by assessing, diagnosing, and treating people experiencing a health and social care crisis that requires an inter-disciplinary intervention. The team supports a clinical triage process, supporting the point of entry into the Trafford Community Response service. This includes the Northwest Ambulance Service referral via 999 or 111 as well as via ambulance crews on scene. The team provides an intensive support service for up to 48 hours, before either discharging the person, or making onward appropriate referrals.

Integrated Crisis and Rapid Response – Alternative to Transfer (ATT)

The Trafford ATT Service is provided by Mastercall Healthcare. The service is for referrals directly from NWAS or from a Care Home. The service is for those patients where their condition is not life-threatening, but they may be at risk of admission that day due to a medical need. The service provides advice, guidance, and medical intervention where necessary. A senior clinical assessment takes place with a GP who can also arrange to visit the patient in their own home or refer on appropriately.

- Patients can be referred into the service via 999/111/NWAS pathways, GMCAS and Care homes directly
- The service is available 24 hours a day 365 days a year including Bank Holidays
- The ATT service triages all referrals and offer an appropriate response to the presenting issue. This may entail management digitally or through a face-to-face visit, verbal treatment advice, reassurance, or signposting.
- Urgent medical care resolution- potential follow up with Primary Care within the 2-hour response time
- All age all conditions Minimal exclusions
- Short-term assessments and interventions for people in their own homes or place or residence/on scene resolution (to be left in place of safety i.e. in a building)
- All ages in Trafford (no under 2 unless red refusal); any Trafford resident or Out of Area patient within the locality on scene
- GPs supported by wider MDT consisting of ACP/CP/TN/Pharmacist (meds management team)
- ATT/+ is Paramedic and Care Home referral 24/7. Referrals are also accepted from Greater Manchester Clinical Assessment Service (GMCAS) and LCAS directly booked.

The service also supports Red Refusals (unless under 2) within the community via NWAS.

The ATT service is a well-established service within Trafford. The developments taking place around the establishment of a Trafford Community Response also provides further opportunity to integrate and join up the different services available within the locality.

Integrated Crisis and Rapid Response – Trafford Patient Assessment Service (TPAS)

TPAS is the Clinical Assessment Service provided by Mastercall Healthcare who is the Out of Hours (OOH) provider for the Trafford locality. The TPAS supports the Urgent Treatment Centre (UTC) at Trafford General Hospital (TGH) for people who have been referred to the service via 111/999 or another alternative route such as GPs, OOH, ATT, Community Health & Social Care and received an outcome of attend the UTC at TGH.

Most cases that are referred to the TPAS are closed as advice and/or a prescription and do not need to see anyone face to face. Others are referred or booked into an appropriate service if they cannot be closed following initial conversation/consultation. This direct booking will also be undertaken by the TPAS and could be to a range of services across the system that are now interconnected because of the direct booking functionality including UTCs, Emergency Departments and Primary Care.

Clinical Assessment Service models are a key component mandated in the Integrated Urgent Care (IUC) service specification that turned the 111 signposting and referral service, primarily manned by call handlers with junior clinical support, into a full clinical service for Trafford.

Mastercall runs the TPAS service 8am-8pm in line with UTC operating times (note the TPAS operates 8am-8pm and is separate to the GMCAS).

All the service above will reduce the number of unplanned admissions to hospital for chronic ambulatory care sensitive conditions and emergency hospital admissions following a fall for people over the age of 65.

Falls

Within Trafford there are four priority areas in relation to falls:

1) Promote awareness of falls prevention to our residents and increase availability of strength and balance activity for older people.

2) Raise awareness and provide training for health and social care staff of the importance of falls prevention, and support them in delivering evidence based interventions

3) Focus particularly on preventing falls in Care Home and Social Care settings, including Home Care and unpaid carers, including exploring the increase of TEC and 1:1 additional support, additional training for the care home settings has also been provided including the encouragement of the adoption of the Safe Steps and Restore2 tools.

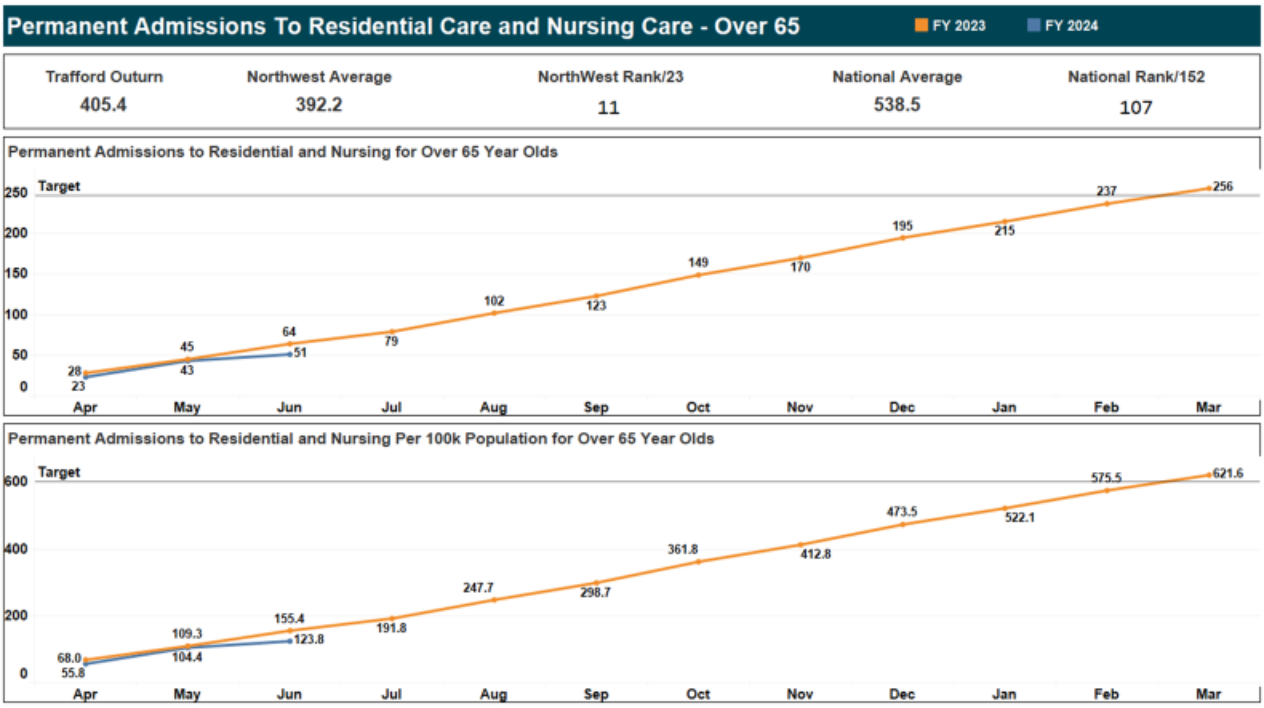
4) Review, revise and embed local falls prevention pathways. Trafford patients who experience a fall and are appropriate for lifting and support rather than conveyance to hospital are referred to the THT falls service via NWAS and will be lifted within their own place of residence.

In addition to this Trafford are also part of a wider GM Falls scheme provide s additional resilience to residents who may have experienced a fall.

Residential and Nursing Care Home admission

Our figures for long term admission continue to decrease year on year as more people choose to stay living at home with care and support . The reablement service we offer together with TEC builds peoples' confidence in making that decision. We only accommodate people in residential and/or nursing care homes where their needs cannot be met safely anywhere else. We have also funded a system Discharge to Assess (D2A) Programme non recurrently, which include GP an integrated assessment service to support discharge pathway choice for people in and out of D2A, therapy support as well as provision of beds and homecare. We continually review and skill up our reablement service to be able to meet the needs of people being discharged from hospital. Outcomes are continually monitored to look at how performance can be improved. Through our Section 75 we have invested in a crisis response service which will support this cohort of patients to stay well at home.

Long-term admission to residential care from D2A beds, is already low, and we are seeking to further reduce this through the expansion of the Rapid MDT which enables people to return home much more quickly. In addition, we have established a new post which will focus on ho using pathways where there is a barrier to someone returning directly home.



National Condition 3

Adults Discharge Fund (ADF)

We have six schemes funded through the ADF as detailed in the BCF Planning template (Excel). To maintain patient flow, the speed, complexity, and numbers of people being discharged has significantly increased along with the unit costs. Trafford has the highest bed cost in Greater Manchester. The cost of D2A beds is in keeping with these rates particularly as the speed with which people enter and leave D2A beds means that the care home staff have an average of 15 times the amount of assessment and discharge work that they have to do for every D2A bed as compared with an ordinary long-term bed. Our targets are 60 people per week which is an increase of 10 on last year. This is putting significant impact on our budget which is not fully offset by the ADF given that bed rates and homecare rates have increased considerably in line with the commitment to pay the Real Living Wage and inflationary increases which have hit the care sector particularly hard. In addition, many of our providers pay more than the Real Living Wage to attract and keep staff and maintain a safe service. We also commission Health D2A beds which are for people who require longer-term placements and support which cannot be provided at home, whilst they await a planned clinical intervention. Our GPs are unable to provide a comprehensive primary care service to our residents and the ADF has funded a contribution to the costs of the contract with a single practice to provide D2A cover. This arrangement enables the provision of complex support to the homes and facilitates the provision of continuity of support together with building close working relationships with the staff in the care homes. In addition, pharmacy support to people in D2A beds is also partially supported through the ADF. This alleviates the pressure on care homes and pharmacies due to the numbers being discharged and prevents the risk of people not having the right medication at the right time.

Trafford Resilient Discharge Programme

The Trafford system has reviewed our High Impact Change Model for transfers of care as part of our Strategic Locality Resilient Discharge Programme (RDP). This programme is aimed at ensuring compliance with; national guidance, clinical safety, providing quality care at the right time and meeting our ambition to ensure that our people can remain Living Well at Home or to a place of residence which meets their assessed needs and outcomes.

Our model of care delivers:

- Acute Trust 'Back to Basics' workstream is to develop a greater understanding of community resources to ensure people are discharged in accordance with our 'Home First principles' are at the point of discharge planning.
- Pathway 3 Discharge to Assess block and spot residential and nursing beds, commissioned within local Care Homes. Our demand modelling has developed since 2017, when we initially embarked on our D2A offer in Trafford.
- To support the timely assessment of residents within Discharge to Assess beds, a Rapid MDT Assessment Team has been established. This multi-disciplinary includes occupational therapy, physiotherapy, nursing, and social care to enable an initial MDT assessment to be undertaken within 48 of admission to a D2A bed. In addition to improving delivery of assessment within the 28-day target for D2A beds, this model ensures that people are on the correct pathway, enabling a change in pathways if clinically. Professionally appropriate

and wherever possible supporting residents to return home. This team subsequently acting as an additional safeguard to support the over prescription of long-term residential care.

- The Rapid MDT model and infrastructure is provided by the Urgent Care Control room as part of its wider system support to provide timely and effective discharge through joint working across the social and health system.
- A small pilot where we adopted the Rapid MDT methodology identified that our people were returning home sooner and between 10-20 days than would have typically been expected with Social Care only interventions.

Community IV Therapies – Delivery of IV in Community to avoid use of hospital capacity

Trafford has a dedicated Community IV service that is provided via the TLCO. This service was commissioned to provide support to 15 patients per month that otherwise would have been in an acute setting/hospital bed.

The IV service supports patients and the local system by:

- Increased patient experience;
- Providing care closer to home;
- Reduction in hospital acquired infection;
- Joined up integrated working between the hospitals and community teams;
- Improvement of patient choice;
- Facilitates early discharge
- Reduces patient admission waiting times by freeing up beds;
- Attendance and admission avoidance (for step up patients)

The Trafford Community IV therapy service aims to ensure the development of:

- An accessible and responsive service that provides patient-centred care either in a patient's home or in an ambulatory clinic setting.
- Provide a service to all Trafford GP registered patients requiring IV therapy in the community. The provision of service delivery for both step-up and step-down patients.
- A focus on outcomes To establish pathways to take patients from A&E, Ambulatory Care, GPs, and the Community Equitable access to the service across the whole of the borough.
- Integration with the local health and social care system.
- Manage patient and public expectations.
- Collaboration and engagement between providers.
- Consistent and proactive use of Shared Care records

Most patients that have been able to access the service have been stepped down from an acute setting; reducing length of stay and reducing the risk of hospital acquired infection/pneumonia whilst providing care closer to home. There is also a cohort of patients within the community who can be stepped up into IV via a community referral usually via a GP or Community service. This then supports both an ED attendance and hospital admission whilst also ensuring the patients can be treated or managed within their own homes where appropriate.

Trafford locality is working with the TLCO to scope the opportunity for enhancement of the service within the locality and the implications for the IV service with the development of the Hospital at

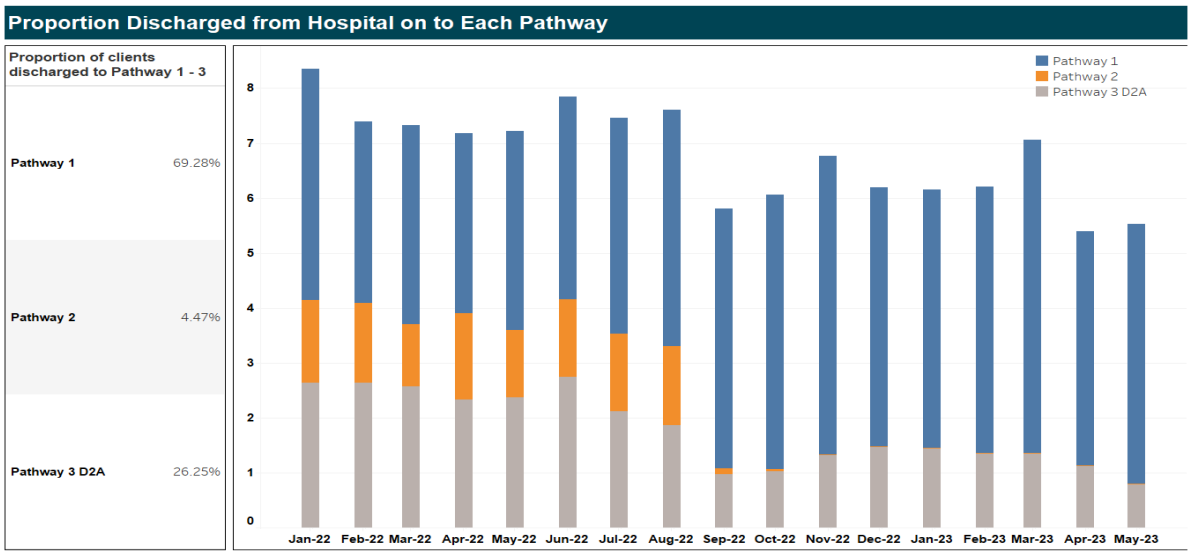
Home programme (incorporating virtual wards) and the enhancement of the Trafford Community Response service

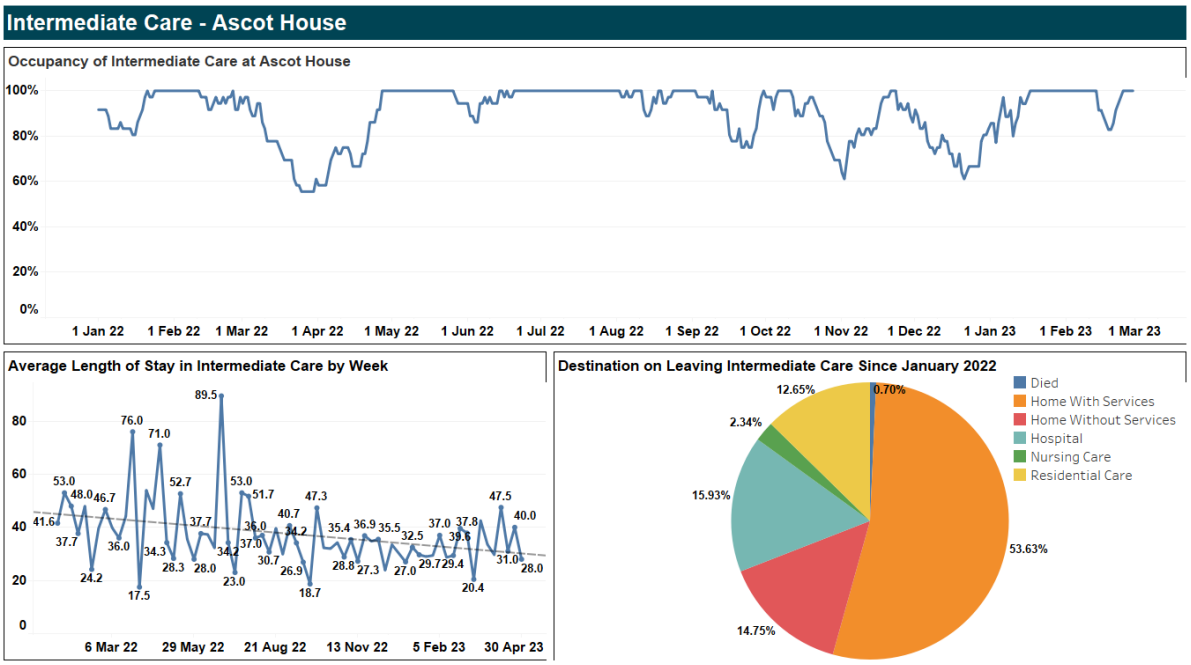
Voluntary Community Faith Social Enterprise (VCFSE) & Statutory Services

Statutory services and our commissioned care and support providers cannot possibly deliver everything for our residents. Consequently, we have decided to invest further in our V CFSE sector to deliver our Living Room projects where our people can attend to not only stay warm but also to engage in meaningful activities including; homework clubs, coffee mornings, afternoon tea, yoga, meaningfulness sessions etc. Further support for our 'Living Rooms' can be found at Trafford Community Hubs (traffordhubs.org)

For example, The Toy House is an inspirational community asset which provides local support to the residents of Urmston (West Trafford locality) and neighbouring areas. They provide a timetable of person-centred activities across an all ages from new mothers, people experiencing mental health associated needs ,older aged adults and adults with a learning disability. The Toy House have asked for additional support to 'grow' their volunteer workforce and we think by promoting our Personal Assistant (PA) offer for those in receipt of Direct Payments (DP's) or Personal Health Budgets (PHB's) is an opportunity to develop a structured approach into paid employment.

As detailed in response to National Condition 2, Ascot House is the long standing provider of intermediate care provision in Trafford. The monitoring of capacity and demand and utilisation of 36 bedded provision is monitored via Trafford's Discharge to Assess Assurance Dashboard which reports to Trafford Provider Collaborative on a quarterly basis. This demonstrates that the current 36 intermediate care beds commissioned are sufficient to meet demand, including periods of increase in demand such as over Winter. Please find current rates of discharges per discharge to Assess pathway and the utilisation of Ascot House below:





As 14.75% of people returning home from Ascot House with no further input from services, this may indicate that there is a over-prescription in the use of bed based rehabilitation and an opportunity for more people to return directly home from hospital with therapy support. This opportunity will be tested through the introduction of the Pathway 1 Discharge to Assess support within the new Trafford Community Response service and the additional community occupational therapy and physiotherapy this provides. The impact of the introduction of this service on the utilisation of Ascot House beds will be closely monitored over the next 12 months, with the outcomes considered within the current review of Trafford's Intermediate Care Model.

Additional Staffing in Care Hub & Control Room

We know that sometimes, people remain in hospital longer than necessary due to reasons which pertain to their accommodation related needs. It may be an environmental issue, health and safety or personal issue. Whilst the needs of the people which fall into the above category may not have 'eligible' care and support needs (under the Care Act, 2014 (Statutory Duty for Local Authority), ensuring people can leave hospital is the right thing to do.

Consequentially, we have secured additional capacity to address the complex housing related issues, our people face by employment of a dedicated Lead (fixed term contract 23/24). Further, we are working more closely with our Housing colleagues to ensure hotel capacity is brokered where required.

Social Work Resource in Emergency Department

We recognise that on occasion our residents are admitted to hospital due to non-medical reasons where they could be cared for at home. We have therefore agreed we will pilot the presence of a Social Worker in the Emergency Department of Wythenshawe Hospital to see if this model would be effective to support our residents more holistically as opposed to a hospital admission.

Early Supported Hospital Discharge-Rapid MDT

We know that once our residents are discharged from hospital and enter our D2A provision, more than 87% of people return home.

This may be because of several reasons, but we believe if we had a Health & Social Care model which met people on their first day this may improve our residents' outcomes even further.

The Council have developed this pilot in partnership with, Greater Manchester Integrated Care, Manchester University Foundation Trust (MFT), who will be providing Occupational Therapy & Physiotherapy assessments & interventions to support individuals during this assessment period.

Provision of Equipment to enable Single Handed Care

The purpose of this project is to ensure our people receive a dignified and less restrictive level of care where their assessed needs have been identified as requiring the support of two registered carers. This project has been delayed due to difficulty in recruiting Occupational Therapy support.

By maximising a modern approach to equipment, this will result in care only being required to be delivered by one carer as opposed to two: maximising our workforce capacity

We learnt prior to the global pandemic, that this approach worked effectively for both our residents and workforce, and we want to build on this through 2023/2024.

The BCF and the iBCF form part of our approach to discharging some of our Care Act (2014) statutory duties and functions.

Provision of Advocacy

Advocacy Focus delivers a range of statutory advocacy: Independent Mental Health Advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA), Care Act Advocacy, NHS Complaints Advocacy, and Child Protection Advocacy (CPA). A recent addition of support delivered by Advocacy Focus is Peer Advocacy. There are 16 individuals that are members of the group. The service is also preparing for the introduction of LPS (Liberty Protection Safeguards), in the future, and is focusing on bringing the waiting lists down. The Trafford Advocacy Hub currently operates a waiting list due to high demand on services. They are fully staffed in line with our original budget and additional funding has been provided to extend capacity in line with demand. When Advocacy Focus took over the contract in 2018, 71 eligible cases were handed over and active within the service, today they work with an average of 211 people which is a 197% increase in demand.

Quality Assurance & Improvement

We have developed a Quality Assurance Lead to ensure that the care people receive of a high standard and is informed by our people's voice. The post holder also ensures that we have effective, safe, and good quality assurance to enable us to discharge our statutory duties and identify any subsequent learning. The Council commissioning team has co-produced an i-Tool with providers and this tool measures the quality of service. The team work closely with the providers to ensure best practice and develop and monitor improvement plans where there are concerns about the quality of a service. We have monthly meetings where the ICB, TLCO and the Council review the quality of commissioned provision across the system.

Urgent Care Control Room

We have temporarily increased our capacity across both Social Care and Health Assessment and Commissioning resources to ensure that we can support as many people as possible to return to their natural place of residence. The demands on data requests and greater assurance, visibility across the system has further increased, resulting in additional positions initially being tested as a 'proof of concept'.

Supporting unpaid carers

The Trafford system BCF plans and BCF funded services consider support for unpaid carers, and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

Respite for Carers

The Trafford system is committed to ensuring that our people can receive the right care at the right time. In order to achieve this, we are developing in collaboration with a homecare provider an overnight support service for our residents during times of need (including overnight7 days a week). This usually occurs when their informal carer has become unwell or has been admitted to hospital.

This approach will ensure that the person being 'cared for' will be able to remain in their own home and will avoid any further distress/unrest or hospital admission. Our Social Care and Health workforce would then undertake an assessment of the person's needs the following working day.

Supporting Health & Wellbeing of Carers

The Carers Centre is a substantial resource for our informal carers, and they have requested support to ensure that our carers are aware of the support that is available to them specifically where their loved one is in a hospital setting. Our Carers Ambassadors will be available initially at our Wythenshawe hospital site and will provide additional resources to enable our carers to make informed decisions.

We believe that all carers have the right to be recognised, respected, valued, and supported both in their caring role and as individuals in their own right. Trafford Carers Centre support our carers through the provision of counselling, digital support, direct payments and information and advice. The Council and the ICS work in partnership with the Carers' Centre to ensure that where the independent assessments carried out by the Carers Centre recommend respite, that Carers breaks are available. Advice, information, and signposting is also provided by our Citizens Advice Bureau, in-house welfare services and our local community hubs.

From April to June 2023, the Centre achieved the following:

The Centre also offers Carers Awareness Training and support the roll out of our Employers for Carers initiative. We have funded a hospital discharge project to support carers of people who are being discharged from Trafford General Hospital. The outcomes are extremely positive at Q1 – A worker has been recruited to lead the work. Drop-ins have been established on each ward and awareness raising events held. The Hospital Discharge lead is now in the process of establishing carers' champions on each ward, together with establishing a carers' group. The lead has also raised awareness generally. The events have led to 28 new referrals for information and support.

Disabled Facilities Grant (DFG) and wider services

The Trafford system works collaboratively across health, housing and social care to maximise the availability of accessible housing to enable people to live for longer in their own homes. We consider all aspects of a person's life – not just the accessibility of their home, but also their access to local facilities and the community. We ensure that where possible, people are offered viable housing alternatives to adaptations, which are often extremely disruptive. We also offer grants to support the move. Where these are not available or desirable, we work with the family to develop a cost-effective solution to maintain independence. We consider the lifetime needs of the disabled person in designing an outcome. Our Older People's Housing Strategy outlines several actions to improve our range of housing choices from providing information to encouraging the development of more extra-care housing to support our population. The actions in this plan are regularly updated.

Older-Peoples-Housing-Strategy-2020-25-A-Plan-on-a-Page.pdf (trafford.gov.uk)

At a Greater Manchester level, we have developed a Healthy Homes initiative and we are seeking additional funding in order to implement the same offer of support across all GM boroughs. We meet regularly to share best practice at a strategic level. Managers of the Adaptations team also meet regularly to discuss operational issues.

GM Healthy Homes Final Report Jan 2023

We also have a number of Ageing Well initiatives to support people earlier on in their care journey, preventing hospital admission and maintaining optimum health for as long as possible. In addition, we also support older people to remain happy and healthy through our Age Well Plan which is based on the WHO Age Friendly Community approach. Age Well Plan (traffordpartnership.org) We work closely with the planning department and our Registered Providers to maximise the availability of

extra care provision within the borough which meets HAPPI standards and are in the process of developing our Market Position Statement for older people to provide a framework for this discussion. The number of adaptations requested are now increasing as we receive more OT assessments from an externally commissioned provider. We regularly review and report back on activity.

Adaptations Report May 23.docx

Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? (Y/N)

Yes - We agreed an RRO in 2018 to enable the provision of

- Moving Assistant Grant – this provides support to people who would live a better life if they moved to an alternative property. The take up of this grant has been very low and we are working with our Registered Providers to promote it again. There is no upper limit for this provision.
- The increase of the DFG upper limit to £50,000 – this particularly supported adaptations for families where there is a disabled child. The table below details those adaptations which are in excess of £50,000 – there is no upper limit in line with our statutory responsibility (and case law) to meet need.

E	F	G	H	I	J	K
details	gross_grant	certified	landlord (owners left blank)	Age		
a ground floor facilities	50,958.03	20-Jun-19	Irwell Valley Homes	47		
a ground floor bedroom and shower room facilities	61,769.60	26-Jul-19		55		
a ground floor bedroom and bathroom with hoist	56,730.05	30-Aug-19		12		
a ground floor facilities	63,549.43	26-Sep-19		35		
a ground floor bed/shower room	64,820.84	11-Mar-20		62		
a ground floor facilities, wheelchair access to property	58,878.13	02-Jul-20		68		
a aquanova scorpio 1800 bath, ramped access rear & fro	55,849.79	09-Mar-21	L&Q	65		
a ground floor bedroom/shower room	57,777.55	16-Mar-21	L&Q	6		
access to front/back garden & ground floor bed/shower ro	68,933.33	18-Jun-21		6		
a ground floor facilities bedroom & wetroom	51,513.36	14-Mar-22	L&Q	83		
a ground floor wheelchair accessible bedroom & shower r	81,804.71	14-Dec-22	L&Q	55		
a ground floor facilities	117,436.77	10-Mar-23	Irwell Valley Homes	12		
a ground floor facilites	84,759.64	14-Apr-23		6		
a ground floor facilities	69,853.40	25-May-23	L&Q	7		
a ground floor facilities	82,437.26	09-Jun-23	L&Q	44		
a ground floor wetroom and clos o mat	60,711.73	13-Jun-23	L&Q	38		
a ground floor facilities	78,796.75	16-Jun-23		6		
a ground floor facilities	66,915.80	11-Jul-23		5		

Equality and health inequalities

Via our established system governance, the Trafford system is working with people, communities and partners, particularly in deprived areas, to improve the physical and mental health of all our residents. The diversity of Trafford's population is one of our greatest strengths and we want all our neighbourhoods to have thriving and healthy communities. However, some groups are currently

disadvantaged – not just in life expectancy but in areas such as housing and poverty that can contribute to poorer health. The recent published Census and our local analysis has helped informed targeted support and activity in our neighbourhood model.

Our ambition to reduce health inequalities is driven by our Health and Wellbeing Board Strategy and Trafford Locality Board and operationalised through our Trafford Provider Collaborative Board which oversees effective delivery of the schemes contained within the BCF. These governance arrangements also ensure that organisational health inequality strategies are connected and that efforts to tackle inequalities across our Trafford Integrate Care Partnership are effectively deployed – including GM system Board efforts to address the priorities laid out in NHS Core 20 Plus 5.

Our Neighbourhood plans, which include priority pathways for change that address inequalities, are planned, designed, and delivered in our four Neighbourhoods. A series of 6 coproduction workshops in each neighbourhood with Trafford citizens and stakeholders have gathered local intelligence to reinforce the PCN, public health and census data which has informed the first iteration of neighbourhood plans – with outcome data being shared back through formal governance via our Locality Performance Framework.

Where applicable, the schemes within our BCF Plan have taken into account the NHS Core 20 Plus 5 clinical areas of focus (Maternity; Severe mental illness (SMI); Chronic respiratory disease; Early cancer diagnosis; Hypertension) and work to ensure these areas are addressed is governed through our Trafford Provider Collaborative Board, with wider support and scrutiny from the Health and Wellbeing Board and specific GM forums.

Conversations have started through Locality Board and Health Scrutiny on planning to support differential neighbourhood spend based on need, to improve outcomes and reduce inequalities. Engagement with the population at Neighbourhood level has commenced in our dedicated Long-Term Conditions and Mental Health programmes, so that services can be shaped to reduce inequalities and prevent the need for urgent care.

This page is intentionally left blank

BCF Planning Template 2023-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.

5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs
- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.
- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.
- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where ‘Social Care’ is selected and the source of funding is “NHS minimum” then the planned spend would count towards eligible expenditure on social care under National Condition 4.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:
https://future.nhs.uk/bettercareexchange/view?objectId=143133861
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
- For 2023-24 input planned levels of emergency admissions
- In both cases this should consist of:
    - emergency admissions due to falls for the year for people aged 65 and over (count)
    - estimated local population (people aged 65 and over)
    - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.
Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Trafford	
Completed by:	Natalie Foley	
E-mail:	Natalie.Foley@nhs.net	
Contact number:	07785 725 603	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Thu 20/07/2023	<< Please enter using the format, DD/MM/YYYY

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Councillor	Jane	Slater	jane.slater@trafford.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Mark	Fisher	mark.fisher11@nhs.net
	Additional ICB(s) contacts if relevant	Trafford Place Based Lead	Sara	Todd	Sara.Todd@trafford.gov.uk
	Local Authority Chief Executive		Sara	Todd	Sara.Todd@trafford.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Nathan	Atkinson	Nathan.Atkinson@trafford.gov.uk
	Better Care Fund Lead Official	Joint for Trafford ICB	Gareth	James	gareth.james1@nhs.net
	LA Section 151 Officer		Graeme	Bentley	Graeme.Bentley@trafford.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Capacity&Demand	Yes
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Trafford

Income & Expenditure

Income >>

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£2,469,979	£2,469,979	£2,469,979	£2,469,979	£0
Minimum NHS Contribution	£19,396,441	£20,494,280	£19,396,441	£20,494,280	£0
iBCF	£8,224,415	£8,224,415	£8,224,415	£8,224,415	£0
Additional LA Contribution	£3,280,000	£500,000	£3,280,000	£500,000	£0
Additional ICB Contribution	£1,184,270	£1,184,270	£1,184,270	£1,184,270	£0
Local Authority Discharge Funding	£1,153,050	£1,922,000	£1,153,050	£1,922,000	£0
ICB Discharge Funding	£1,044,156	£1,606,278	£1,044,156	£1,606,278	£0
Total	**£36,752,312**	**£36,401,222**	**£36,752,311**	**£36,401,222**	**£1**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£5,511,918	£5,823,893
Planned spend	£11,928,113	£12,603,244

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£7,468,328	£7,891,035
Planned spend	£7,645,460	£8,091,035

Metrics >>

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	193.2	169.8	185.3	135.9

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,067.9	2,003.0
	Count	936	917
	Population	41946	42394

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.5%	91.5%	91.5%	91.5%

Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	816	559

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	92.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board: Trafford

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month.
The template aligns tothe pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabilitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.
Further detail on definitions is provided in Appendix 2 of the Planning Requirements.
The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:
- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.
You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:
- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.	For predicted VCSE numbers, the BRC are currently carrying out a test of change where they are working closley with the interaerted discharge teams based in the acute hospital setting.we are awaiting the results of this project. The reablement numbers are based on the avergae number of clients we have accesing those services in a month. The capacity figures are for community reablement are based on the maximum number of people we have placed in a day and the D2A daily capacity has been calculated by using the average occupancy There is nothing included for Short term domiciliary care (pathway 1) as we don't provide this, we operate a SAMS model and have included this demand/capacity under reablement at home (pathway 1).

Complete:	
3.1	Yes
3.2	Yes
3.3	Yes
3.4	Yes

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Demand - Hospital Discharge Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	Social support (including VCS) (pathway 0)	12	12	12	12	12	12	12	12	12	12	12	12
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	Reablement at home (pathway 1)	40	40	40	40	40	40	40	40	40	40	40	40
	Rehabilitation at home (pathway 1)												
	Short term domiciliary care (pathway 1)												
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	Reablement in a bedded setting (pathway 2)												
(Please select Trust/s.....)	Rehabilitation in a bedded setting (pathway 2)	28	28	28	28	28	28	28	28	28	28	28	28
(Please select Trust/s.....)	Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	36	36	29	29	29	30	30	34	36	36	36	36
Totals	**Total:**	251	251	244	244	244	245	245	249	251	251	251	251

3.2 Demand - Community

Demand - Intermediate Care Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	18	18	18	18	18	18	18	18	18	18	18	18
Urgent Community Response	54	75	74	87	69	106	129	114	147	123	99	107
Reablement at home	6	6	6	6	6	6	6	6	6	6	6	6
Rehabilitation at home												
Reablement in a bedded setting	4	4	4	4	4	4	4	4	4	4	4	4
Rehabilitation in a bedded setting												
Other short-term social care												

3.3 Capacity - Hospital Discharge

Capacity - Hospital Discharge Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	18	30	30	30	30	30	30	32	33	33	32	30
Reablement at Home	Monthly capacity. Number of new clients.	76	76	76	76	76	76	76	76	76	76	76	76
Rehabilitation at home	Monthly capacity. Number of new clients.												
Short term domiciliary care	Monthly capacity. Number of new clients.												
Reablement in a bedded setting	Monthly capacity. Number of new clients.												
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	36	36	36	36	36	36	36	36	36	36	36	36
Short-term residential/nursing care for someone likely to require a longer-term care home placement	Monthly capacity. Number of new clients.	41	41	36	36	36	36	37	42	45	45	45	45

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
ICB	LA	Joint
	100%	
50%	50%	100%
100%		
20%	80%	

3.4 Capacity - Community

Capacity - Community Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	30	30	30	30	30	30	30	32	33	33	32	30
Urgent Community Response	Monthly capacity. Number of new clients.	216	300	296	348	276	425	516	456	588	492	396	426
Reablement at Home	Monthly capacity. Number of new clients.	15	15	15	15	15	15	15	15	15	15	15	15
Rehabilitation at home	Monthly capacity. Number of new clients.												
Reablement in a bedded setting	Monthly capacity. Number of new clients.	5	5	5	5	5	5	5	5	5	5	5	5
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.												
Other short-term social care	Monthly capacity. Number of new clients.												

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
ICB	LA	Joint
	100%	
100%		
20%	80%	100%
	100%	

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board: Trafford

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Trafford	£2,469,979	£2,469,979
DFG breakdown for two-tier areas only (where applicable)		
Total Minimum LA Contribution (exc iBCF)	**£2,469,979**	**£2,469,979**

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Trafford	£1,153,050	£1,922,000

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Greater Manchester ICB	£1,044,156	£1,606,278
Total ICB Discharge Fund Contribution	£1,044,156	£1,606,278

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Trafford	£8,224,415	£8,224,415
Total iBCF Contribution	**£8,224,415**	**£8,224,415**

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Trafford	£1,289,000	£500,000	Additional contribution to Hospital Discharge Costs
Trafford	£1,991,000	£0	Reserve carry forward
Total Additional Local Authority Contribution	**£3,280,000**	**£500,000**	

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Greater Manchester ICB	£19,396,441	£20,494,280
Total NHS Minimum Contribution	**£19,396,441**	**£20,494,280**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	Yes

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
NHS Greater Manchester ICB	£1,184,270	£1,184,270	Additional charitable grants and contracts identified in
Total Additional NHS Contribution	**£1,184,270**	**£1,184,270**	
Total NHS Contribution	**£20,580,711**	**£21,678,550**	

	2023-24	2024-25
Total BCF Pooled Budget	**£36,752,312**	**£36,401,222**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2023-25 Template

5. Expenditure

Selected Health and Wellbeing Board: Trafford

<< Link to summary sheet

Running Balances	2023-24 Income	2023-24 Expenditure	2023-24 Balance	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£2,469,979	£2,469,979	£0	£2,469,979	£2,469,979	£0
Minimum NHS Contribution	£19,396,441	£19,396,441	£0	£20,494,280	£20,494,280	£0
iBCF	£8,224,415	£8,224,415	£0	£8,224,415	£8,224,415	£0
Additional LA Contribution	£3,280,000	£3,280,000	£0	£500,000	£500,000	£0
Additional NHS Contribution	£1,184,270	£1,184,270	£0	£1,184,270	£1,184,270	£0
Local Authority Discharge Funding	£1,153,050	£1,153,050	£0	£1,922,000	£1,922,000	£0
ICB Discharge Funding	£1,044,156	£1,044,156		£1,606,278	£1,606,278	£0
Total	**£36,752,312**	**£36,752,311**	**£1**	**£36,401,222**	**£36,401,222**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24 Minimum Required Spend	2023-24 Planned Spend	2023-24 Under Spend	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£5,511,918	£11,928,113	£0	£5,823,893	£12,603,244	£0
Adult Social Care services spend from the minimum ICB allocations	£7,468,328	£7,645,460	£0	£7,891,035	£8,091,035	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

>> Incomplete fields on row number(s):

58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

									Planned Expenditure						
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding
29	D2A Beds	Temporary beds to expedite hospital discharges	Residential Placements	Short term residential care (without rehabilitation or reablement input)		4	12	Number of beds/Placements	Social Care		LA			Private Sector	Local Authority Discharge
30	Homecare (D2A)	Temporary homecare packages to expedite hospital discharges	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		50864	71211	Hours of care	Social Care		LA			Private Sector	Local Authority Discharge
31	Health D2A Assessments	Temporary beds to expedite hospital discharges	Residential Placements	Short term residential care (without rehabilitation or reablement input)		37	80	Number of beds/Placements	Continuing Care		NHS			Private Sector	ICB Discharge Funding
32	GP Cover	GP cover for residents in D2A beds	Residential Placements	Other		75	107	Number of beds/Placements	Primary Care		NHS			NHS	ICB Discharge Funding
33	Medicines Management	Pharmacy cover for residents in D2A beds	Residential Placements	Other		75	107	Number of beds/Placements	Primary Care		NHS			NHS	ICB Discharge Funding
34	D2A Beds	Temporary beds to expedite hospital discharges	Residential Placements	Short term residential care (without rehabilitation or reablement input)		4	4	Number of beds/Placements	Social Care		LA			Private Sector	ICB Discharge Funding
35	D2A Beds	Temporary beds to expedite hospital discharges	Residential Placements	Short term residential care (without rehabilitation or reablement input)		30	11	Number of beds/Placements	Social Care		LA			Private Sector	Additional LA Contribution
36	1:1 hours	Cucumber Scheme	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes	1:1 hours deployed by LA to support				Social Care		LA			Private Sector	Additional LA Contribution
37	Additional Staff ing in Care Hub and Control room	Additional capacity in the care hub and control and Admin and analytical support	Workforce recruitment and retention						Social Care		LA			Private Sector	Additional LA Contribution
38	Handy Person service	Additional capacity in the adaptations service to prevent delayed discharges.	High Impact Change Model for Managing Transfer of Care	Housing and related services					Social Care		LA			Private Sector	Additional LA Contribution
39	Training	Enhanced Training to providers and Personal Assistants	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Private Sector	Additional LA Contribution
40	Trusted Assessor	Pathway 1 including overnight care and Trusted Assessment with Homecare providers	High Impact Change Model for Managing Transfer of Care	Trusted Assessment	Person centred trusted assesments				Social Care		LA			Private Sector	Additional LA Contribution
41	Homecare Capacity	Enhancing capacity in homecare through the provision of transport to care	Home Care or Domiciliary Care	Domiciliary care workforce development		26000	26000	Hours of care	Social Care		LA			Private Sector	Additional LA Contribution
42	Equipment	Provision of equipment to enable single handed care.	Assistive Technologies and Equipment	Community based equipment		106	0	Number of beneficiaries	Social Care		LA			Private Sector	Additional LA Contribution
43	Support for Care Homes	to provide one off support payments to care homes to assist with market	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			Private Sector	Additional LA Contribution

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.

12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermeditate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board: Trafford

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	194.3	170.8	185.2	166.0	The 22/23 outturn was 687.56 against a plan of 759 - so 11% better than plan. This is the 2nd best rate in GM and significantly better than the GM average of 907 and national average of 772. As such, I have added in a modest 1% reduction for 23/24.	We are continuing to develop and improve this indicator through a range of initiatives within the locality. This will be achieved through working with system partners and commissioned providers to ensure that where possible reductions are made in avoidable admissions. The Manchester and Trafford system are also
	Number of Admissions	487	428	464	-		
	Population	236,370	236,370	236,370	236,370		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
	Indicator value	193.2	169.8	185.3	135.9		

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,159.1	2,067.9	2,003.0	Target for falls in over 65's for BCF 23/24. The figures for the number of falls in 21/22 and 22/23 were 939 and 936 respectively. This gave age standardised rates per 100,00 pop of 2,162 and 2,068 – roughly in line with national average of 2,100. A further reduction of 2% is factored in for 23/24 resulting from the 4 priority areas	Within Trafford there are four priority areas in relation to falls: 1) Promote awareness of falls prevention to our residents and increase availability of strength and balancy activity for older people. 2) Raise awareness and provide training for health and social care staff of the importance of falls prevention, and support them in delivering evidence based
	Count	935	936	917		
	Population	41,469	41946	42394		

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	91.6%	91.5%	90.9%	91.6%	Discharge to usual place of residence 22/23 - outturn of 91.1%, just below target but .6% point improvement on 21/22 figure of 90.5%. Rise from 8th to 6th in GM. Aim for 22/23 is to further improve and reach the GM average of 91.5%.	We have strengthened our VCSE and extended it to support a 7 day discharge process for people on Pathway 0. The funding is time limited. The pathways home with reablement support have been streamlined, and work undertaken on ensuring correct referrals to make best use of limited resources - these actions should improve performance in these areas. MFT are also reviewing their
	Numerator	4,288	4,247	4,256	4,286		
	Denominator	4,681	4,643	4,680	4,680		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
	Quarter (%)	91.5%	91.5%	91.5%	91.5%		
	Numerator	4,300	4,300	4,300	4,300		
	Denominator	4,700	4,700	4,700	4,700		

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	815.6	552.0	580.3	558.6	We have commissioned a new suite of service responses to enable people to be discharged home with enhanced levels of support where required. We are currently reviewing this and enhancing our low level response and identifying how we can	Reduction of long-term admission to residential care from D2A beds, is already low, and we are seeking to further reduce this through the expansion of the Rapid MDT which eanbles people to return home much more quickly. In addition, we
	Numerator	338	234	246	240		
	Denominator	41,443	42,394	42,394	42,962		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	92.3%	92.0%	91.9%	92.0%	As a system we have continued to work across all areas to ensure that timely assessment is undertaken either within hospital or within a D2A bed. The D2A beds have had further support through the alignment of Primary care to individual	We have a number of meaures to increase independence and support people to remain at home following discharge including,; enhanced training for carers, syringe drivers for safe and dignfied end of life care, increased use of TEC, services
	Numerator	179	219	271	275		
	Denominator	194	238	295	299		

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated approval? *Paragraph 11* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? Have all elements of the Planning template been completed? *Paragraph 12*	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan
	PR2	**A clear narrative for the integration of health, social care and housing**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs *Paragraph 13* • The approach to joint commissioning *Paragraph 13* • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered *Paragraph 14* - Changes to local priorities related to health inequality and equality and how activities in the document will address these. *Paragraph 14* The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. *Paragraph 15*	Narrative plan
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? *Paragraph 33* • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? *Paragraph 33* • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? *Paragraph 34*	Expenditure plan Narrative plan Expenditure plan
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4	**A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**	Does the plan include an approach to support improvement against BCF objective 1? *Paragraph 16* Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? *Paragraph 19* Does the narrative plan provide an overview of how overall spend supports improvement against this objective? *Paragraph 19* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objctive and has the narrative plan incorporated learnings from this exercise? *Paragraph 66*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan
Additional discharge funding	PR5	**An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? *Paragraph 41* Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? *Paragraph 41* Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? *Paragraph 44* Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? *Paragraph 51* Is the plan for spending the additonal discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? *Paragraph 21* Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? *Paragraph 22* Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? *Paragraph 24* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 66* Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? *Paragraph 23*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? *Paragraphs 52-55*	Auto-validated on the expenditure plan

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? *Paragraph 12* Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? *Paragraph 12* Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? *Paragraph 73* Is there confirmation that the use of grant funding is in line with the relevant grant conditions? *Paragraphs 25 – 51* Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? *Paragraph 41* Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? *Paragraph 13* Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? *Paragraph 12*	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? *Paragraph 59* Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? *Paragraph 57*	Expenditure plan Expenditure plan

This page is intentionally left blank