

Agenda – Part 1 & 2 (Held in Public)

Trafford Locality Board Meeting

Date: Tuesday, 20 May 2025

Time: 1.00 pm

Venue: Meeting Room 9, TTH and via MS Teams

Item No.	Time	Duration	Subject	Paper/Verbal	For Approval/Discussion/Information	By Whom
1	1.00	5 mins	Apologies for Absence		Info	Chair
2			Declarations of Interest		Info	Chair
3			Minutes of the Meeting Held on 15 April 2025	1 - 8	Approval	Chair
4			Action Log & Matters Arising	9 - 10	Discuss/Info	Chair
5			Forward Plan	11 - 12	Info	Chair
6	1.05	5 mins	Public Questions	13 - 14	Discuss	Chair
7	1.10	15 mins	Finance Report			
7a			M12 Finance Report	15 - 24	Info	GJ
7b			25/26 Budget	To follow	Approval	GJ
Part 2: s75						
8	1.25	5 mins	BCF 24/25 Annual Report	To follow	Discuss/Info	
9			Any Other Urgent Business			Chair

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Minutes

Trafford Locality Board

Date: Tuesday, 15 April 2025

Time: 1.00 pm

Venue: Meeting Room 9, TTH and via MS Teams

Present	Apologies
<p>Jane Wareing (JW) GP Board Representative and Co-Chair Elizabeth Calder (EC) GMMH Gareth James (GJ) Deputy Place Lead for Health & Care Integration, NHS Greater Manchester Integrated Care Bernadette Ashcroft (BA) VCFSE Representative Heather Fairfield (HF) Healthwatch Kate Shethwood (KS) Public Health, Trafford Council on behalf of Helen Gollins Tom Rafferty (TRa), MFT as substitute for Darren Banks Sara Todd (ST) Trafford Place Lead for Health & Care Integration Charlotte Bailey (CB) Chief People Officer NHS GM Tom Ross (TR) Leader of Council and Co-Chair</p> <p>In attendance:</p> <p>Zahid Ahmed (ZA) GP Board Rep Maggie Kufeldt (MK) Interim Corporate Director of Adults & Wellbeing Jill McGregor (JM) Corporate Director of Children's Services Manish Prasad (MP) Associate Medical Director Cllr Karina Carter (KC) Cllr Jane Slater (JS) Ian Lurcock (IL) TLCO Pippa Dewhirst (PD) Governance Manager Thomas Maloney (TM) Programme Director Health and Care Sally Atkinson (SA) for item 12</p>	<p>Darren Banks (DB) Group Director of Strategy, MFT</p>

Item No.	Topic	Action
1	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Darren Banks.</p> <p>The Chair extended a welcome to Charlotte Bailey the new Chief People Officer at NHS GM.</p>	
2	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest received. Members were reminded to complete their declarations of interest form.</p>	
3	<p>MINUTES OF THE MEETING HELD ON 18 MARCH 2025</p> <p>RESOLVED: the minutes of the meeting held on the 18 March were approved as an accurate record.</p>	
4	<p>ACTION LOG & MATTERS ARISING</p> <p>The action log was reviewed.</p> <p>No 136 – KS advised that with regards to the flu data the public health team had undertaken a needs assessment and evidence review and the data was being analysed to understand patterns of uptake.</p> <p>No 140 – GJ advised that the s75 agreement was going through formal process at the Council to be agreed before it could be formally signed and sealed.</p>	
5	<p>PUBLIC QUESTIONS</p> <p>There were no questions received from members of the public.</p>	
6	<p>FORWARD PLAN</p> <p>RESOLVED: the forward plan was noted.</p>	
7	<p>GM INTEGRATED CARE PARTNERSHIP UPDATE</p> <p>TLB were provided with a report that provided an update to Trafford Locality Board (TLB or the board) on recent developments across the Greater Manchester (GM) Integrated Care System that affect the Trafford Locality. The report covered:</p> <ul style="list-style-type: none"> • NHS GM national staff survey 2024; • Working together in 2025/26 to lay the foundations for reform; • Quarter 4 Locality Assurance Meeting (LAM); • GM Live Well; • Trafford Locality and Health and Wellbeing Boards symposium, 10/06/25; • GM WorkWell programme – implementation in Trafford; and • NHS GM – General Practice Beyond Core Contract Review (BeCCoR). <p>GJ reported positive news with the staff survey as the results had improved across all nine thematic areas and were above average in GM across eight of the areas. GJ noted due to legacy issues previously bullying and harassment had been highlighted</p>	

	<p>as an area that required improvement and this had improved significantly. GJ highlighted one area of concern was workload and the potential burn out of staff and this would be a key area for the action plan. GJ noted this could be due to the number of vacancies within the primary care and commissioning team.</p> <p>GJ gave an update on NHS reforms noting GM had now been advised they need to cut costs by 39%. GJ indicated that ICBs were expected to prepare plans to deliver against those targets by the end of May. GJ highlighted GM had initiated robust governance to support this process. CB advised that a transition task and finish group chaired by Sir Richard Leese had been initiated to oversee the work. CB indicated initial discussions had been had with the workforce to look at key areas that may be worth exploring and this has shaped six design groups including transactional services, strategic commissioning, operating model, non-patient facing and benchmarking and governance. CB noted there would be an opportunity for both locality and staff input and throughout staff and partners would receive clear communications as updates became available.</p> <p>GJ noted the planned Health and Wellbeing and Trafford Locality Board joint symposium that was due to take place on the morning of the 10th June.</p> <p>Members were given the opportunity to pose questions.</p> <p>JS queried if the 39% target was a Trafford target or GM target. GJ indicated this was a GM target and CB indicated the impact on localities was not yet known. JS queried how staff were being involved as she was concerned morale could be low due to the fairly recent restructures. CW advised there had been a full staff away day where staff submitted ideas and there was an opportunity for staff to provide feedback via a menti meter. CW advised there was also a health and wellbeing offer to support staff and support to re-train or apply for vacancies would be offered if needed.</p> <p>HF queried if there was any information on a Mars or redundancy scheme and who would pay for any redundancy payments. CW indicated they were waiting for national input with details of a redundancy scheme and it was yet to be confirmed if the Treasurer would support the redundancy cost or if it would be a local cost.</p> <p>RESOLVED: Trafford Locality Board noted the report.</p>	
8	<p>NHS GM TRAFFORD FINANCE REPORT</p> <p>TLB were given a presentation that highlighted the financial position for the ICS overall and the locality delegated budgets by NHS GM for January 2025. JF reported as at Month 10 total ICS year to date deficit was £62.7m, £58.6m worse than plan but was an improvement on last month's position. The forecast had been updated to reflect the expected outturn of £46.1m deficit recognising the previously reported risk to delivery of the control total. JF acknowledged at the locality level, delegated commissioned services at month 11 were an overspend of £1.9m linked to personalised care spend and a forecast outturn of £2.7m deficit which was broadly in line with forecast position from last month. JF advised we would continue to focus on actions to deliver the current forecast position.</p> <p>JF noted the delegated corporate services were forecast to underspend by £0.47m which was a further deterioration from last month. JF confirmed CIP delivery remained in line with last month, with the post optimisation bias forecast delivery being £4.7m. JF highlighted the Monthly escalation assurance meetings with a single focus on the financial position continued.</p> <p>TLB noted the finance report recommendations.</p> <p>RESOLVED: Trafford Locality Board noted:</p>	

- Month 11 year to date reported financial position for GM ICS is £62.7m deficit,
- against a planned deficit of £4.1m, resulting in a variance against plan of £58.6m.
- This is an improvement on the month 10 position of £71m.
- The ICB adjusted forecast variance of £46.1m deficit, now incorporating the previously reported risk to the position.
- Locality reported position of £1.9m deficit year to date and forecast deficit of £2.7m
- excluding the locality corporate budgets.
- The continued forecast underspend of corporate budgets reflecting the high level of
- vacancies held.
- The year to date and forecast position of the shadow reported services
- Locality CIP forecast delivery of £4.7m, a shortfall of £0.5m in prescribing.

9 SUSTAINABILITY AND DELIVERY PLAN 25/26

TM presented the report, he acknowledged the Trafford contribution for the GM Sustainability Plan for 25/26 was brought in draft to the Board in February 2025. The plan was drafted with stakeholders, building on the process established for the 24/25 Trafford Delivery Plan. TM advised this had resulted in a Sustainability & Delivery Plan, with 108 intentions identified. The exercise established to construct the Sustainability and Delivery Plan for 25/26 factored in three distinct elements:

- Locality commissioning intentions and priorities from across the NHS Council and VCFSE sector
- The GM System Board Priorities
- The Locality Provider Intentions

TM advised the plan had been reviewed through existing governance to ensure alignment of all our priorities and address any perceived gaps and/or interdependencies. The paper detailed the background, how we were linking the intentions to our reformed performance arrangements and mapped out all 108 intentions to our 7 Delivery Ambitions and Enablers. TM noted there was still outstanding conversations across the partnership in relation to cost improvement plans for 25/26 and once clarity was received on organisational cost improvement plans, partnership conversations would be mobilised to agree the final Sustainability & Delivery Plan for 25/26. TM acknowledged the reduction in running costs across the ICB would also need to be factored in and therefore as in previous years the plan remained a flexible and dynamic document. Therefore, there may be a reappraisal of the intentions with these in mind going forward, as the landscape becomes clearer.

TM noted it was previously agreed that the final plan would come to the May TLB meeting and suggested it would be helpful to have a 'future priorities repository'. The repository would have plans to help achieve priorities when any funding became available. JW agreed it was important to have a repository and praised the good work that had taken place so far.

TR queried if there was an intention to consider availability of resources and limitations and consider what could be progressed. TM noted there was a spreadsheet that contained further detail and as resource became available there would be further conversations to input.

TLB noted the recommendations.

RESOLVED: Trafford Locality Board:

	<ol style="list-style-type: none"> 1. noted the content of the report; and 2. agreed the Sustainability & Delivery Plan 25-26, while noting the potential changes in the future resulting from the national and regional NHS headwinds. 	
10	<p>LOCALITY SCORECARD</p> <p>TLB were provided with the Trafford Locality Scorecard (March 2025) including explanatory narrative for each metric where available. The report included summary tables to identify priority metrics and those metrics where Trafford performance was above target or in the upper quartile of national performance. In preparation for the Locality Assurance Meeting on 17 April 2025, an update on the progress of the metric measuring Dementia Diagnosis rate had been compiled. In summary, the lower rate in Trafford, when compared to other Greater Manchester Localities, had been attributed to patients being diagnosed with Mild Cognitive Impairment (MCI) rather than Dementia. GMMH (the Mental Health Service Provider) had identified other factors also affecting the diagnosis rate which were being reviewed and would contribute to an improvement for Trafford.</p> <p>TM invited questions and JW noted we had met the dementia metric, TM agreed this was good news and advised there was a more detailed dementia report that had been through locality governance but a brief update was contained within the report and the improvement was testament to the partnership work. TM noted the next steps in the report.</p> <p>JS queried the under funding in memory assessment. TM advised this was due to demand being higher than what could be provided within current funding and there needed to be further conversation to see if there was flexibility within the contract.</p> <p>RESOLVED: Trafford Locality Board:</p> <ol style="list-style-type: none"> a) noted the content of the Locality Scorecard (March 25) and accompanying narrative; and b) noted the updated narrative in relation to Dementia Diagnosis Rate. 	
11	<p>STRENGTHENING OUR PERFORMANCE ARRANGEMENTS</p> <p>TM provided a report which shared the proposed Performance Arrangements for Trafford Locality from 2025/26 onwards. This followed a Performance Workshop held in March 2025 to discuss the current reporting arrangements and suggestions for a more efficient and comprehensive view of Trafford performance. An overview of the workshop was provided as well as an initial draft of proposed metrics and a next steps summary.</p> <p>TM presented the report and proposed the following next steps:</p> <ul style="list-style-type: none"> • Consensus from TLB the framework was sensible and would enable a more efficient and targeted set of performance arrangements. • Agreement to share the findings of the workshop with the attendees and allow for further feedback offline, particularly for those who couldn't attend. • Reconvene willing partners to discuss specifically the 'What could be improved or implemented' points of feedback and suggested actions. • Draft recommended arrangements and products taken to Finance Performance and Sustainability 1st May 25. • Final recommended arrangements and products (where feasible) taken to 	

	<p>Trafford Locality Board 20th May – specifically presented alongside the final version of Trafford's Sustainability and Delivery Plan 25/26.</p> <p>GJ gave thanks to TM and all partners for their input as felt would put Trafford in a great position to see how progressing against the plan.</p> <p>TR suggested no criteria to reside and neurodiversity pathways for children should be included, TM noted the suggestions for inclusion in the final version.</p> <p>TR flagged that there was some work being completed on neurodiversity pathways and how could be changed to meet demand and would be taken through relevant governance.</p> <p>JW suggested neighbourhood needed to be linked in, TM agreed neighbourhood would be connected into plans.</p> <p>TLB supported the recommendations and suggested next steps.</p> <p>RESOLVED: Trafford Locality Board:</p> <ol style="list-style-type: none"> Noted the content of the “strengthening our performance arrangements” presentation; and Supported the outlined proposals contained in the summary and next steps. 	ACTION
12	<p>GM CHILDREN AND YOUNG PEOPLE DELIVERY PLAN</p> <p>GM Integrated Care Partnership had developed a delivery plan for children and young people which captured the priorities for the region from 2025-2027. The paper detailed the key areas of focus and priorities and what this meant for Trafford, from a data, progress and governance perspective. Priorities had been built into the locality commissioning intentions and the sustainability plan.</p> <p>SA attended to present the report and highlighted:</p> <ul style="list-style-type: none"> • A Children's Plan for Trafford would bring together priorities for Trafford based on data, evidence of what works and with a strong influence on young people's voice. • Social Care reforms would impact how the priorities were delivered at place, focusing on an Early Family Help offer, early intervention and Prevention whilst ensuring a wraparound family approach. • This would be developed and monitored by the new Children's Partnership which would hold other groups to account and support and inform the Locality Board and Health and Wellbeing Board, as well as the Trafford Strategic Partnership. • GM programmes and delivery priorities already informed local workplans but need to be interpreted through local governance and informed by local priorities to ensure that priorities were achievable, and focus was maintained, recognising the pressures within the system honestly. • In particular, a targeted approach to inequalities would be the default in our implementation of core programmes outlined closing the gap in outcomes would be monitored by the boards referred to. • the Locality commissioning intentions and sustainability plan would be reviewed to ensure that children's issues and the whole-system opportunities afforded through investment in children and families were maximised. <p>TR queried with Trafford being the second smallest borough in Trafford but first for child population was there any lobbying that could be done to try and extract more funding for the young population. TR also queried the infant mortality data and in</p>	

	<p>terms of the local data on asthma was surprised that Partington was higher than Altrincham and asked for SA insight.</p> <p>SA had sent evidence to the GMICB team with regards to the Trafford children population to try and ensure funding accurately reflected the children population in Trafford. SA noted in terms of inequalities we tended to see this in areas of lower deprivation with the exception being mental health. SA had raised asthma issue with data lead in GMICB and noted there was a long term condition group that would review in greater depth. TR and KC offered their support to raise profile of child health where possible.</p> <p>KC noted a theme throughout the document relating to poor outcomes due to lack of staffing and financial resource and queried if we would be able to resource the plan. SA noted the ND plan was due to come to TLB in May but Trafford starting point was different from other areas so need to ensure realistic as to what could be achieved and how.</p> <p>TLB gave thanks to SA for the report and noted the recommendation.</p> <p>RESOLVED: Trafford Locality Board noted the papers and agreed to the local delivery of the areas of work within the plan.</p>	
13	<p>HEALTHWATCH DRAFT 25/26 WORK PROGRAMME</p> <p>Healthwatch presented their draft work plan for 25/26. TLB were asked to review.</p> <p>HF provided an overview of the draft plan and noted Healthwatch would like to review Dementia diagnosis or oral health in under 5s and asked for a steer from TLB as to which would be the best for Trafford. HF indicated there had been some barriers with discharge to assess work which had started in 2024-25 but Healthwatch were working in collaboration with partners and would like to progress this area in 2025-26. HF advised Healthwatch would continue with their popular intern programme, patient participation groups and work to support income generation. HF advised that for Healthwatch 100 Surveys would like to cover palliative care, dental care and transition from children to adults services. HF also confirmed the reintroduction of the enter and view programme.</p> <p>TR queried the difference between the Healthwatch 100 and full report. HF advised the Healthwatch 100 would be a survey and then a report of findings whereas a full report would go out and engage with public etc. to provide a comprehensive report. TR noted both areas were key but his preference was dental in children. JM concurred and GJ agreed as work had already commenced with Dementia and the target had recently been met.</p> <p>TLB suggested oral health in under 5's should be prioritised by Healthwatch.</p> <p>RESOLVED: TLB reviewed and discussed the draft Healthwatch Work Plan for 25-26.</p>	
14	<p>BCF 25/26 PLANNING SUBMISSION</p> <p>GJ indicated the Better Care Fund (BCF) sits within the s75 agreement between Trafford Council and NHS GM. There was a requirement to submit the 25/26 BCF planning submission and these were provided to TLB for information. The report contained the:</p> <ul style="list-style-type: none"> • BCF narrative plan; • Capacity and Demand submission; and 	

	<ul style="list-style-type: none"> Planning submission. <p>GJ noted the measures for 25/26 were similar to last year and because there was growth and pressure on services they were still ambitious. GJ advised the exception was the care home measure as an 18% reduction was planned due to the success of the re-enablement offer which was supporting people to stay at home.</p> <p>GJ gave thanks to the team involved in preparing the report and noted governance had recently been improved with a BCF working group and a s75 group where issues would be reviewed on a monthly basis and would be co-chaired by GJ and MK.</p> <p>MK raised areas that were changing, including intermediate care beds and that they had recruited dedicated support for that programme of work. MK also noted change to equipment service with MCC currently providing for one year and how this would be reviewed to ensure all opportunities were explored to get best use of BCF.</p> <p>TM noted oversight in that the Q3 submission had not been provided for information due to deadlines although it had been reviewed at the Health and Wellbeing Board and would circulated for information.</p> <p>TLB noted the submission.</p> <p>RESOLVED: TLB noted the content of the 25/26 Better Care Fund planning submission.</p>	ACTION
15	ANY OTHER URGENT BUSINESS There was no urgent business to be considered.	

Trafford Locality Board - Action Log 25/26

Action No.	Date of Meeting	Agenda Item Ref.	Action	Update	Lead	Target Date	Status
116	17/12/24	ICS Update - Long Length of Stay	Deepdive of long length of stay to take place and brought back to the board.	All Age MH group will review deep dive and report back to FPS and TLB.	TM	17/06/25	In Progress
117	17/12/24	Trafford Locality Plan Refresh	TM to prepare easy to read version of the plan and power point presentations to convey key messages.	Due to team capacity this has been delayed to coincide with the launch of the 25/26 Sustainability and Delivery Plan	TM	17/06/25	In Progress
123	21/01/25	ICS Update - ADHD	GJ to include in ICS update when ADHD engagement outputs available.		GJ	17/06/25	In Progress
127	21/01/25	Bringing Together Prevention, Devolution and Integrated Support	Self assesment of current neighbourhood model against core aspects of GM live well	Self assesment template drafted and is being tested with partners at TPCB ahead of completion of exercise March/April 25. Outputs to be shared with TLB in May 25	TM	17/06/25	In Progress
129	18/02/25	Trafford Delivery Plan: Interim Impact Report	MK agreed to bring back further update on PIPOT process and development of the boards referred to in the risks and issues section of the report.	This will be included as part of the impact report being brought back to the Board in June.	MK	17/06/25	In Progress
133	18/02/25	Sustainability Scorecard	BI team to establish if other area could be used as comparator to Trafford rather than GM.	Central BI colleagues have been approached and different methodoloigies are being explored	TM	17/06/25	In Progress
139	18/02/25	TCAPs Highlight Report	MP to provide update regarding GM Clinical Governance Framework when available.	Update from GM not expected until later in year.	MP	16/09/25	In Progress
140	18/02/25	s75	S75 agreement to be signed and sealed.	Document is currently with legal team awaiting to be sealed.	GJ/MK	17/06/25	In Progress
141	18/03/25	Risk	TM to ensure SR04 CYP risk scoring is reviewed.	Risk update scheduled for June.	TM	17/06/25	In Progress
145	15/04/25	Sustainability and Delivery Plan 25/26	TM to bring final version to May.	Deferred to June to NHS reforms.	TM	17/06/25	In Progress
146	15/04/25	Performance Arrangements	TM to bring final version to May and include reference to no criteria to reside and ND pathway for children.	Deferred to June to NHS reforms.	TM	17/06/25	In Progress
147	15/04/25	BCF	BCF Q3 submission to be circulated for information.	Circulated via email.	TM	20/05/25	Completed

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Date & Time of Meeting	17 June 1pm	15 July 1pm	19 August 1pm	16 September 1pm	21 October 1pm	18 November 1pm	16 December 1pm	20 January 1pm	17 February 1pm	17 March 1pm
Agenda and Papers Sent out	10-Jun	06-Jul	12-Aug	09-Sep	16-Oct	11-Nov	09-Dec	13-Jan	10-Feb	10-Mar
Deadline for Papers	09-Jun	07-Jul	11-Aug	08-Sep	13-Oct	10-Nov	08-Dec	12-Jan	09-Feb	09-Mar
Date	Tom Ross	Jane Wareing	Jane Wareing	Tom Ross	Tom Ross	Jane Wareing	Tom Ross	Jane Wareing	Tom Ross	Jane Wareing
Part 1 – GM ICB Committee (Trafrod)										
Locality Update and Governance										
GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)	GM Integrated Care Partnership Update – ST (G)
Trafford Governance Review of ToR	Trafford Governance Questionnaire									
Locality Gov ToR										
Finance, Performance and Sustainability										
Finance Report - JF										
Performance Arrangements										
Locality Scorecard										
Risk										
TLB Risk Register	TLB Risk Register									
Quality										
		Quality Report - SO				Quality Report - SO			Quality Report - SO	
Primary Care Commissioning Committee										
PCCC Highlight Report										
Children										
ND Pathway	SEND Board Update	Children Commissioning Board update				Children Commissioning Board update		SEND Board Update	Children Commissioning Board update	
TCAPS										
TCAPS Highlight Report		TCAPS Highlight Report		TCAPS Highlight Report		TCAPS Highlight Report		TCAPS Highlight Report		TCAPS Highlight Report
Trafford Provider Collaborative										
24/25 TPCB Impact Report		Winter Planning - tbc			Winter Planning - tbc		Winter Planning - tbc			
25/26 Forward Plan										
Trafford Workforce Group										
Workforce Report	Workforce Update				Workforce Update		Workforce Update		Workforce Update	
Trafford Participation Group										
Trafford Participation Group Update		Partner Update	Trafford Participation Group Update							
Partner Update										
Health Prevention Framework - HG	Healthwatch Performance Report				Healthwatch Performance Report		Healthwatch Performance Report		Healthwatch Performance Report	Healthwatch 26/27 Plan
Healthwatch Trafford Annual Report	Community Collective 25/26 Forward Plan									Community Collective 26/27 Annual Plan
Healthwatch Performance Report										
Healthwatch End of Year Impact Report										
Part 2 – Section 75 Committee										
	s75 25/26	s75 Quarterly Report	BCF Q1		s75 Quarterly Report			s75 Quarterly Report		
					BCF Q2			BCF Q3		

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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 one working day 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.



Name of Committee / Board Trafford Locality System Board				
Date of Meeting	20 May 2025			
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	Information X
EXECUTIVE SUMMARY				
The attached slide deck presents the financial position for the ICS overall and the locality delegated budgets by NHS GM for the year ending 31 March 2025.				
The 2024/25 final outturn for the ICS is a deficit of £46m, being slightly lower than the expected outturn of £46.1m.				
At the locality level, delegated commissioned services were overspent of £2.88m being slightly higher than the expected outturn of £2.7m. The movement is a combination of increased costs in ADHD, individual packages of care and estates.				
The delegated corporate services underspent by £0.44m, again slightly lower than the previous month forecast.				
CIP delivery for the year of £4.7m is in line with previous forecasts. The non recurrent CIP delivered in year of £1.36m will need to be addressed recurrently in 2025/26.				
RECOMMENDATIONS				
The Locality Board is requested to note:				
<ul style="list-style-type: none"> The Locality Board is requested to note: Month 12 reported financial position for GM ICS is £46m deficit, against a planned control target of breakeven following the receipt of £175m additional funding. Locality reported position of £2.88m deficit excluding the locality corporate budgets. Locality CIP delivery of £4.7m, shortfall of £0.5m in prescribing. Non recurrent CIP of £1.36m will need to be addressed recurrently in 25/26 				
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 <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>				
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation: The final outturn for the ICS is slightly lower than previously expected however the locality position slightly			



	worse. The non recurrent CIP delivery in year of £1.36m will need to be addressed recurrently in 2025/26.
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)
What is the impact on inequalities? (Please provide a high-level description of any known impacts)	Comment: N/A
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	N/A
Trafford's Carbon Footprint <i>(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)</i>	N/A
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	
Enabler implications	Legal implications: N/A
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments <i>(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)</i>	
Organisation Exec Lead Sign off	Gareth James



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Trafford Locality Finance Report

Month 12 March 2025

Trafford
Integrated Care Partnership





The final outturn position for the ICS for 2024/25 is a deficit of £46.0m, which is a slight improvement on the revised forecast outturn position of £46.1m reported at Month 11. This aligns to the reforecast position approved by the Board at the end of February 2025, and which has been adjusted for the surge funding received in M11.

2024/25 (£m)	Annual Plan	Actual Outturn	Variance
GM NHS Providers	£0.0	£10.0	£10.0
NHS GM	£0.0	-£56.0	-£56.0
ICS Total	£0.0	-£46.0	-£46.0

Key points of note for Month 12 are:

- The provider position has improved again in M12 and has resulted in a £10.0m surplus being reported. This is linked to the capital incentive scheme, with The Christie, Tameside and Stockport all reporting a surplus against their revised annual plan. Previously reported pressures including the shortfall in pay award funding estimated by providers have all been managed within the final position. All other providers have delivered in line with their revised plan.
- The final NHS GM position is a deficit of £56.0m which is in line with the reforecast position. There have been further increases to costs in Prescribing, CHC and for Drugs and Devices which were anticipated as part of the risks and mitigations process. This has been offset by improvements in Community Health Services and in Corporate/Operating Costs.
- The draft accounts for NHS GM were submitted on 24th April, ahead of the deadline of 9am on 25th April 2025, and are now subject to external audit.

The below table outlines key areas to note for Month 12:

Key area	M12 Overview
Financial plan	The Board approved a revised forecast outturn for the ICS of a deficit of £69.0m. Following the receipt of surge funding of £23.0m, this reduced the forecast outturn to a deficit of £46.1m, although the plan itself remains as £0.0m following the allocation of £175.0m which has been received from NHSE to support the original system deficit.
Outturn variances	<p>The drivers of the final outturn position are:</p> <ul style="list-style-type: none"> The provider position has improved again in M12 and has resulted in a £10.0m surplus being reported. This is linked to the capital incentive scheme, with The Christie, Tameside and Stockport all reporting a surplus against their revised annual plan. Previously reported pressures including the shortfall in pay award funding estimated by providers have all been managed within the final position. All other providers have delivered in line with their revised plan. NHS GM outturn reflects the pressures experienced in year and continue to be seen in the cost of placements – both mental health, including OAPs, (£27.8m), and continuing care (£21.0m), prescribing (£30.4m), and acute (£13.3m) mainly relating to increased passthrough costs for drugs and devices, offset by underspends in a number of areas.
Efficiencies/CIP	The outturn CIP position is £497.3m against a target of £490.3m, an overachievement of £7.0m.
Capital	<p>A system allocation is issued to GM on both internally generated and IFRS 16 capital expenditure. This allocation is £188.6m for internally generated and £43.6m for IFRS 16. The capital position shows a £2.7m under commitment, (M11 £0.2m under commitment) however this does not include £2.3m of negative capital allocations which have been agreed with NHSE, but which they have not actioned. Including this allocation adjustment, the system capital position would be a £0.3m surplus.</p> <p>The NHS GM annual capital plan is £5.4m, which has been fully utilised.</p>
Cash	<p>At the end of the year, Provider cash balances are above the planned cash balance of £366.0m by £72.8m.</p> <p>Following discussion with NHSE, NHS GM was able to access the full amount of its cash limit in drawdowns in 2024/25. The allowable cash balance at the end of M12 equated to £7.7m, with an actual closing balance of £1.1m.</p>
Risk & Mitigations	Now that the outturn position is reflective of the approved deficit for the ICS, risk is no longer being reported.

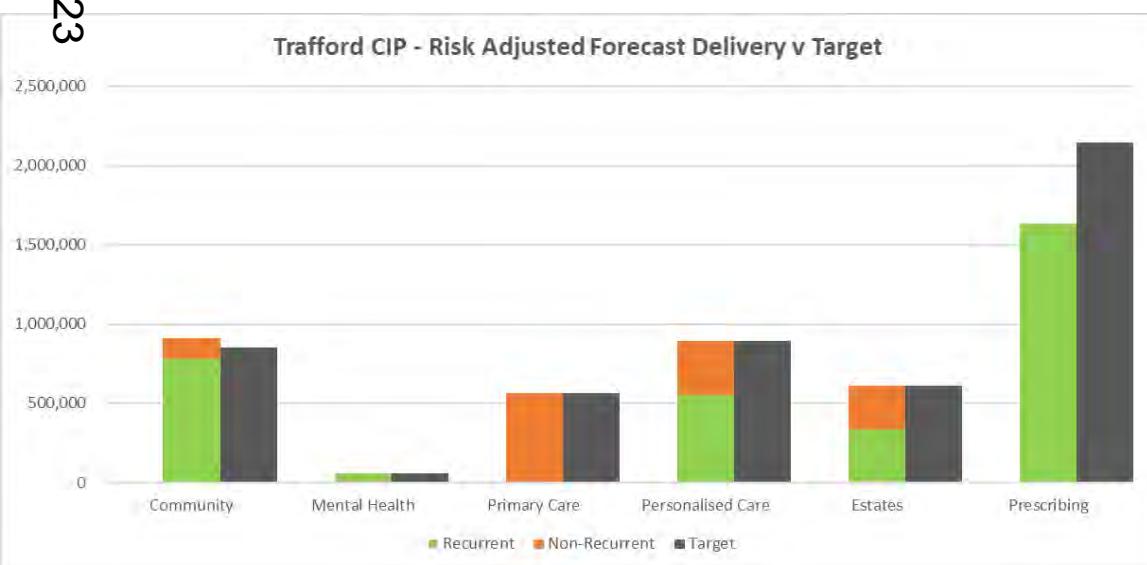


Summary Financial Position as at Month 12				In Month
	Budget £'000	Expenditure £'000	Variance £'000	Movement
Commissioned Services				
Mental Health Services	4,911	5,255	-344	⬇️
Community Services	11,688	11,024	663	⬆️
Personalised Packages of Care	37,715	41,225	-3,510	⬇️
Primary Care Locally delegated	5,803	5,506	298	⬆️
Estates void & subsidy	2,336	2,444	-108	⬇️
Capacity & Discharge Fund	1,228	1,108	120	⬆️
Total Commissioned Services	63,681	66,561	-2,881	⬇️
Corporate Services	3,768	3,329	439	⬇️
Total Locality Delegated Services	67,449	69,891	-2,442	
Shadow Reported Services				
Prescribing	40,479	42,828	-2,349	⬇️
Primary Care Co commissioned	96,035	94,917	1,118	⬆️
Total Shadow Reported Services	136,514	137,745	-1,231	

The locality commissioned services financial variance of £2.88m overspend is a deterioration on the previously reported forecast. Increased expenditure was incurred in mental health ADHD right to choose activity, individual packages of care and estates some of which was offset by reduction in community services and discharge costs. Corporate services variance deteriorated slightly with a further worsening of the prescribing position. The co commissioned budget underspend was increased significantly.



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- Delivery of £4.72m of savings is in line with previous months.
- £3.36m delivered recurrently
- £1.36m delivered non recurrently.
- The full target of £5.17m has been deducted from the locality budgets recurrently therefore the non recurrent CIP delivery will need to be addressed recurrently in 25/6.



The Locality Board is requested to note:

- Month 12 reported financial position for GM ICS is £46m deficit, against a planned control target of breakeven following the receipt of £175m additional funding.
- Locality reported position of £2.88m deficit excluding the locality corporate budgets.
- Locality CIP delivery of £4.7m, shortfall of £0.5m in prescribing.
- Non recurrent CIP of £1.36m will need to be addressed recurrently in 25/26