

Trafford Delivery Plan 24/25

Trafford

Integrated Care Partnership



Part of Greater Manchester
Integrated Care Partnership





We are Trafford

We are Trafford



About us

- The borough of Trafford has long been a place to live and age well. Steeped in history, it's also a national and international hub for culture and leisure, home to Manchester United, Coronation Street studios, Chill Factor^e and the Trafford Centre. Our diverse population of more than 235,000 people guides us as we develop and deliver health and social care services that our residents deserve.
- Trafford Integrated Care Partnership planning is built around our towns – Altrincham, Stretford, Urmston, Partington and Sale – and neighbourhoods, and by working with other localities in the Greater Manchester Integrated Care Partnership. We'll achieve our aims by bringing together partners and colleagues to design and deliver on our ambitions for better lives for our most vulnerable people; better wellbeing for our population; and better connections across our communities.
- Trafford's six major priority areas for improving and maintaining people's health and wellbeing are: prevention of illness and long-term conditions; helping people to live well at home; planned care such as routine operations; urgent care services like emergency departments; children's services; and mental health.

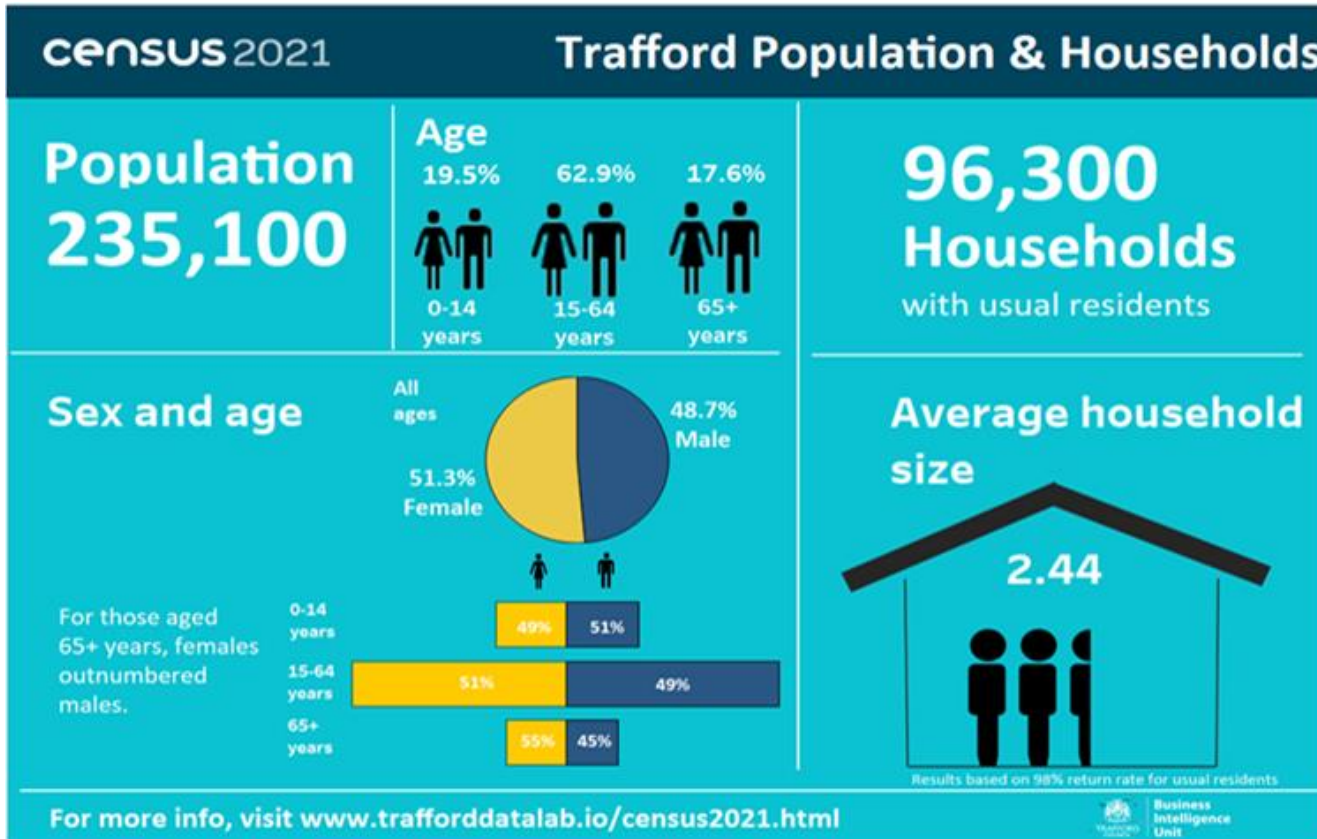
Trafford as a place

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- Census 2021 reported **Trafford's population as 235,100, up 3.7%**. This increase was uneven, with a slight fall in the under 50s population alongside a larger rise in the older population.
- Trafford has both the **most affluent areas of Greater Manchester interspersed with areas of severe deprivation** where families experience the impact of poverty on health and wellbeing. For example, 45.2% of people in Partington experience multiple deprivation in comparison with 5% of people in Timperley South.
- **Life Expectancy has significant variation.** Females in Hale Central have an average life expectancy of 88.1 years compared to 79.2 years for a female living in Bucklow St-Martins', a difference of 8.9 years.
- **83.3% of Trafford residents described their health as Good or Very Good**, up 2.12% from the last Census. 16% reported a level of disability, with 6.8% saying they day-to-day activities are limited a lot.
- **8.5% of Trafford residents say they provide unpaid care**, half of which provide over 20 hours a week.



Vision

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Our vision

Working together to support Trafford residents to be as well as possible, in control, and connected to their communities

Our values

Championing collaboration; promoting innovation; maximising the impact of resources; strong communication and trust



- At the heart of our vision is a **common cause**: we want to bring together the support and expertise of residents, their health care, social care, community groups and voluntary sector organisations.
- We will use this common action to create Neighbourhoods and ensure services and staff in that neighbourhood share a joint purpose and work in a **holistic way** with people and communities.
- 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**.
- Neighbourhoods will **strengthen communities** and networks to **support individuals and families** where required through better, more local, and faster access to services.
- 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 residents to support their health and wellbeing needs now and in the future.

How we work in partnership





Trafford's Locality Plan

Trafford Locality Plan Refresh: Aim and Rationale

Aim:

We are seeking to again refresh the Locality Plan to better integrate many existing strategies to create one plan for health and care for Trafford, reflecting the current and emerging priorities.

Rationale:

The ICS Operating Model confirms the core role of localities in driving population health improvement and delivering preventative, proactive integrated models of neighbourhood care. Although localities are delivering across all six of the missions in the ICP Strategy, our key areas of responsibility principally relate to the missions on **stronger communities** and **helping people stay well and detecting illness earlier**.

There are numerous factors mobilising the refresh of our Locality Plan, including existing and new strategy, organisational development and the outputs of various reviews on systems and services, a selection listed below:

- Trafford Health and Wellbeing Strategy 2019-2029 and Trafford Locality Plan alignment
- GM ICP Strategy
- GM Joint Forward Plan Clarity on GM Operating Model
- Carnall Farrar Leadership Review
- NHS GM Strategic Financial Framework (SFF)
- Development of annual 'Strategic Priorities' delivered by the Trafford Provider Collaborative Board (TPCB)
- Timeliness of planned updates to relevant organisational strategies and visions (Trafford Council, Manchester Foundation Trust inc WTWA and TLCO, GMMH, etc)
- Recommendations and development plans following Peer Review and Inspection activity in TICP organisations (GMM, Council, MFT)

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TRAFFORD
TOGETHER
LOCALITY
PLAN
REFRESH
2021

Trafford
TOGETHER

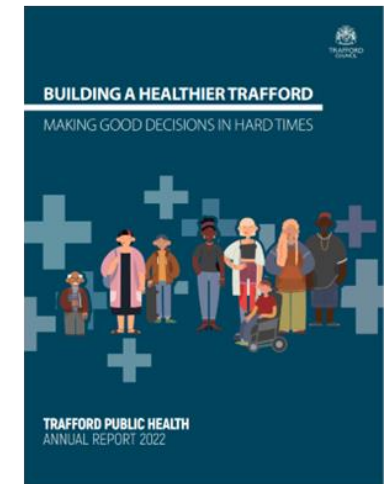
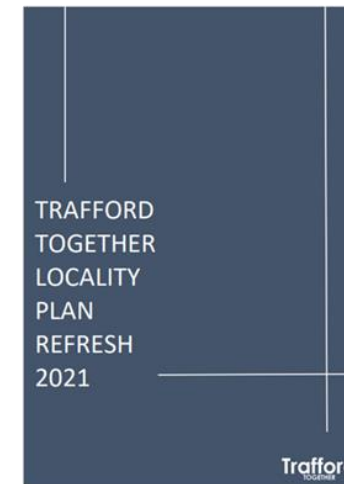
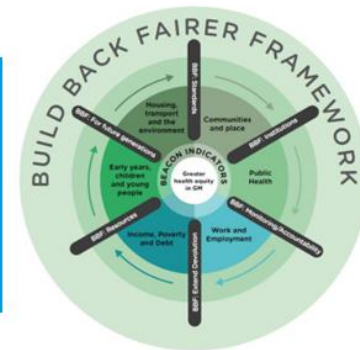
One 'Plan' for Health and Care in Trafford

- Existing National, Regional and Local Strategy – all contributing to the overall aspirations of the Locality Plan
- Connectivity of strategies, harnessing the cross over and realising the interdependencies is key task to ensure positive outcomes for Trafford people and communities
- Supported by 'Action Plans' ensuring tangible changes



NHS

The NHS Long Term Plan



Greater Manchester ICP Strategy

Greater Manchester's Integrated Care Partnership (ICP) Strategy sets out how we will work together to improve the health of our city-region's people through the Greater Manchester ICP.

It outlines our priorities (our 'missions') which are to:

- Strengthen our communities
- Help people get into – and stay in – good work
- Recover core NHS and care services
- Help people stay well and detect illness earlier
- Support our workforce and our carers
- Achieve financial sustainability



Trafford Locality Plan Refresh 2024-28: Engagement

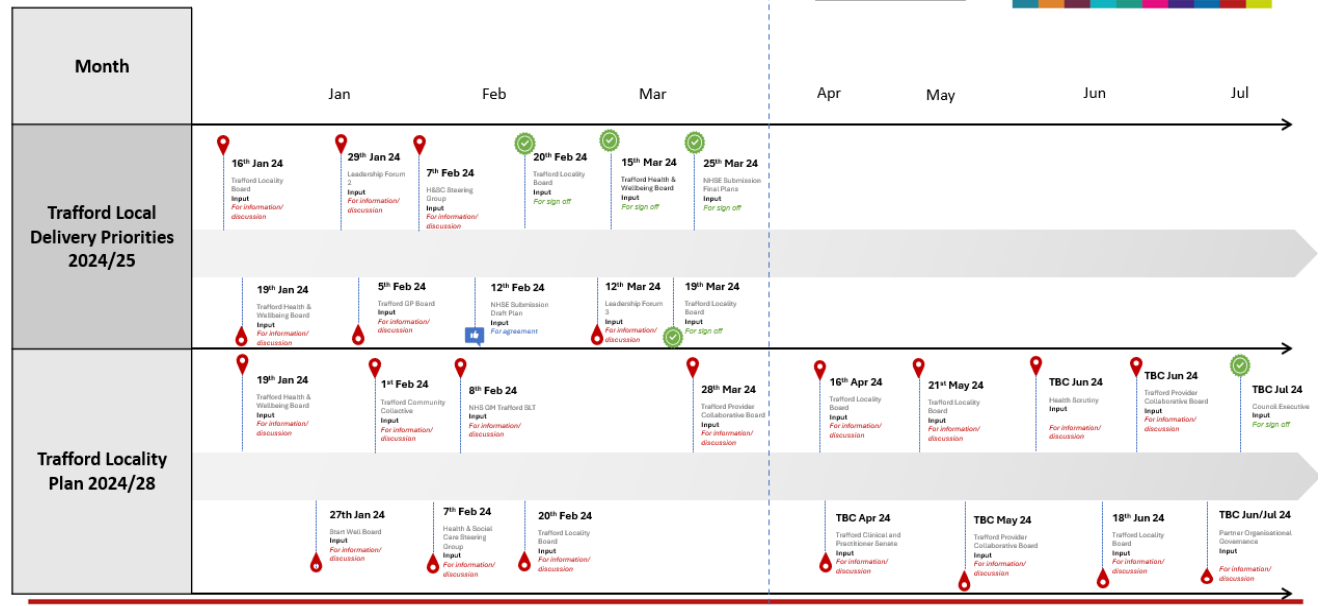
- The refresh of the Trafford Locality Plan will take between August and October 2024 with publication anticipated before 2025
- It is imperative that we involve Trafford people to help shape and inform the Trafford Locality Plan refresh. To do this, we aim to undertake a series of engagement activities via three key main areas:

- Public Engagement
- Partner & Stakeholder Engagement
- Utilising existing intelligence

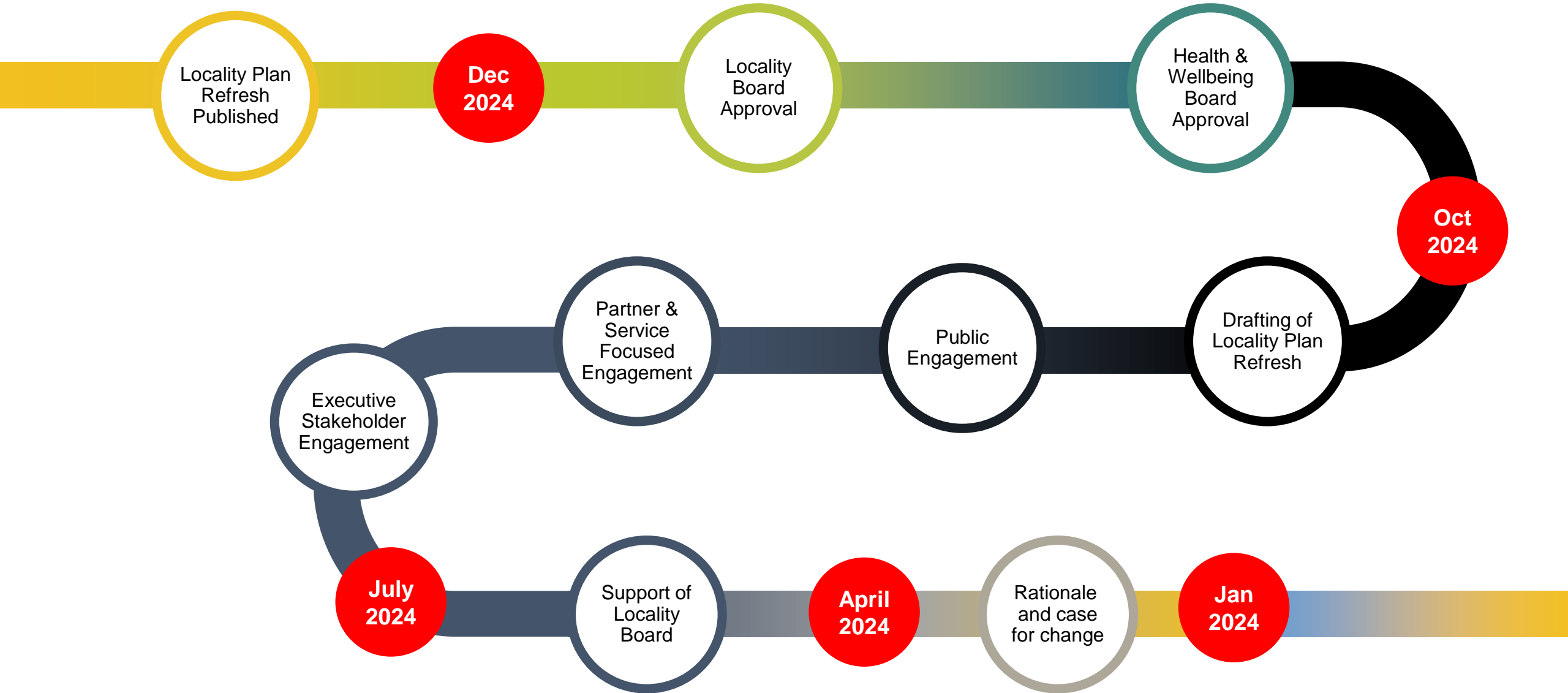
- There will be a specific focus during the engagement from Healthwatch to gain representation from seldom heard groups across the borough

- Our proposal is to have three concurrent phases of engagement throughout August – October 24 focused on: Executive Stakeholder Engagement; Partner and Service Focused Engagement; Public Engagement

Timeline: System Engagement and Governance



Roadmap for Implementation of the Locality Plan Refresh





Trafford's Annual Delivery Plan

GM ICP Strategy: Improving Health & Care in Greater Manchester

Greater Manchester ICP set out a strategy for 2023-2028 with the region's priorities and missions.

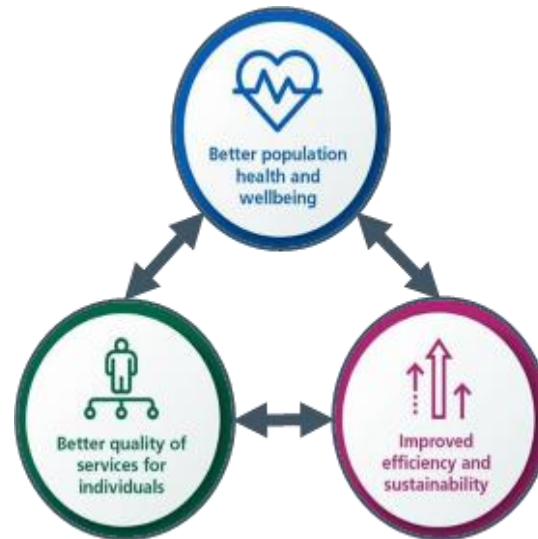
It was drawn up in the context of the introduction of the ICS under the Health and Care Act 2022, the restrained funding situation, the aftermath of the pandemic, and the cost-of-living increases.

It links into the wider Greater Manchester Strategy and the interconnected priority of a greener, fairer, and more prosperous GM.

It envisions a Great Manchester Model for Health, a social rather than predominantly medical model, which offers more than medicine and positively addresses the full range of determinants of health.

The strategy set out 6 missions:

1. Strengthening our communities
2. Helping people get into, and stay in, good work
3. Recovering core NHS and care services
4. Helping people stay well and detecting illness earlier
5. Supporting our workforce and our carers
6. Achieving financial sustainability



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Putting health at the heart of Greater Manchester

Improving health and care in Greater Manchester
2023-2028 strategy

Greater Manchester
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Partnership



NHS GM Single Improvement Plan

- The NHS GM Integrated Care Board has formally accepted the enforcement undertakings at its public board on 17th July 24.
- NHS GM has been developing an improvement plan to respond to the grounds for the undertakings.
- The Single Improvement Plan is structured around the four pillars against which NHS England is looking for additional assurance.
- Trafford's Delivery Plan for 2024/25 will contribute to addressing both local and Greater Manchester challenges

Leadership and Governance

- Deliver recommendations from leadership and governance review
- Implement the Good Governance Institute well led review
- Undertake gap analysis on our capability to work as a system
- Develop and implement system owned culture, values and beliefs

Performance and Assurance

- Stress testing the system and provider operational plans
- Identifying drivers of performance and implementing plans to address them
- Developing sustainable services for the future
- Identify and spread best practice and minimum standards of delivery

Financial Sustainability

- Robust assurance and oversight on delivery of annual financial plan
- Transition into an effective Finance and Performance Recovery process
- Develop three year plan to address underlying financial deficit position
- Clarify system commissioning intentions and implement

Quality

- Implement robust approach to provider oversight
 - Align GM system and locality assurance processes
 - Develop and implement approach to clinical quality and improvement
 - Implement a comprehensive GM approach to patient safety
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The Locality Contribution to GM Plans for 2024-25

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The GM approach to planning for 2024/25 was different to that of previous annual operational plans: GM committed to developing a broad, **System Delivery Plan for GM** rather than solely a response to the NHS guidance. There were 3 elements to our planning approach:

- The role of localities in **driving population health improvement and prevention at scale**. Upgrading our approach to prevention will need to be a major part of GM's overarching plan for 24/25
- The role of **providers in planning for activity, workforce, and finance to improve productivity** through the NHS operational planning process
- The role of **GM commissioning to drive the changes needed**

It was agreed a **Locality Delivery Portfolio** is developed for 2024/5 comprising:

- The outputs from locality **commissioning intentions** processes which would be consolidated to a GM level
- A set of priorities for 2024/25 identified **by each individual locality** – drawing on existing locality plans, the GM ICP Strategy and JFP, the Prevention Framework, SFF and other GM plans
- A small number of priorities **that all 10 localities** agree to focus on in 2024/25

The Locality Delivery Portfolio would then be built into the 2024/25 GM System Delivery Plan and updated GM Joint Forward Plan for the year ahead

Commissioning Intentions & Priorities 24/25: Prioritisation



Following support from the Trafford Locality Board to submit our draft local commissioning intentions and priorities to NHS GM further work has been carried out by the locality team to finesse the detail of the draft submission, clearly articulating **commissioning intentions** and **other priorities, projects and programmes**

Not all the draft commissioning intentions and priorities were deliverable in 2024-25 for a variety of reasons and, therefore, the board agreed to complete a **prioritisation exercise** to enable the locality to **reduce the number of priorities to something more manageable** and **within available resources**.

The GM Commissioning Oversight Group developed a **prioritisation criteria** to determine which priorities will have the most significant impact, in terms of alignment with the GM ICP strategy, the emerging sustainability plan and to addressing the triple deficit:

- An underlying financial deficit
- A performance and quality deficit
- A growing population health deficit

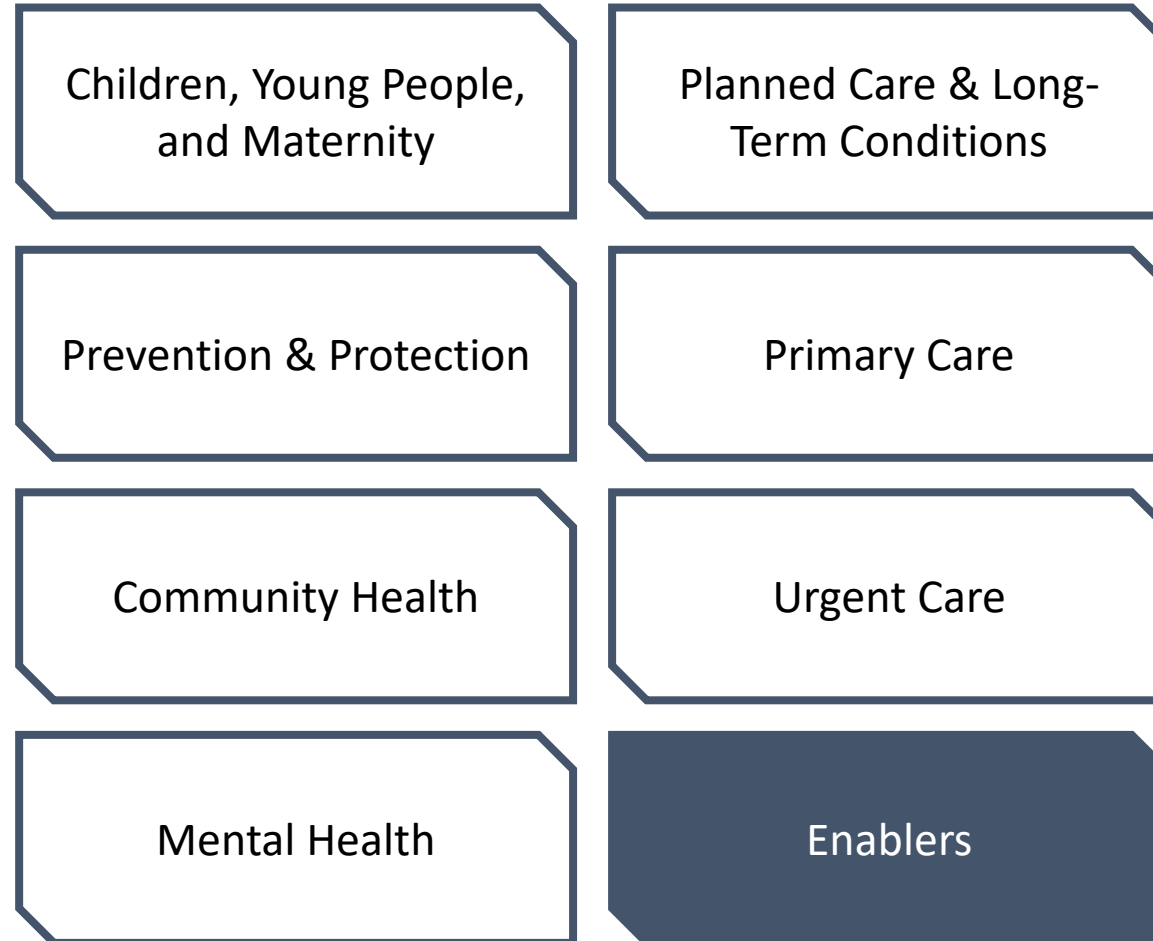
Locally we have adopted the methodology and will be working with our multi-stakeholder Locality Plan Refresh Group, supplemented by specific commissioner/provider planning meetings to collectively agree our commissioning intentions and priorities for 24/25









Strategic priorities	Will this intervention support the delivery of our constitutional responsibilities, in respect of: • Our performance • Achieving financial balance / addressing the financial deficit Will this intervention address demand management, i.e., alleviating the pressures on UEC, deflections from secondary care? Does the service/model address inequity of service provision and access across Greater Manchester?
Addressing Health Inequalities	Does the service/model reduce health inequalities for GM people? Does the service/model support improving population outcomes? particularly focusing on prevention and early intervention? Is it accessed disproportionately by a marginalised or deprived group/area or targeted at such?
Cost effectiveness (inc. comparison to alternative models of care)	Is there evidence or expectation of improved value for money? Is there evidence of cost effectiveness, to alternative services/service models for the same patient group or conditions? Will this intervention contribute to prevention of future new health conditions?
Value for money (including opportunity costs)	Will this reduce the cost per head for the population that might benefit potentially from this intervention? Is this a recurrent? Is there an opportunity for releasing resources? (Resources include workforce, estate, and finance). Will this intervention affect system finances / other partners, i.e., create additional work/pressures/cost? Will there be capital implications and if so, will they be rated as a priority for NHS GM capital? Can we take costs out of the system, i.e., reduce hospital bed base, workforce, estates?
Quality & outcomes	Is the service delivering on its commissioned outcomes? Is there any clinical / service risk? Is there evidence of new or innovative models or technologies/learning from elsewhere which could enhance the pathway/patient outcomes?
Deliverability	Do the resources required to undertake the work outweigh the benefits, outcomes, inequalities and cost effectiveness? Are there any other drivers which would impede progress, i.e. political, technology, estate implications?

Trafford Priorities 2024/25



- Through the prioritisation process we have agreed 112 delivery priorities and commissioning intentions.
- Some priorities span and cut across different themes
- From the agreed commissioning intentions and delivery priorities, we can draw out 7 Strategic Priorities, alongside the Enablers.
- Each individual commissioning intention and priority is arranged into the strategic priority groupings



	Delivery Aim	Summary Scope of Delivery		Key Governance Forums
Children, Young People, and Maternity 	To support children and parents to encourage and promote good mental and physical health in children. To support those with special needs and disabilities.	<ul style="list-style-type: none"> Enhance Smoking & Healthy Weight offer Implement school nursing health offer Supporting social care sufficiency Integrated approach to early years 	<ul style="list-style-type: none"> Autism & ADHD pathways & offers Review CYP community health Violence reduction programmes Speech & Language reform 	Trafford Provider Collaborative Board Best Beginnings Board SEND Board Trafford Family Help Board Children's Commissioning
Prevention & Protection 	To improve our offer of services aimed at protecting residents from harm to their health	<ul style="list-style-type: none"> Drug & alcohol prevention & treatment Domestic Abuse services recommissioned Increased take up of immunisations & MMR Supporting active travel 	<ul style="list-style-type: none"> Supervised toothbrushing scheme Reduce smoking prevalence Enhance sexual health services Strategic development of the Women's Health Strategy 	Health & Wellbeing Board Tobacco Alliance Health Protection Board Domestic Abuse Partnership Board Age Well Partnership Board
Community Care 	To ensure people have access to good quality care in the community all at stages of life	<ul style="list-style-type: none"> Establishing women's health hubs Transform our community mental health offer Review of our Discharge to Assess model 	<ul style="list-style-type: none"> Improve aging well services across home care, hospice at home, falls prevention Remodel reablement services 	Trafford Provider Collaborative Board Falls Steering Group Women's Health Steering group
Mental Health 	To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people	<ul style="list-style-type: none"> Roll out of Living Well service Reduce use of out of area placements Reduce length of acute inpatient stays Develop a single point of access 	<ul style="list-style-type: none"> Support programme for isolation, relationships, suicide prevention Reduce Tier 4 admissions for children Review children's mental health Thrive offer 	Health & Wellbeing Board Trafford Provider Collaborative Board All Age Mental Health Group
Planned Care & Long-Term Conditions 	To support people with planned care and long-term conditions with timely and effective care, and to increase prevention	<ul style="list-style-type: none"> Leisure schemes to increase activity MSK community triage and assessment LTC pathway redesign with prevention focus Increase uptake of health checks, screening 	<ul style="list-style-type: none"> Improve early detection of cancer and survival rates Targeted lung health checks across practices 	Fairer Health for Trafford Partnership Health Checks Steering Group Health Protection Board Primary Care Commissioning Committee Trafford Moving
Primary Care 	To support primary care to provide the best and most appropriate service to people in an accessible and timely manner	<ul style="list-style-type: none"> Recovery of access to primary care Social prescribing review Focus on CVD and diabetes Develop new spirometry service 	<ul style="list-style-type: none"> Winter capacity increase Implementation of Pharmacy First Improving the primary/secondary interface Recommission public health services 	Trafford Provider Collaborative Board Primary Care Commissioning Committee Trafford GP Board Social Prescribing Steering Group
Urgent Care 	To enable people to receive the right care, in the right place, swiftly.	<ul style="list-style-type: none"> Enact Urgent Care Review recommendations Deliver UEC Recovery Plan priorities Support the new Trafford Crisis Response Implement a High Intensity User model 	<ul style="list-style-type: none"> Right Care, Right Person for mental health Access to 111 for mental health users Admission avoidance programmes Review, recommission out of hours contracts 	Trafford Provider Collaborative Board Urgent Care Board All Age Mental Health Group Trafford GP Board
Enablers 	Creating the conditions for effective change	<ul style="list-style-type: none"> New governance for autism, carers and learning disabilities SEND commissioning strategy 	<ul style="list-style-type: none"> Joint Strategic Needs Assessment Trafford Workforce Delivery Plan 	Autism Board Carers Board JSNA Steering Group

Children, Young People, and Maternity



Delivery Aim:
To support children and parents to encourage and promote good mental and physical health in children. To support those with special needs and disabilities.

Intentions	Measures of Success
Improve sufficiency in the residential market	
Implement Safe Places Programme	
Healthy Weight additional focus on early years and pregnant women experiencing obesity	
Enhance vaping and smoking awareness and cessation offer for schools, parents and carers and young people	
Implement a clear, needs-led school health offer through our school nursing service ensuring integration with other public health and family help services	
Recommission young people's chlamydia and gonorrhoea testing	
Development and full implementation of the GM neurodevelopmental pathways programme for Autism and ADHD	
Implement integrated support offer targeting vulnerable cohorts including a pre and post diagnostic offer & waiting well support	
Implement findings from GM Balanced System (Speech and Language)	
Recommission Short Breaks Offer	
Commission Youth Voice offer including SEND Youth Voice	
Implement Partnerships for Inclusion of Neurodiversity in Primary Schools	
Continue to implement future waves of Autism in Schools offer	
Review of Children's Community Health Services	

Work in progress

Children, Young People, and Maternity (continued)



Delivery Aim:
To support children and parents to encourage and promote good mental and physical health in children. To support those with special needs and disabilities.

Intentions	Measures of Success
Understanding and responding to the specific health needs of children and young people who are cared for/care experienced, in the criminal justice system, victims of/at risk of exploitation, victims of domestic abuse and who have experienced other forms of trauma/adverse childhood experiences (ACEs).	
Improve the information and advice available to families and professionals to promote health and wellbeing for children and families	
Review of Children’s Sufficiency Statement	
Implement action plan in response to SEND Inspection: Leaders across the partnership should develop, deliver and embed a clear approach to address how they will support children and young people with a range of mental health and neurodiverse needs. This includes identification, assessment and support for children and young people, with or without a diagnosis	
Violence reduction programmes – continue utilisation of grant funding to employ Violence Reduction Co-ordinator and commission bespoke violence reduction projects.	
Progress an integrated approach to early years, including Maternity, recognising the importance of 1,001 critical days	
To support development of integrated family hub offer	

Work in progress

Prevention & Protection



	Intentions	Measures of Success
<p>Delivery Aim: To improve our offer of services aimed at protecting residents from harm to their health</p>	Commission Tier 1,2 and 3 Integrated Sexual Health Services (contraception and STIs)	
	Reduce the number of smokers in Trafford with a particular focus on groups with higher rates.	
	Domestic Abuse services re-commissions	
	Public Health work across primary and secondary care and VCSFE to increase take up of LARC and STI testing and prevention	
	Nutrition & hydration – continue online training offer and physical resources for older people in the community	
	Health Protection and Infection Control – increasing take-up of immunisations, improve IPC in community settings and prevent and manage outbreaks.	
	Increase MMR uptake across Trafford population to protect against and reduce impact of national measles incident.	
	Active Travel Activation Fund – behaviour change programmes linked to physical infrastructure projects	
	Oral Health – evaluation and continuation of supervised toothbrushing scheme	
	Drugs and Alcohol Prevention, Treatment and Recovery – recommissioning of outreach and treatment provider collaborative to prevent harm, increase numbers in treatment and successful exits and build sustainable recovery communities	

Work in progress

Community Care



Delivery Aim:
To ensure people have access to good quality care in the community all at stages of life

Intentions	Measures of Success
Develop a Single Point Of Access	
Review of Trafford’s D2A model, including enhanced 1:1 model.	
Review and remodelling of Trafford Reablement Services.	
Development of Equipment services including; reprocurement of OSRC, equipment support, OT review and implementation of Ask Sara	
Develop and implement bespoke quality assurance tool for Trafford social care provision	
Recommission Extra Care	
Recommission Home Care	
Implement an FPS for Care Homes	
Redesign of Trafford’s specialist palliative care services, including Hospice at Home.	
Deregister 3 properties	
Decommission unoccupied properties and replace with new models of accommodation	
Programme of retendering Learning Disabilities supported living services in line with contract dates	
Retender advocacy services	
Review, remodel and consider recommissioning Shared Lives service	

Work in progress

Community Care (continued)



Delivery Aim:
To ensure people have access to good quality care in the community all at stages of life

Intentions	Measures of Success
Capacity building and establishment of a Women’s Health Hub in Trafford	
Falls Prevention – re-commissioning of falls prevention strength and balance service.	
Intermediate care: Undertake independent review of IMC Pathways (including Ascot House) To continue to pause 9 IMC beds for 24/25 To agree a financial arrangement for 24/25.	
Dementia Advisors – re-commission Memory Loss Advisory Service in partnership (Public Health/ICB/Adult Social Care Commissioning)	
Delivery of 24/25 Community Service Review Programme.	
Roll out Oliver McGowan training	
Review and implement PIPOT approach	
Develop detailed needs assessment of people with learning disabilities and autism to inform an accommodation approach	
Implementation of Self-referral in community health services	

Work in progress

Mental Health



Delivery Aim:
To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people

Intentions	Measures of Success
Childrens: Review Children Young People (CYP) THRIVE offer including the retender of 5-12 Mental Health service	
Childrens: Continue to increase Mental Health Support Teams across Trafford Schools	
Children and Families: Increase access to evidence-based care for women with moderate to severe perinatal mental health difficulties	
Childrens: Implement integrated support offer targeting vulnerable cohorts – E.G EBSNA / SEMH / Eating Disorder	
Adults: Complete the roll out of the Trafford Living Well service	
Adults: Implement the Mental Health Flexible Procurement System for accommodation and care	
Adults: Review / expand the existing BlueSci at Night Crisis Café using the additional investment into crisis services (VCFSE) noted above	
Adults: Reduce the use of Out of Area Placements for mental health patients and reduce length of acute inpatient stays	
Childrens: Reduce the number of CYP accessing inpatient and Tier 4 admission	
Childrens: Develop a Single Point of Access across mental health services and establish connecting to First Response	
Childrens: CYP with a LD and / or Autism diagnosis are included on the dynamic support database and have access to intensive support and keyworker services	
Childrens: Invest and support programmes to promote emotional wellbeing in schools, neighbourhood networks, primary care and other partners including delivery of training and programmes of work around isolation, relationships and suicide prevention.	
Adults: Invest and support programmes to promote neighbourhood networks, primary care and other partners including delivery of training and programmes of work around isolation, relationships and suicide prevention.	
Mental health inclusion in NCTs	
Community Mental Health Transformation, transforming our community offer	

Work in progress

Planned & Long-Term Conditions



Delivery Aim:
To support people with planned care and long-term conditions with timely and effective care, and to increase prevention

Intentions	Measures of Success
Participate and deliver Targeted Lung Health Checks (TLHC) across PCN footprint	
Deliver GP referral and in-reach schemes for Trafford Leisure and Be Active Urmston for patients with LTC's	
Healthy Lives targeted projects to increase uptake of health checks, screening and brief interventions through voluntary sector	
Deliver MSK community triage and assessment days for those with back pain in partnership with Trafford Leisure, TLCO and VCFSE sector partners.	
End to end pathway redesign of LTCS across primary, community and secondary care with a focus on primary and secondary prevention (and earlier detection).	
Improve earlier detection of cancer and survival rates, linking to pan GM programmes with locality roll out and integration into Neighbourhood Programme.	
Increase uptake of screening programmes, with a focus on the people engaging with communities and cohort where uptake may be low.	
Early Diagnosis – achievement of LTP 75% ambition; incorporating work on primary care pathways / PCN DES, symptom awareness, timely presentation, FIT in lower GI pathways; improvements in screening uptake	
Population health management projects within primary care and VCSFE to prevent and manage LTCs	

Work in progress

Primary Care



Delivery Aim:
To support primary care to provide the best and most appropriate service to people in an accessible and timely manner

Intentions	Measures of Success
Enhanced services review (linked to GM programme) with specific focus on Locally Commissioned Services.	
Development and delivery of Quality Contract 24/25 focusing on Prescribing / CVD / Diabetes	
Development and implementation of a Spirometry service Trafford wide	
Evidenced based Winter capacity schemes for delivery in 24/25	
Review and re-commission locally commissioned public health services in primary care – NRT and smoking cessation, EHC, Alcohol Brief Interventions and LARC.	
Social Prescribing Review	
Continued recovery of Access to Primary Care	
Primary/Secondary Care interface - This work builds on the National Delivery plan for recovering access to primary care mandates Integrated Care Systems to improve the primary-secondary care interface, based around basic four principles (Complete care, Call and recall, onward referral, Clear points of contact) to promote clinical safety and efficiency, reduce bureaucracy and improve the patient journey.	
Review of Pharmacy Needs Assessment (statutory requirement)	
Implementation of Pharmacy First in Trafford	
PCN neighbourhood working (all age).	
Delivery of Primary Care Blueprint	

Work in progress

Urgent Care



Delivery Aim:
To enable people to receive the right care, in the right place, swiftly.

Intentions	Measures of Success
Review and recommission Out of Hours (OOH) contracts including Urgent Treatment Centre/Trafford Patient Assessment Service contracts ensuring delivery of an OOH offer closer to home for patients in Trafford	
High Intensity User model implementation following Test & Learn.	
Preparation for Right Care Right Person for Mental Health Service users	
Providing access to 111 for Mental Health Service users	
Complete, develop, implement and deliver the recommendations from the Trafford Urgent Care Review	
Develop and improve processes and pathways connected to the newly implemented Trafford Crisis Response and D2A Pathway 1 services	
Reduce Non-Elective admissions, Length Of Stay and readmissions through Admission Avoidance programmes (dependant on Hospital @ Home model and delivery)	
Delivery of the priorities outlined within the UEC Recovery plan for the locality.	

Work in progress

Enablers



Delivery Aim:
Creating the conditions for effective change

Intentions	Measures of Success
Recommission Supported Internship Programme	
Establish Fairer Health for Trafford Partnership – Health Inequalities Strategic Oversight Group	
Workforce development , including international recruitment	
Joint Strategic Needs Assessment updates and new products	
Trafford Participation Strategy and Framework	
Trafford Workforce Delivery Plan 24/25	
Development of the Learning Disability Board	
Development and delivery of the Women’s Strategy	
Development of the Carers Board	
Development of the Autism Board	
Develop a SEND Mental Health Strategy	
Refresh of SEND JSNA and development of a SEND Commissioning Strategy	
Working alongside GM system group to ensure GM standards on delivery of services.	

Work in progress



Trafford's vehicles for delivery

Trafford Health & Wellbeing Board



- The Trafford Health and Wellbeing Board exists to improve population health outcomes through strategy development, improving partnership working, and using knowledge of local needs from the Joint Strategic Needs Assessment to improve services. The Board seeks to ensure interventions are evidence based, measurable and add value.
- The overriding aim is to increase the number of years people spend in good health. This is measured by Healthy Life Expectancy (HLE), a guide to the population's general health. It also bears in mind the variation in HLE across the borough, which peaks at 16 years difference, and the variation across age ranges with a marked greater need for older residents.
- By preventing poor health and on promoting wellbeing, we will reduce health and social care costs, and enhance resilience, employment and social outcomes.
- There are 5 key responsibilities of the board, and 5 key priorities supported by the Boards sub-governance forums and groups responsible for delivery of activity against the strategic priorities

Our Responsibilities

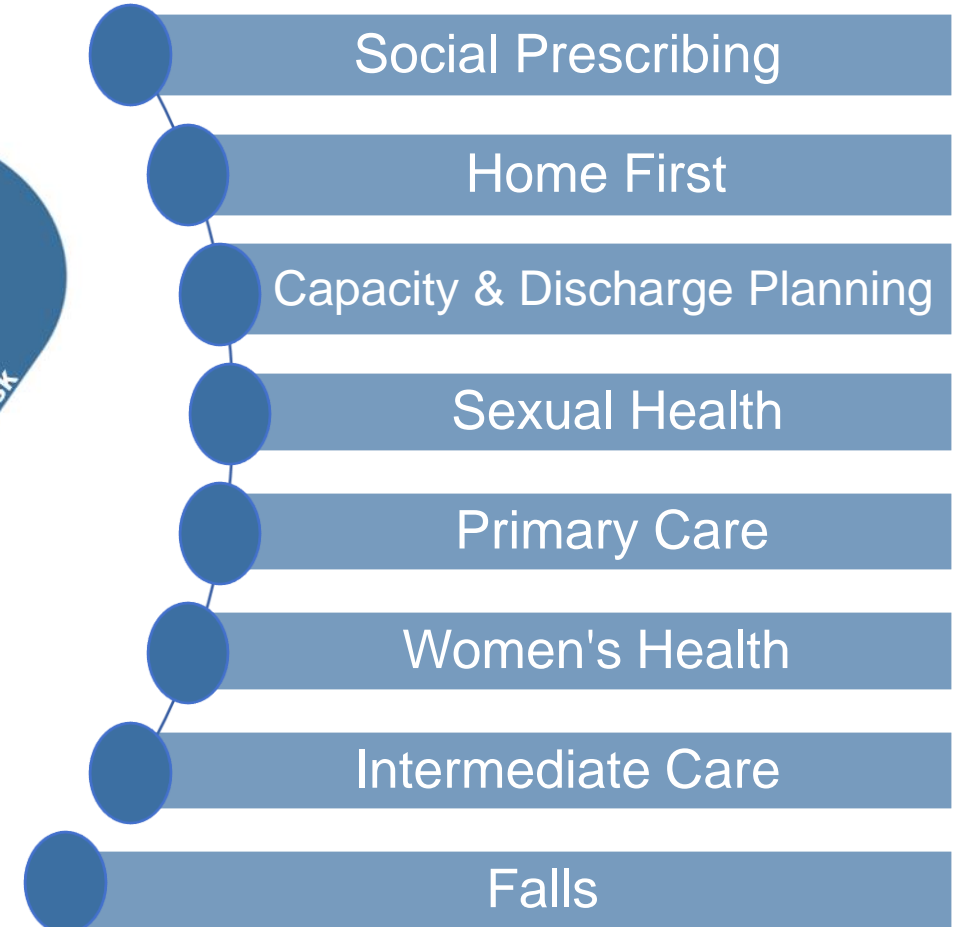
- Joint Strategic Needs Assessment
- Better Care Fund
- Child Deaths in Trafford
- Health Protection and Infection Prevention and Control
- Trafford's Women's Voices

Our Priorities

- To support our residents to be a healthy weight
- To reduce the impact of poor mental health
- To reduce the number of people who smoke or use tobacco
- To reduce physical inactivity
- To reduce harms from alcohol

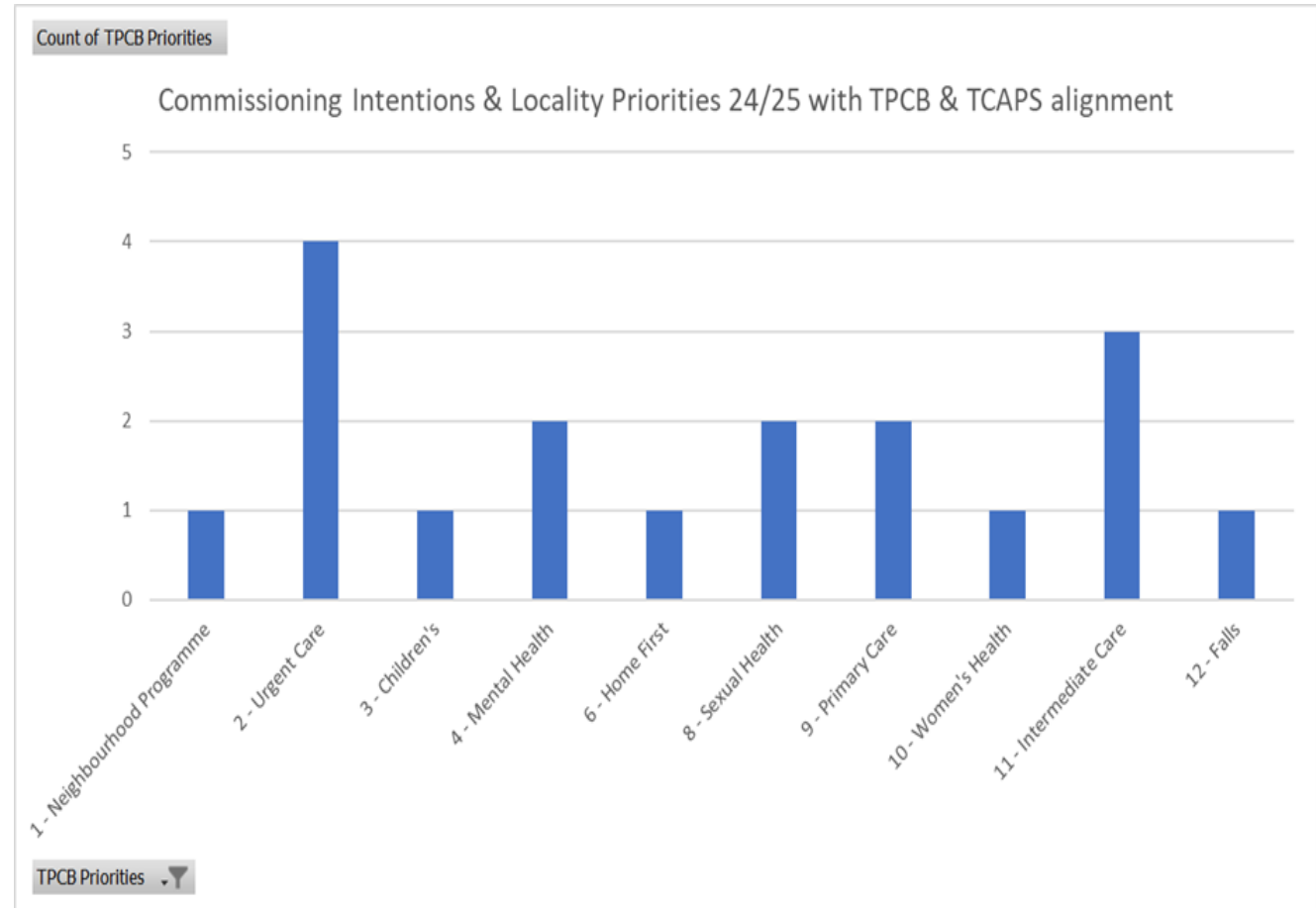
Trafford Provider Collaborative Board: Commissioning Intentions and Priorities 24/25

- There are **50 noted commissioning intentions and priorities** that overlap with the Trafford Provider Collaborative Board's agreed priorities for 24/25
- This work is under **constant review** to ensure the most relevant are brought through the Board
- A **structured work programme and reporting schedule** has been developed to ensure we monitor progress and outcomes
- Many of the intentions will have additional, **complimentary governance routes**, that have been identified, so particular attention will be paid to ensuring the correct reports work through the TPCB this coming year.



Trafford Clinical and Practitioner Senate (TCAPS): Work Programme 24/25

- TCAPS has assessed its initial priorities and capacity, and **aligned its work programme for 24/25 with that of the TPCB.**
- There are **18 Commissioning Intentions and Locality Priorities for 2024/25** that have been both identified which will now form the basis of the TCAPS Work Programme this year - these have been 'grouped' and articulated in the table to the right-hand side.
- TCAPS will now work to **assign NHS GM Clinical Leads** and where feasible **identify wider clinical and practitioner leadership** for each of the priorities
- TCAPS will **remain flexible to emergent priorities and challenges** and will amend its work programme accordingly



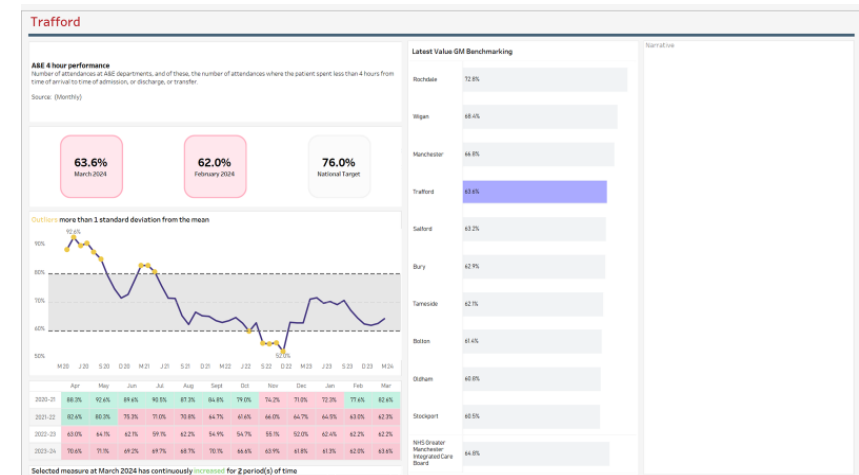
Performance / Reporting

How we know we've made a difference

- We are progressing to define a series of outcome metrics for the 112 deliverables to sit alongside the defined outputs
- Many deliverables have existing outcomes and established recording and reporting measures at a local level. Other deliverables are at an earlier stage and performance metrics will be developed with stakeholders
- Reporting process of the outputs and outcomes will then be integrated into the governance processes for tracking and monitoring. Reporting cycles will be aligned with the regular board dates.
- The Trafford Locality Board is in receipt of a Locality Scorecard which contains high level metrics relevant to its delegated responsibilities
- It is the aim that TPCB and its reporting forums will enhance their current performance arrangements to ensure project and programme specific updates into the Board contain adequate performance reporting and accompanying narrative and analysis
- The Health & Wellbeing Board priority areas will also have their key outcomes and metrics to be monitored as part of that governance.
- Future efforts will align these with the outcome metrics recorded against our 112 deliverables, together this will strengthen our grip on performance of all our strategic priorities across the system
- We are reviewing our data visualisation output to ensure this is efficient and timely, and any dashboards or scorecards are available to all key stakeholders.

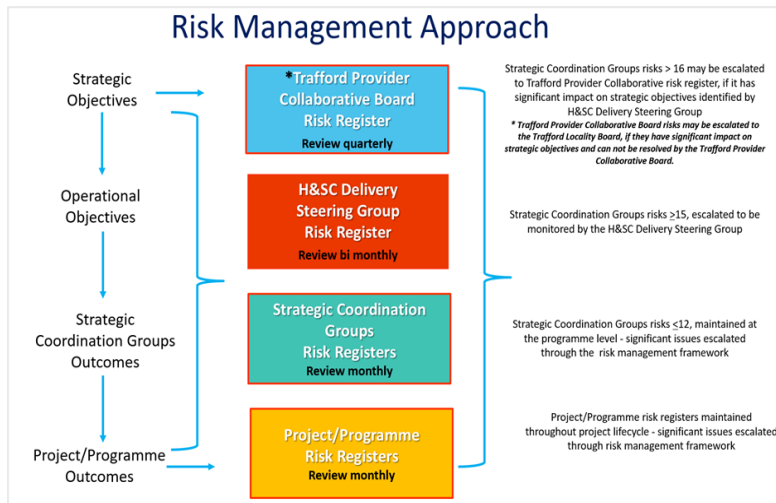
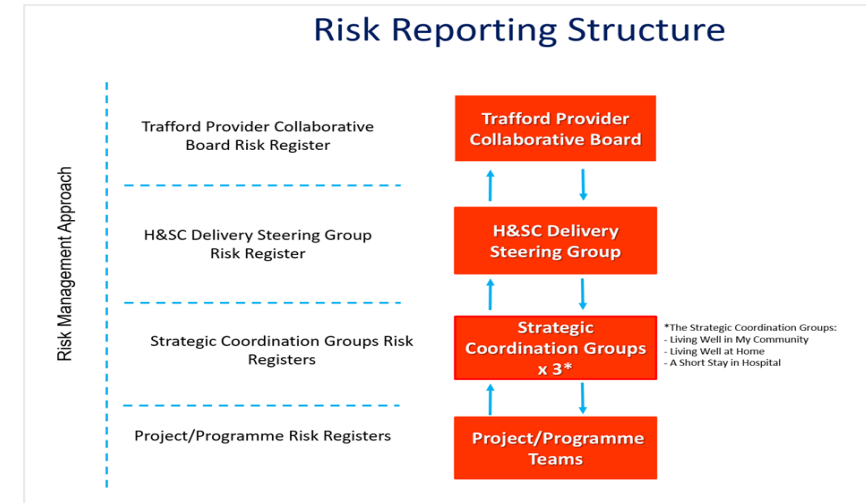
Trafford - Oversight Metrics

System	Code	Mission	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Urgent Care	N/A	ABE 4-hour performance	Monthly	Jun-24	67.4%	66.2%	+	76.0%	6,206	7,720	N/A
	N/A	ABE Attendances	Monthly	Jun-24	7,720	8,078	-	N/A	N/A	N/A	N/A
	1222a	Adult general & acute bed occupancy adjusted for void beds (Type 1 Only) (MFT)	Monthly	Mar-24	94.0%	94.4%	-	92.0%	1,886	2,006	Inter
	N/A	No Reason/Criteria To Reside patients (NCTE) as % of occupied beds	Monthly	Jun-24	17.9%	15.4%	+	76.7%	2,736	15,268	N/A
Cancer	19411	Total number of specific acute non-elective axials	Monthly	Jun-24	1,128	1,283	-	N/A	N/A	N/A	Lower
	N/A	Cancers Diagnosed At Early Stage using Full Registration Date	Annual	Dec-21	68.2%	63.7%	+	78.0%	893	1,096	Upper
Mental Health & Learning Disabilities	5030a	% of patients aged 16+ with a completed ID health check	Monthly	Apr-24	6.7%	65.2%	-	75 %	73	1,095	Upper
	8409	Access to Children and Young Peoples Mental Health Services	Monthly	May-24	4,375	4,600	-	1,141	N/A	N/A	Inter
	84011	Dementia: Diagnosis Rate (aged 65+)	Monthly	May-24	65.6%	64.7%	+	66.7%	1,890	2,881	Inter
	84011	Dementia: Diagnosis Rate (aged 65+)	Monthly	May-24	65.6%	64.7%	+	66.7%	1,890	2,881	Inter
	1086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Monthly	Mar-24	470	480	-	0	N/A	N/A	N/A
	1225a	Long length of stay for adults (Mft patients over 60 days)	Monthly	Mar-24	67.6%	65.7%	+	0%	35	40	Lower
	N/A	Number of MH patients with no criteria to reside (NCTE)	Monthly	Jun-24	7	10	-	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCTE)	Monthly	Jun-24	3.9%	24.9%	-	N/A	7	71	Inter
	1222a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Mar-24	2,080	2,090	-	3,103	N/A	N/A	Inter
	5082a	Taking Therapies: Access Rate	Monthly	Apr-24	540	465	+	N/A	N/A	N/A	Inter
	5132a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Mar-24	170	168	+	N/A	N/A	N/A	Lower
	Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts (MFT)	Monthly	May-24	95.6%	95.2%	+	N/A	496	482
5030b		% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar-23	63.3%	60.7%	+	77%	23,942	36,108	Inter
Primary Care	1053a	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Dec-23	64.7%	63.2%	+	60.0%	7,165	11,070	Upper
	1229a	GP appointments: percentage of regular appointments within 14 days	Monthly	May-24	68.0%	67.8%	+	60.1%	107,615	122,034	Upper
Quality	1042a	E coli blood stream infections	Monthly	May-24	164	170	-	N/A	N/A	N/A	Upper
	1044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Apr-24	51.0%	51.2%	-	87.3%	N/A	N/A	Inter
1046a	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Apr-24	8.2%	8.4%	-	10%	12,600	137,800	Lower	



How we will manage risk

- Both the TLB and TPCB have an established approach to risk management
- Due to the changing governance and new priority programmes, it is proposed we refresh our current arrangements – the diagrams depict previously agreed arrangements, but the cessation of Strategic Coordination Groups and evolving Trafford partnership governance suggests our arrangements require updating.
- TPCB in particular needs to be able to effectively oversee the risks contained within its strategic priority programmes



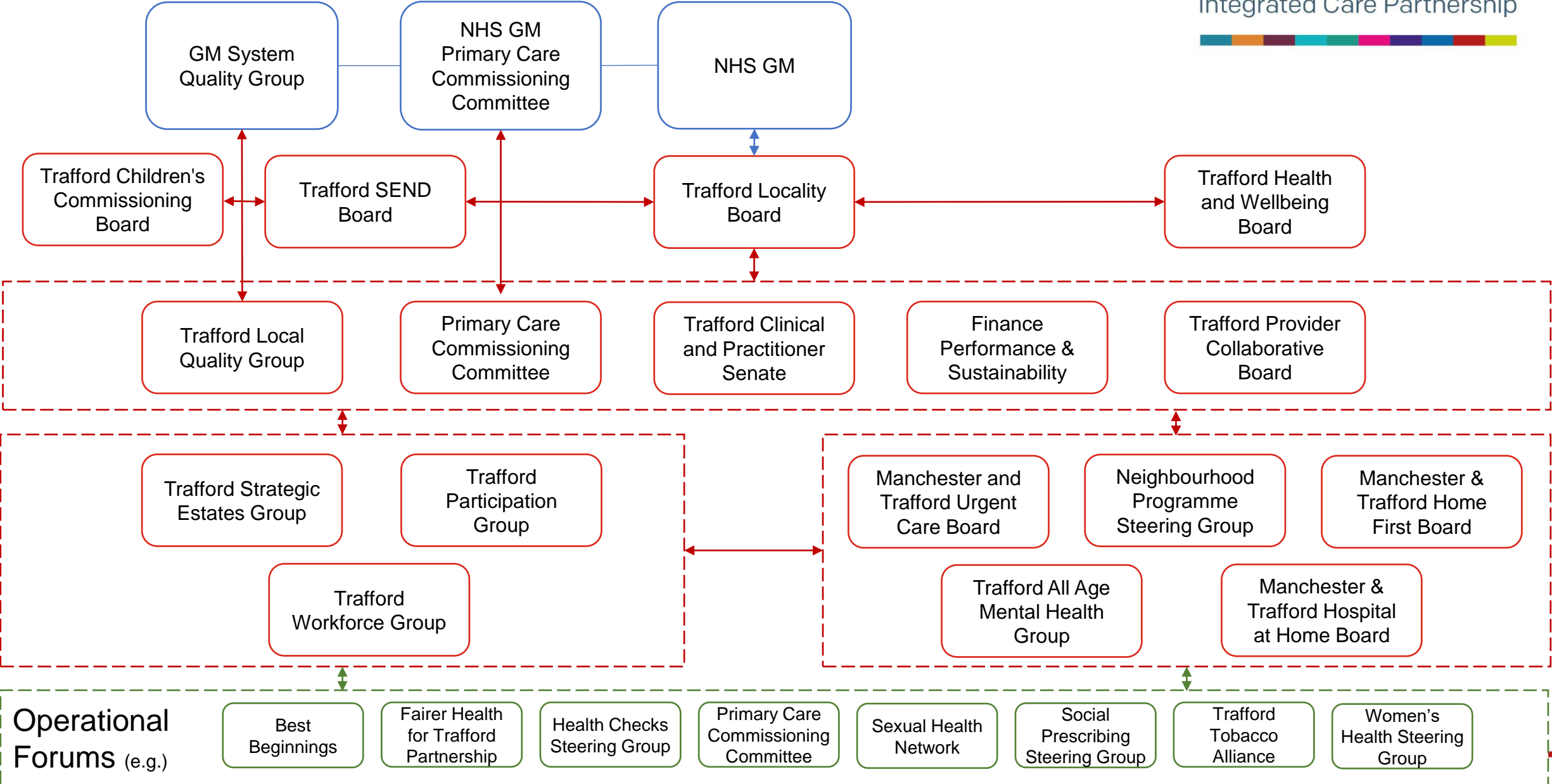
- TPCB needs to be a forum where affiliated groups can secure support, advice and guidance in the common pursuit of mitigating programme risks
- TPCB will escalate and have a direct relationship with the Trafford Locality Board System Risk register, where appropriate
- Trafford Locality Quality Group has solid arrangements to deal with quality concerns
- It is proposed we review risk management protocols with engagement from relevant forums, partnerships and programmes.

Governance



- The intentions will be overseen through a wide variety of operational governance structures relevant to the subject at hand.
 - For example, the Falls Steering Group will have operational governance of the intention around recommissioning the falls prevention, strength, and balance service and report into the Trafford Provider Collaborative Board for support, assurance and decision making where applicable
 - At a strategic level, there are fewer governance structures, and approximately half of the intentions have two identified strategic forums.
 - The most common strategic governance forum is the Trafford Provider Collaborative Board which reports directly to the Trafford Locality Board
 - These maturing governance structures will form the basis of the reporting arrangements of the activity undertaken, and any qualitative or quantitative metrics measured – utilising the established Finance, Performance and Sustainability Group
-

System Governance & Connectivity



Strategy and Planning

- To ensure we respond to feedback from all partners and have effective governance arrangements in place we will establish:
 - ❑ Strategy and Planning Huddle
 - ❑ Strategy and Planning Group
- The **Strategy and Planning Huddle** will be a short (30 minute maximum) informal online meeting at the beginning of each month to ensure board preparedness, socialise key agenda items, papers, developments at upcoming Boards and other key meetings and forums for that given month.
- The **Strategy and Planning Group** will be a bi-monthly focussed meeting on (90 mins) effective strategy development and planning. The Group will take learning from the local 24/25 planning process, take learning from the GM Planning Handbook (To be published) and develop a set of localised arrangements. The Group will have the ability to 'step up' frequency of meetings in specific times of the year as we enter more formal planning cycles and allow all partners the chance to influence individual and collective plans and priorities. The Group will also be a place to proactively share sector based and organisational strategy that has relevance to the Locality Plan aims and aspirations.





Tackling Health Inequalities

Fairer Health for Trafford: Tackling Health Inequalities

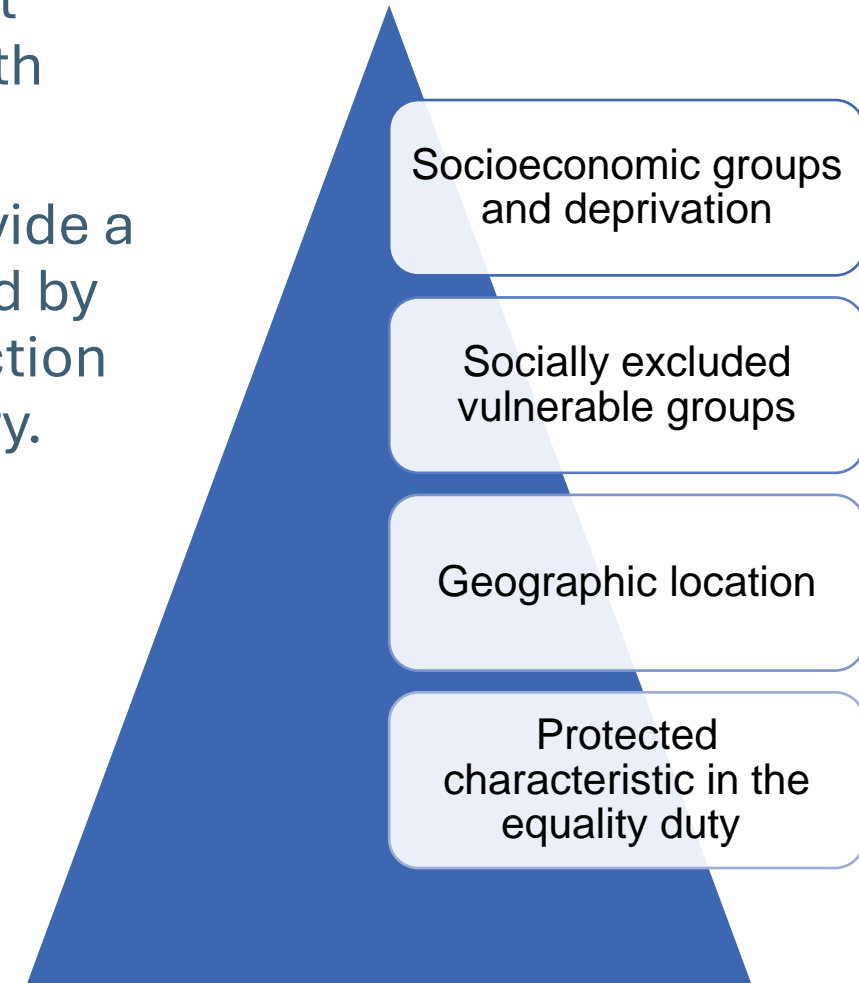


Fairer Health for All is a Greater Manchester framework that outlines our approach to addressing root causes of ill-health and inequalities across the city-region.

The Fairer Health for Trafford Partnership was set up to provide a focused approach to reducing health inequalities in Trafford by being a tactical forum that coordinates health inequality action across the borough, utilising current governance for delivery.

The partnership has identified 8 key areas of focus for its activity:

- Broomwood Community
- Old Trafford Community
- Partington Community
- People with Learning Difficulties
- People with Serious Mental Illness
- Unpaid Carers
- Care Experienced People
- People from the Traveller community





Our Commitment

Trafford's Commitment

Our commitment is for Healthy & Independent Lives for Everyone through.....

Better connected communities

Better wellbeing for our population

Better lives for our most vulnerable people

