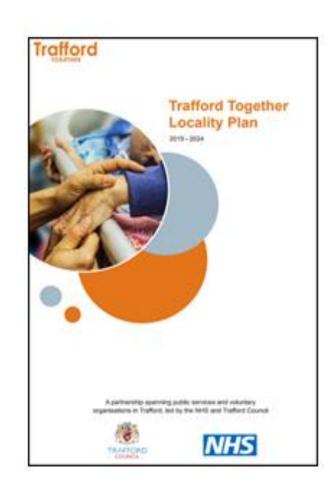
Health and Social Care Recovery/Locality Plan Update

Trafford Health and Wellbeing Board 14th August 2020



Trafford
Together
Locality
Plan
2019-2024





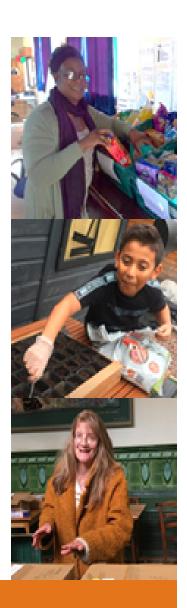
The outcomes we want to achieve

Better lives for our most vulnerable people

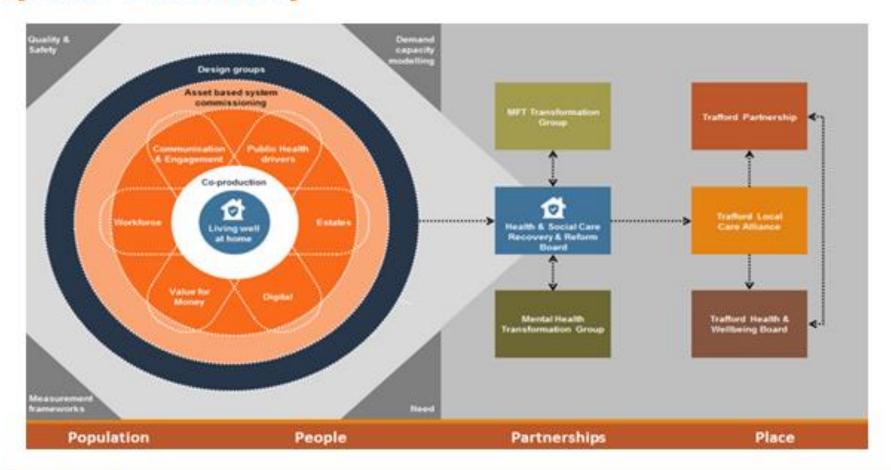
Better wellbeing for our population

Better connections throughout our communities

- My children will have the best start in life
- I will live a long and healthy life
- I have support if I need it
- I am supported to manage my health in a way that makes sense to me
- I have care and support that is coordinated and everyone works well together and with me
- I am treated with respect and dignity
- I can get information and advice that helps me think about and plan my life
- I have people in my life who care about me family, friends and people in my community
- I feel welcome and safe in my local community and can join in community life and activities that are important to me
- I can live the life I want and do the things that are important to me as independently as possible
- I am supported to plan ahead for important changes in life that I can anticipate
- I will have a peaceful end of life



System Connectivity



Health & Social Care: Recovery & Reform: strategic design groups



- Build from the foundations of our Trafford Together Locality Plan 2019-24
- We will mobilise 4 Strategic Design Groups to drive forward H&SC recovery and reform.
- We will mobilise where appropriate and meaningful, 'thematic design groups' which will feed into the Strategic Design Groups – our approach has to be agile and flexible and allow for quick decision making as experienced through our response to Covid-19.
- Membership of our Strategic Design Groups and thematic design groups will be flexible and dynamic, allowing for new core members and transient members where required and appropriate. We will co-optkey partners into our groups where it makes sense to do so, this maybe timespecific or relating a specific work programme (Manchester commissioners/providers, Trafford Providers, People/Communities, etc)
- Our Strategic Design Groups will be fully inclusive by nature and contain the previously labelled enablers as core contributors to H&SC recovery and system re-design.
- The construct of our new approach will enable us as a system to support the core principles & objectives of our health and social care locality recovery plan, placing living well at home as the epicentre of our

H&SC Strategic Design Groups

Reflections

- Acknowledgement there is excellent existing work which just simply needs to be channelled into the groups accordingly—being pragmatic about where it sits and who has a lead role and there responsibility for driving the change
- Clarity on governance what remains, what's changed and what's new
- Membership: Define who is a core member and who is an extended member of the H&SC SDG's
- Collectively agree ways of working, processes, documentation, support arrangements from PMO

 strive for consistency where appropriate/viable
- Enabler Leads to confirm their governance architecture and their vision of how the H&SC
 Recovery and Reform workdovetails into their existing structure, Strategy and ways of working
- Understanding the overlap is key
- Eradicate and mitigate against any duplication
- Financial implications of transformation will be generated in one SDG but felt in another—how
 do we manage this? The same could apply for other enablers.
- Agreeing a proportionate methodology for prioritisation and phasing (What are we not doing?)
- A fast changing environment priorities will evolve and will be refined in the coming weeks

Programme Team

Programme Director - Tom Maloney

Programme Lead - Helen Boyle

Senior Business Change Analyst – Maria Aziz

Business Change Analyst – Jen McFrlain

Business Change Analyst – Catherine O'Connor

PMO Co-ordinator - Niall MacLennan



Remit of Team

- Agree programme approach connection, interdependencies, reporting, assurance, etc
- 2. Develop ways of working with the LCA
- Engage system partners in the work on recovery
- 4. Support the system governance
- Report to LCA on risks, challenges and benefits to the programme
- Understand the lessons learnt.
- Give assurance to the Board on progress against priorities



Living Well In My Community

Strategic Design Group:		Senior Responsible Officer	Senior Lead/Chair:
Living Well In My Community Priorities		Diane Eaton Group Description	Roger Sutton / George Devlin / Jo Gibson
Development of Community Hub Model Re-design of Information and Advice Services with our partners Public Health and Wider Determinants of Health Agenda Sustainability of the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE)	Learning from and building on the work completed in response to COVID. Co-producing a network of community hubs across Trafford that will be able to support people to live well in their community. A comprehensive strategy for the council and partners to deliver information and advice in a more joined up way. Alming to have one version of the truth for public and workforce. Developing scope of the community hubs to include the public health agenda – comms and interventions, tackling issues such as environment, poverty, housing, employment, climate change, air pollution, transport. Development of the VCFSE Collective and how this works with existing VCFSE infrastructure support across partners. Ensuring that we have a viable and well supported VCFSE sector with the capability to attract funding and social value and to align with strategic priorities for the Trafford Partnership.	The Living Well in My Community Strategic Design Group is responsible for helping, supporting and educating Trafford residents, working with them to ensure that they can live a happy healthy life with the access to the services that they need at the right time. It is about developing a place-based community model that can respond to local resident's needs – supporting them to give the right information and advice and guidance, connecting them to their local communities and diverse range of groups and services that exist in their area. The Strategic Design Group will consider: The development of the community hub model Re-design of information and advice services across Trafford with our partners The public health agenda and the wider determinants of health such as poverty, environment, public health priorities around prevention. The sustainability of the voluntary sector	
	Locality Plan 2019-2024		

Living Well At Home

Strategic Design Group:		Senior Responsible Officer	Senior Lead/Chair:
Living Well At Home		Diane Eaton	Karen Ahmed Jacqueline Coulton
Priorities		Group Description	
Homecare	Technology Enabled Care	The Living Well At Home Strategic Design Group is responsible for developing a range of support to enable people to live fulfilling independent lives in their own homes (and other home-settings) for as long as possible. Building on personal strengths, natural supports (such as support from family and friends), community assets, including support from non-commissioned service, the CCG and Council will commission a range of services which provide specialist services that either cannot be provided in a different way. The LWAH model provides a fundamental shift to asset and strengths based	
Meds Management	Community Health Services		
Rehabilitation/Therapy/Reablement	Frailty Pathway		
Primary Care	Asset based solutions / Personalisation Strategy including self-care		
Safeguarding Adaptations and equipment		care which not only meets peoples' individual needs, but also keeps them connected to family friends and the wider community.	
Domestic Abuse	Risk assessment /stratification for people with Long term conditions	Person-centred support plans reflect all aspects of peoples' lives which enables people to live as independently as possible and specify which services will need to be commissioned or supported for those who fund or chose their own support. Plans are developed on a collaborative basis, involving health and social care community services, the individual and their family and social support circle.	
Residential and Nursing homes	Mental Health Strategy and Adult Mental Health Transformation		
Restoration of Children's Community Services and wave response	Learning Disabilities Strategy Including Supported Living LD redesign		
rafford			



A Step Closer to Home

Strategic Design Group:		Senior Responsible Officer	Senior Lead/Chair:	
A Step Closer to Home		Richard Spearing	Jacqui Coulton, Karen Ahmed, Debbie Walsh	
Priorities		Group Description		
Discharge to Assessment Approach –Into a Joint Commissioning Strategy	Intermediate Care	The Step Closer to Home Strategic Design Group will ensure that there a range of services that will wrap round our residents when they need additional support, enabling people to both stay in their normal place of residence when they need additional care, to their normal support system breaks down, and supporting people to leave hospital, where possible returning to their normal place of residence. These services will not be defined by where they are provided, but by their ability to respond in a timely way and provide the right care at the right time until the person no longer requires extra help. This group will have a number of dependencies to all other strategic design groups but in particular the LWAH design group and the SSH group. Links to a short stay in hospital will be picked up through programmes such as urgent care which aim to deflect attendance at hospital sites. The services will be developed on a locality base to ensure that people maintain community connections and informal support, and will provide the following elements: Person centred health and social care which maximises good health and well-being and independent living Therapeutic support to develop or releam skills Access to TEC, equipment and adaptations to support independence long-term Support to plan ahead to avoid any further crises e.g support for carers, access to falls programmes, support groups to manage anxiety.		
Planning before Elective Operations – For Your Return Home	Equipment Services (One Stop Resource Centre/Occupational Therapy)			
Day Services Redesign	Long Term Conditions: Diabetes/MSK Pathway/Risk Stratification/Respiratory Pathway			
Medicines Management	Respite Services Redesign			



A Short Stay in Hospital

Strategic Design Group:		Senior Responsible Officer	Senior Lead/Chair:
A Short Stay in Hospital		Martyn Pritchard	Naomi Ledwidth
Priorities		Group Description	
Urgent Care Flow & Redesign	UEC by Appointment Programme Urgent Care Programme	The Short Stay in Hospital design group will facilitate the delivery of programmes that will aim to address a number of challenges which will need to be managed at a locality, system and national level in order to run an efficient and safe service that does not create health inequalities	
Planned Care	Outpatient Recovery Long Term Conditions Reform Diabetes Respiratory Cardiology Gastroenterology Dermatology AQP Audiology		
Cancer	Diagnostic capacity – including increased use of independent sector (create Community Diagnostic hubs. Specifically endoscopy and substitutes e.g. FIT, CT colonoscopy (Expansion of) Surgical hub capacity. Inequality of access – patient support groups. Cancer screening programmes. Performance monitoring (improved access to CCG & GP data.)		

Communication and Engagement

Covid Public Engagement Board

Covid Communications and Engagement Strategy and Plan

Communications and Engagement Steering Group: Trafford Recovery/Locality Plan: Communications and Engagement Strategy

- COVID-19 recovery and outbreak management
- Longer term strategy for health and social care reform
- Working together as a system: Trafford Together / Communications and engagement principles
- Communications and engagement roles and responsibilities
- Brand management
- Developing key messages COVID-19
- Resources
- Campaigns
- Insight

Communications and Engagement Action Plan

Mobilise Task and Finish Groups (Communications / Engagement / Insight)

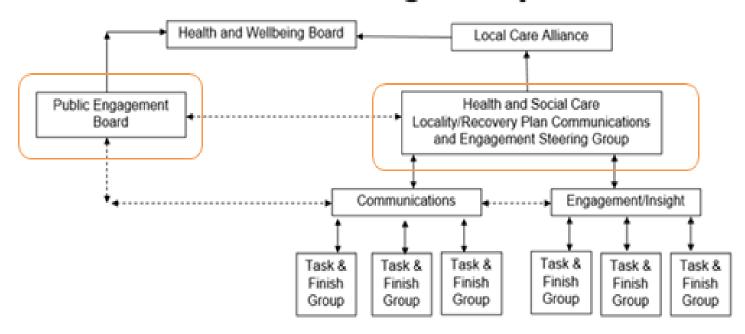


Five Principles

- 1. Actively engage with those most impacted by the change
- Make everyone matter, leave no-one behind
- Confront inequality head-on
- Recognise people, not categories, by strengthening personalised care
- Value health, care and support equally



Governance and strategic responsibilities



Public Engagement Board

 Responsible for development and delivery of the COVID-19 communications and engagement strategy/plan

H&SC Locality/Recovery Plan Communications and Engagement Steering Group

- Responsible for development of 5 year h&sc locality/reform plan communications and engagement strategy
- Will support the COVID-19 communications and engagement plan



Phase 3 Response and Winter Plan



Phase 3 Letter from NHSE

- Systems are required to return a draft summary plan by 1st September 2020 using templates issued and covering the key actions set in the Phase 3 letter / Final plans due by 21st September 2020
- A set of priorities and required measurements have been communicated (Elective, Cancer, Primary Care and Community Services, Mental health and LD, Winter Planning, Workforce, Inequalities)
- These plans are to be the product of partnership working across STPs/ICSs, with clear and transparent triangulation between commissioner and provider activity and performance plans – still awaiting on GM approach
- Implementation Guidance received 7th August 2020
- Planning Templates received 10th August 2020
- Phase Three Key Elements and Performance Trajectory Submission (Presentation to follow)
 - Specified Trajectories required
 - Measurements are indevelopment and will be signed off by Strategic Design Groups

Our Approach

- · A commitment to have a 'system response'
- Align winter planning with the H&SC Recovery/Locality Plan, with the intention of removing any duplication, managed through existing executive governance (Manchester and Trafford Community Cell)
- A Trafford Integrated Winter Plan will be developed with the purpose of assuring that all the winter planning requirements of the Phase Three planning letter are in place
- In line with processes in place for previous winters, progress will be overseen through the monthly Manchester and Trafford Operational Delivery Group.
- How we will worktogether across Manchester and Trafford:
 - Joint review of the Phase 3 ask to identify any gaps where work is not currently taking place
 - Work together on the areas where assurance needs to sought from providers and do this once with the support of the PQI team
 - Where delivery is required we would tailor delivery to our own locality needs- but work to share good practice
 - We also highlighted the benefit of taking a common approach to the Coms/Engagement, Inequality work and the People Plan

One Plan for Health and Social Care Recovery

All of the above will lead us to deliver One Plan for Health & Social Care Recovery and Reform

