



**TRAFFORD
COUNCIL**

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD

Date: Friday, 19 January 2024

Time: 10.00 am

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford M32
0TH**

A G E N D A	PART I	Pages
7. TRAFFORD LOCALITY REFRESH PLAN		1 - 18
<p>To consider a report sets out the draft approach for the curation of the Locality Plan refresh, incorporating the Trafford Health and Wellbeing Strategy and outlines the parallel process of curating the Trafford Delivery priorities for 2024/25.</p>		
8. BETTER CARE FUND		19 - 22
<p>(a) Quarter 3 Report Submission (Verbal)</p>		
<p>To seek approval from the Board to submit the Quarter 3 BCF Report to the Better Care Fund Central Team and Better Care Fund Manager by the deadline of 9th February 24.</p>		
<p>a) Changeology Support Proposal</p>		
<p>To ask the Board to support the proposal outlined in the paper which focuses on a review of demand and capacity bed requirements following the introduction of IMC at Home, and our current contracting and delivery model.</p>		

The Chair has agreed that these items be taken as urgent matters.

SARA TODD
Chief Executive

Membership of the Committee

Councillors L. Murphy, Wareing, J. Slater (Chair), K.G. Carter, R. Thompson, P. Eckersley, J. Brophy, H. Fairfield, R. Spearing, P. Duggan, D. Evans, M. Hill, J. McGregor, E. Calder, James, Gollins, M. Gallagher, Rose, Todd, J. Cherrett, M. Prasad, C. Davidson, Roe, C. Siddall and N. Atkinson.

Further Information

For help, advice and information about this meeting please contact:

Paul Rogers, Democratic Officer

Tel:

Email: paul.rogers@trafford.gov.uk

This agenda was issued on **Date Not Specified** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 19th January 2024
Report for: Information
Report of: Thomas Maloney, Programme Director Health and Care,
Trafford Council & NHS GM (Trafford)

Report Title

Trafford Locality Plan Refresh

Purpose

The report sets out the draft approach for the curation of the Locality Plan refresh, incorporating the Trafford Health and Wellbeing Strategy and outlines the parallel process of curating the Trafford Delivery priorities for 2024/25

The report covers the rationale, programme governance, ways of working, stakeholder management and outline content creation. The report also seeks feedback from the Board to help shape the level of engagement with staff and the public regarding the longer term refresh of the Locality Plan and support to ensure the existing Health and Wellbeing Strategy is central to the refresh exercise.

Recommendations

The Board are asked to:

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

Contact person for access to background papers and further information:

Name: Thomas Maloney
Telephone: 07971556872

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Trafford Locality Plan Refresh

Trafford Health and Wellbeing Board
January 2024

Trafford

Integrated Care Partnership



Part of Greater Manchester
Integrated Care Partnership



Presentation by:

Tom Maloney, Programme Director
Health and Care, Trafford Council and
NHS GM (Trafford)

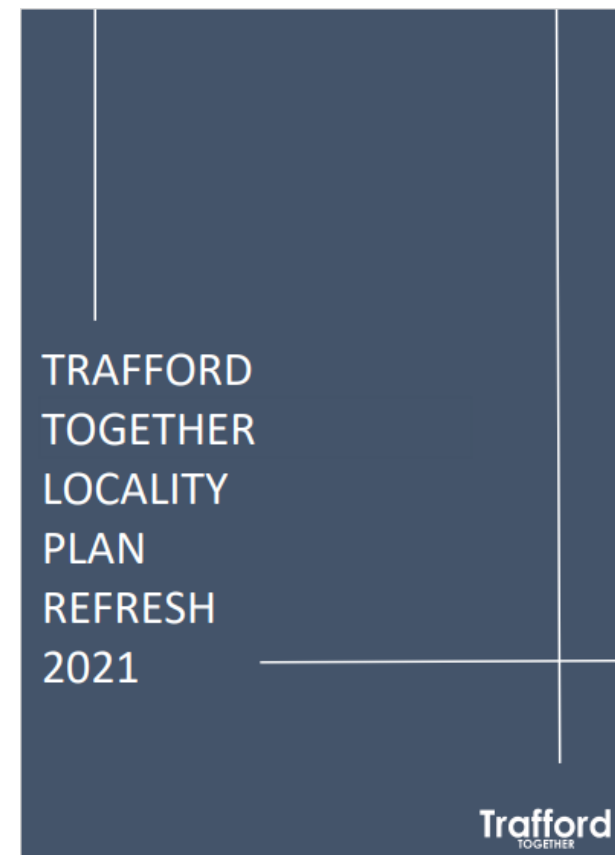
Trafford Locality Plan Refresh: Aim and Rationale

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

Rationale:
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
- Clarity on Locality structure
- 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)





- The GM ICP Strategy signals a shift to a preventive Social Model of Health and Care
- Our Joint Forward Plan includes a comprehensive Prevention and Early Intervention Framework

GM Social Model for Health and Relevant Strategy

Trafford Integrated Care Partnership



Carbon Neutral Action Plan View the Carbon Neutral Action Plan	Trafford Children's Improvement Plan View the Childrens Improvement Plan	Trafford Corporate Parenting Strategy View the Corporate Parenting Strategy	Trafford Corporate Equality Strategy View the Corporate Equality Strategy
Crime & Community Safety Strategy View the Crime & Community Safety Strategy	Trafford Digital Strategy View the Digital Strategy	Trafford Economic Recovery Plan View the Economic Recovery Plan	Trafford Health & Wellbeing Strategy View the Health & Wellbeing Strategy
Trafford Housing Strategy View the Housing Strategy	Trafford Older People's Housing Strategy View the Older Peoples Housing Strategy	Trafford Poverty Strategy View the Poverty Strategy	Trafford Carers, Family and Friends Strategy View the Carers, Family and Friends Strategy
Trafford Local Plan View the Trafford Local Plan	Trafford Together Locality Plan View the Trafford Locality Plan	Trafford Culture Strategy View the Culture Strategy	Trafford VCFSE Strategy View the VCFSE Strategy





GM Operating Plan: Locality Delegated Responsibilities

The planning and oversight of some NHS and Local Authority services will be led at place

NHS services under the scope of place level planning and oversight of delivery:

-  All **primary care services** including General Medical, General Pharmaceutical, General Dental, General Ophthalmic, GP Out Hours and GP Extended Hours
-  All **NHS community services** including community nursing and care, AHPs, health visiting, school, family, paediatrics, hospice care, individual placements CHC and intermediate care residential, home care
-  All **NHS community mental health, learning difficulty and autism services** including adult, CAMHS and IAPT services
-  Some **public health services** including social prescribing, diabetes prevention and local smoking cessation

Local authorities will determine which of their services to integrate with place, this will include:

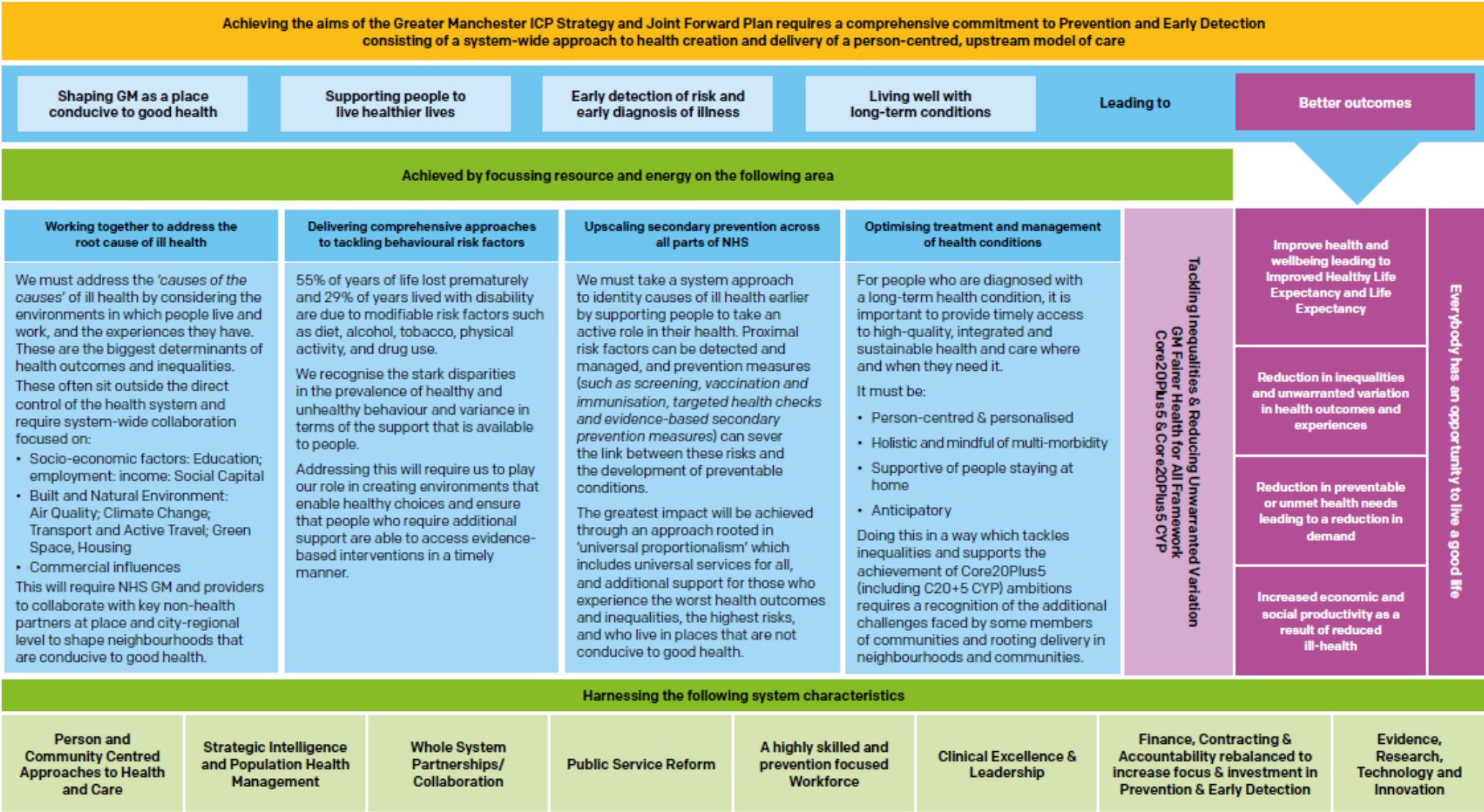
-  Social care services including residential and non-residential services for adults and children
-  **0-19 services including health visitors and school nurses**
-  **Mental health, LD and autism services** (Tier 1-3)
-  Public health and sexual health services including health improvement, drug and alcohol, health promotion

Local authorities could also collaborate on some services to create a ~~wide~~ offer, with the service delivered in place e.g. sexual health

We co-produced and agreed a comprehensive Prevention and Early Intervention Framework as part of our Joint Forward Plan



Greater Manchester



Example: Strengthening Our Communities

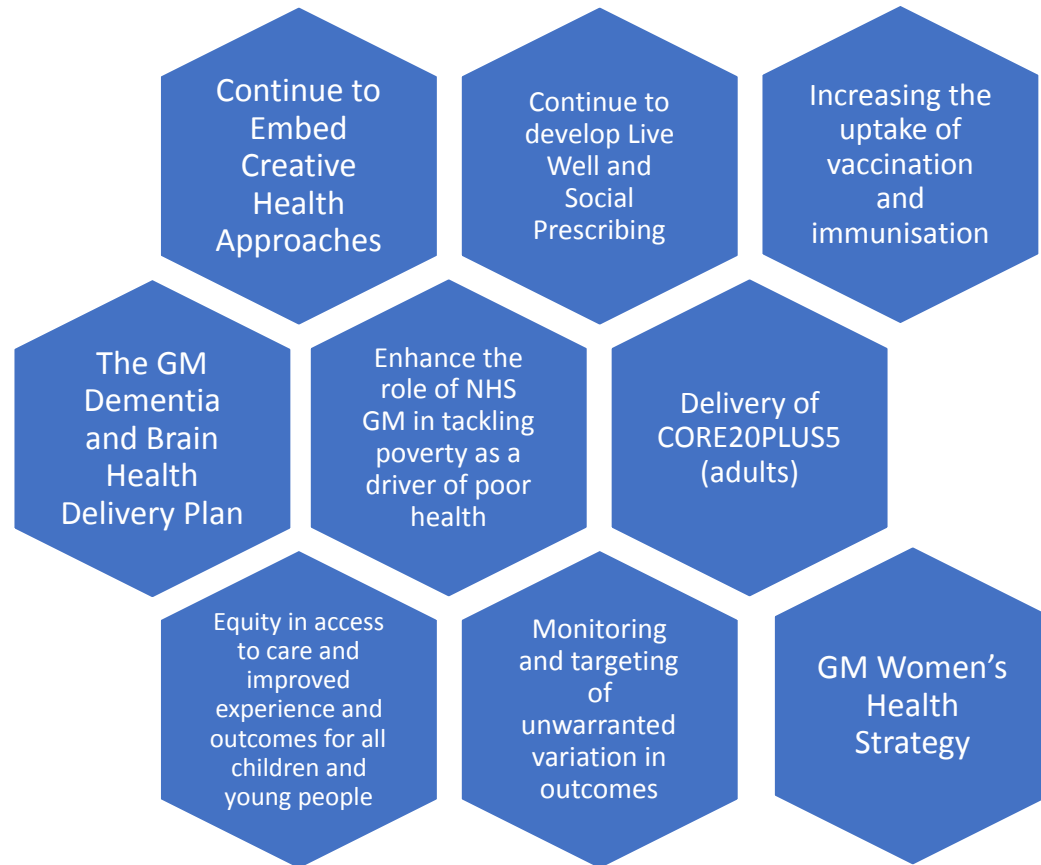
- Below is an extract from the draft analysis document which highlights our local delivery leadership and system leadership – where known. The orange shaded cells suggest there may be a gap in our governance or lack of clarity where the work resides at locality level.

Strengthening Our Communities		GM JFP Accountability					
Key Delivery Actions:		Measuring Our Delivery:	Delivery Leadership	System Leadership	Existing Locality Governance Delivery Leadership	Existing Locality Governance System Leadership	Proposed Locality Governance Delivery / System (if applicable)
1. Scale up and accelerate delivery of person-centred neighbourhood model	Continue to develop Live Well and Social Prescribing						Health and Wellbeing Board
	Continue to Embed Creative Health						
	Enhance the role of NHS GM in tackling poverty as a driver of poor health						Trafford Poverty Steering Group
	Expand community-based mental health provision				Mental Health Transformation Group	Trafford Locality Board	
	Living Well at Home				Adult Social Care Directorate Management Team	Trafford Locality Board	
	Take an inclusive approach to digital transformation				Manchester and Trafford Digital Board	Trafford Locality Board	
2. Develop collaborative and integrated working	Embed the VCSE Accord				Living Well in My Community		
	Deliver a GM-wide consolidated programme for those experiencing multiple						
	Embed the GM Tripartite Housing Agreement						
	Giving every child and young person the best start in life				Childrens Commissioning Board	Start Well	
	Ageing Well				Age Well Board	Health and Wellbeing	
	Increase identification and support for victims of violence						
3. Develop a sustainable environment for all	Delivering our Green Plan				Climate Emergency and Air Quality Commission	Health and Wellbeing Board	

GM Joint Forward Plan: Areas for further locality analysis / exploration



The Joint Forward Plan has 160 actions – from an initial analysis it is clear we need to understand where certain actions / work programmes reside in the locality. Particular actions which need exploring further have been extracted from the initial high-level analysis of the GM JFP – it is not assumed all this work has locality relevance, but it isn't clear which forums and/or organisations (where applicable) are leading and/or supporting delivery of these actions. It is also worth noting in many cases work will be underway on the below subject areas but there is opportunity to do more / do better:



Helping people get into, and stay in, good work

- Provide more consistent and reliable identification and support for Greater Manchester's unwaged carers
- Take action on the cause of staff sickness and improve wellbeing support
- Develop and deliver the Greater Manchester retention plan
- Working with employers to deliver GM Good Employment Charter
- Adapt the recruitment process to provide alternative entry routes for diverse talent
- Building a leadership culture committed to addressing health inequalities
- Embrace digital innovation to improve the way we work – starting with HR digitisation
- Develop our Greater Manchester careers approach to attract and support career development

Distilling our Key 'Drivers for Change'



GM ICP approach to planning

The GM approach to planning for 2024/25 is different to that of previous annual operational plans: we will develop a broad, **System Delivery Plan for GM** rather than solely a response to the NHS guidance. There are three 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 2024/5
- 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 is suggested a **Locality Delivery Portfolio** is developed for 2024/5 comprising:

- The outputs from the **commissioning intentions** process. These will be consolidated to a GM level but we will need to describe what delivery looks like in localities
- A set of priorities for 2024/5 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 (DPL's)

The Locality Delivery Portfolio would then be built into the 2024/5 GM System Delivery Plan and updated GM Joint Forward Plan.

GM ICP approach to planning



We have started the planning process earlier this year. We are working to an end of March deadline to complete the 2024/5 plan. The key dates are set out below and more detailed timetables will be shared with localities as well.

Meeting	Date
Leadership Forum 1	12th Dec
National Operational Planning Guidance	w/c 18th Dec
Leadership Forum 2 <i>Review draft operational plan ahead of submission to NHSE, and draft GM System Delivery Plan.</i>	29th Jan
NHSE Submission: DRAFT Plans	w/c 12th Feb
NHSE Draft Submission feedback	w/c 26th Feb
Confirm & Challenge Sessions	w/c 4th March
Leadership Forum 3 - reflect on NHSE draft submission feedback and agree key principles for final operational plan <i>and GM System Delivery Plan</i>	12th March
NHSE Submission: FINAL Plans	w/c 25th March
GM System Delivery Plan finalised	w/c 1 April



GM ICP approach to planning

GM have outlined the proposed roles for each part of the system during the planning round – including localities:

☐ We have diarised meetings in January to develop **Trafford’s commissioning intentions** that are reflective of our Locality Plan and Health and Wellbeing Strategy

ICS Partner	Role in Planning Round	Outputs
Provider Trusts	<ul style="list-style-type: none"> Develop trust-level activity, finance and workforce plans Develop proposals for improved productivity and efficiency Identify opportunities for shared services Participate in prioritised service review process Participate in check and challenge process for plans 	<ul style="list-style-type: none"> Completed NHSE finance, activity/performance and workforce templates Collective trust plans (via TPC) set out in 2024/25 Narrative Plan
Localities	<ul style="list-style-type: none"> Developing commissioning intentions for each place Confirming priorities for 2024/5 identified by each individual locality – drawing on existing locality plans, the GM ICP Strategy and JFP, the Prevention Framework and the SFF Agreeing a small number of priorities that all 10 localities agree to focus on in 2024/25 	<ul style="list-style-type: none"> Collective Locality Portfolio for 2024/25 – to be incorporated in 2024/25 GM Narrative Plan
GM ICB Team	<ul style="list-style-type: none"> Design and operate the overall process Ensure system engagement and governance approval Develop GM Commissioning Intentions Develop GM-level assumptions Develop GM-level performance trajectories Develop 24/25 implementation priorities for GM-level plans – population health, prevention, mental health, social care, primary care, system boards and others Develop and implement modelling process Undertake prioritised service review process Lead on the check and challenge process Lead on the triangulation of finance, activity and workforce plans Lead on the narrative plan Incorporate 24/25 plans into an updated Joint Forward Plan 	<ul style="list-style-type: none"> Completed NHSE finance, activity/performance and workforce templates GM Narrative Plan Updated Joint Forward Plan

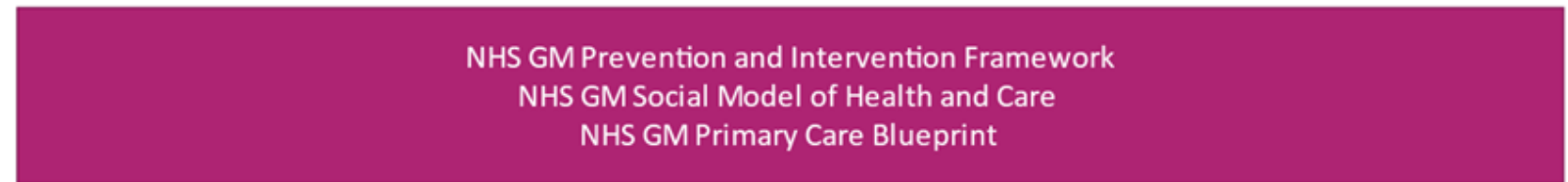
GM ICP approach to planning

Reflecting the broader perspective that we are adopting for our 2024/5 plan, and the work underway to develop a GM approach to prevention through the localities and the Strategic Financial Framework, we have set out the five domains where we need to take concerted action to upscale prevention across GM.

Moving this forward requires action across 5 component parts



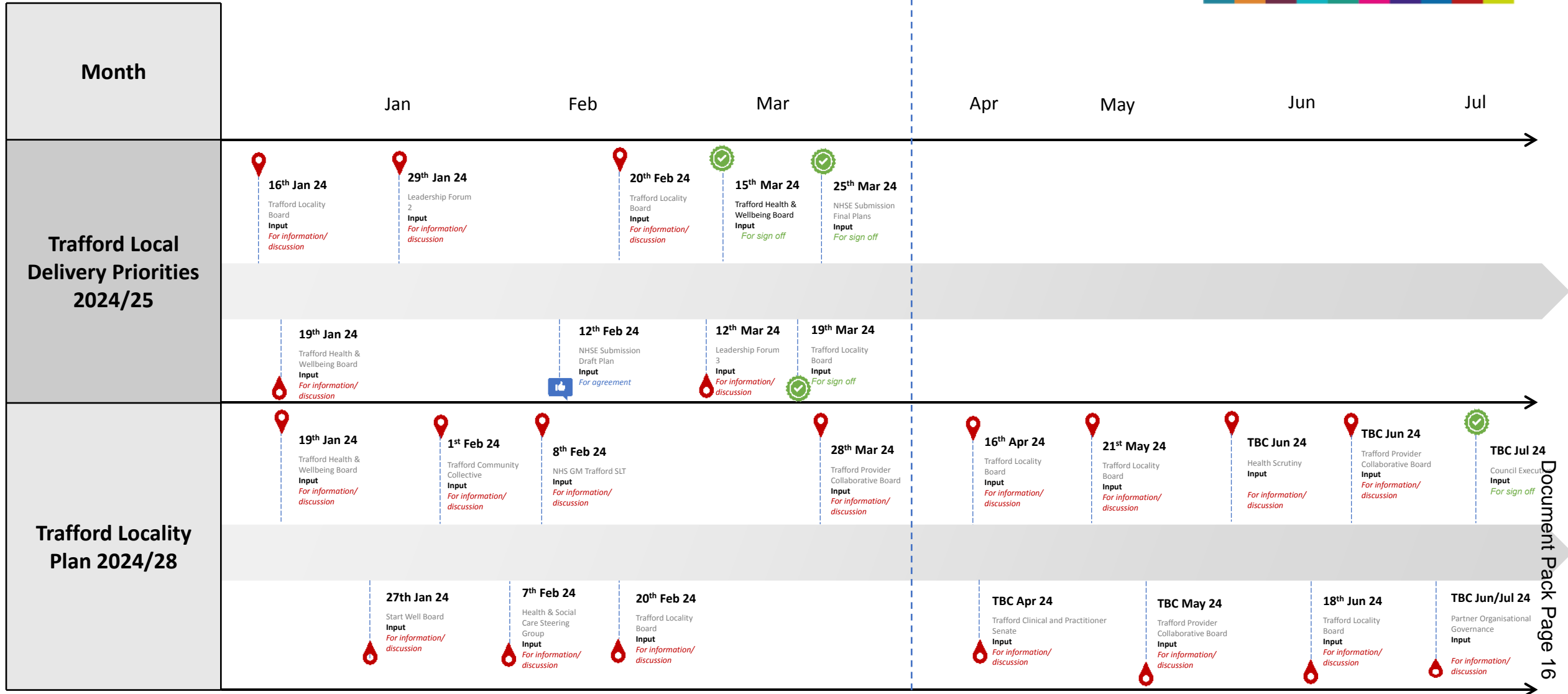
Underpinned by the strategic approaches set out by



Timeline: Key Activities and Forums



 For sign off
 For agreement
 For information/
 discussion



Communications, Coproduction, Co-Design & Participation

Stakeholder Engagement & Participation

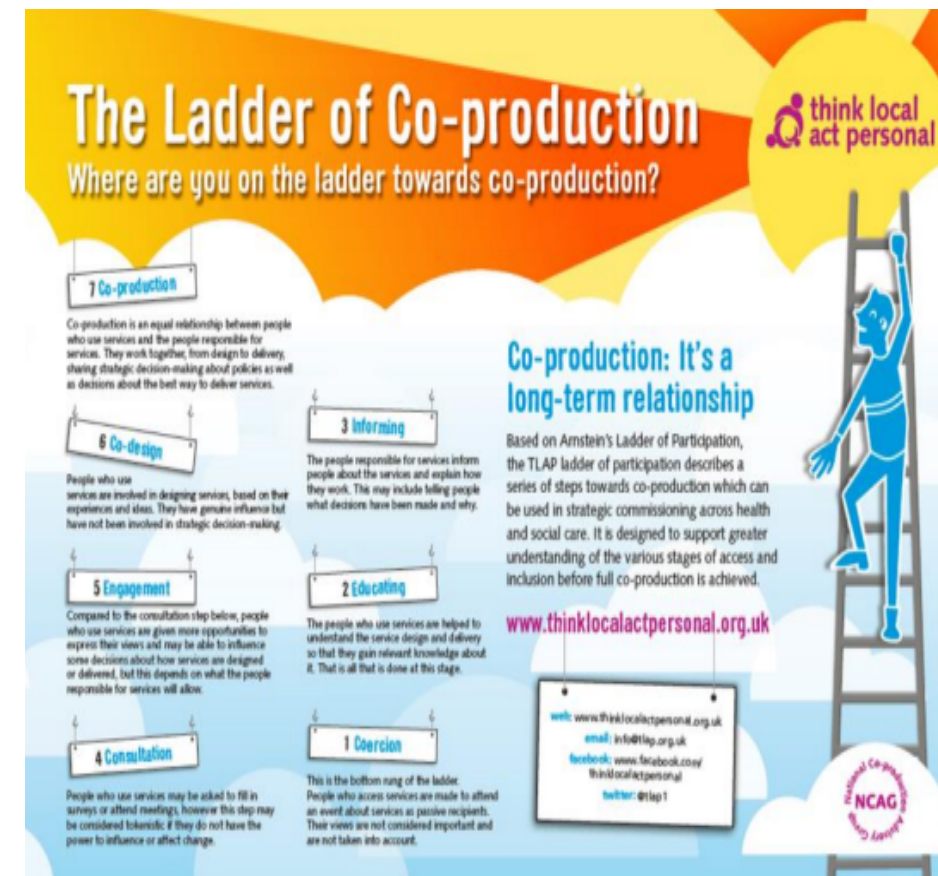
- Stakeholder mapping exercise
- Stakeholder engagement – Boards, meetings, forums and events
- Stakeholder engagement – 1-1 conversations with system leaders

Existing Intelligence, Public Engagement & Participation

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

Strategy Group Considerations:

- What existing intelligence can you share?
- Public engagement plan for Locality Plan Refresh (May – July 24)
- Develop a 'Communications and Handling Plan



Key Questions for HWBB

The Board are asked to discuss the following questions:

1. How do we ensure the Health and Wellbeing Strategy and its priorities has a strong/equal presence in the Locality Delivery Plan for 24/25 and the new refreshed Locality Plan?
2. Are there any additional priorities that we need to factor into our thinking as we develop the plan for 24/25 and the refreshed Locality Plan – are there possible gaps in the GM JFP or priorities for consideration that may derive from local intelligence?
3. How do we ensure priorities from the ‘bottom-up’ feature in the refreshed Locality Plan and that we are tackling health inequalities through our plans?
4. Any other considerations by exception?

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 19th January 2024
Report for: Information
Report of: Thomas Maloney, Programme Director Health and Care,
Trafford Council & NHS GM (Trafford)

Report Title

Better Care Fund: Changeology Support Proposal

Purpose

In July 2023, Trafford resubmitted its Better Care Fund Plan for 2023/24, and supporting narrative to NHS England, following a required set of revisions from an earlier submission in June 2023. This was shared and retrospectively approved by Trafford's Health and Wellbeing Board on 14th August, 2023 and Trafford received formal approval letter from NHSE. Trafford's Q2 submission was accepted by the national BCF team and retrospectively signed off by the Health and Wellbeing Board in October 2023.

As part of this process, an offer of support from BCF Changeology Team was made, in the form of a deep dive into a challenging service or system issue, which is funded via the Better Care Fund. This is a time limited offer, with a maximum of 5 sessions (full days).

As the funding of Ascot House represents a significant proportion of Better Care Programme, and in light of the ongoing financial, contracting and delivery challenges it is proposed that this offer of support forms part of our ongoing Intermediate Care Review.

This paper outlines the aims of this proposal which includes a review of our demand and capacity bed requirements following the introduction of IMC at Home (Pathway 1 D2A team within Trafford Community Response Service), and our current contracting and delivery model. This will provide external expertise to inform future decision making, in a politically and financially challenging service area.

Recommendations

The Board are asked to:

1. Note the content of the report.
2. Provide system support and approval for this proposal.
3. Provide commitment by each partner organisation to engage with the project.

Contact person for access to background papers and further information:

Name: Thomas Maloney
Telephone: 07971556872

Community bedded provision review: Ascot House Case Study

BCF Changeology request for support

1.0 Trafford Ask

- 1.1 Like many other health and social care systems we need to make a concerted shift away from bed-based care to support at home. We require support to understand what this means for the system as a whole and how we can model this in Trafford – particularly for our short-term community bed provision where costs are exceeding available budgets.

We would like Changeology to use Ascot House as a case study to draw out the principles and a potential model that we could use to start to redesign our community bed-based provision (intermediate care and D2A) to be fit for the future – an indeed budgets.

2.0 Current Landscape

- 2.1 Ascot House is 45 bedded unit within the Sale area of Trafford which comprises of 36 therapy – led intermediate care beds across 4 units and 1 unit of 9 Pathway 3 Discharge to Assess (DtA) beds, over two floors.
- 2.2 Ascot House has a multi- organisation contracting and delivery model:
- Ascot House is an asset of Trafford Council, with core AHP and nursing staff employed by the MFT with full funding for IMC provided by NHS GM ICB. Support staff are Council employees, managed by MFT, and recharged to MFT via pass-through cost arrangements. The total commissioning budget is £3.4m, via the Better Care Fund.
 - Additional funding for 9 bedded DtA unit is £478,262 is provided by Trafford Council.
 - Ascot House has a current cost of circa £200,000 p.a. to cover Amey servicing and utilities, which currently paid by Trafford Council, outside of current service delivery budgets.
 - Trafford Council is responsible for maintaining CQC registration as a residential care home.
 - Physiotherapy, Occupational therapy and nursing input is provided by Trafford Local Care Organisation (TLCO) through an in-reach model. Therapy is Monday – Friday, 8.00am – 4.00pm. Pharmacy support is temporarily being provided by Manchester Local Care Organisation.
 - Personal care is provided 24hrs, employed by Trafford Council, with pass through costs sent via MFT to deliver IMC in the community.
 - Medical support is provided by enhanced medical support service comprising a Geriatrician (one day a week) and Clinical Fellow (9:00am to 5:00pm Monday to Friday), provided by Manchester University NHS Foundation Trust (MFT) – Wythenshawe Hospital’s Complex Care Directorate, funded via main acute contract.
 - Primary Care EMIS access and temporary registration of patients is provided by Firsway Medical Practice.
- 2.3 Prior to November 2023 and the introduction of the Pathway 1 Discharge to Assess Team (IMC at Home) within Trafford’s Community Response Service, Ascot House provided the

only Intermediate Care offer for Trafford residents. Ascot House remains the only bed-based IMC offer and therefore our only Pathway 2 provision in line with The Department of Health and Social Care's Hospital Discharge and Community Guidance (2020) and subsequent operating model.

- 2.4 Additional nursing and residential Pathway 3 Discharge to Assess Beds are commissioned from the independent care home sector. The outputs of this review will provide insight and inform future commissioning of all community beds and Home First initiatives, however a deep dive into the specific independent sector P3 provision is out of scope of this review.

3.0 Current Challenges

- 3.1 An extensive financial review of Ascot House has been undertaken during 2021-2023 due to the significant and increasing cost pressures of service delivery, which exceeds available budgets. Actions have been taken, such as temporarily pausing one unit of IMC (9 beds), however this has not resulted in significant savings for the current model of care to be sustainable in the long term, and a review and redesign of bedded provision is required. To inform this review and redesign the following key thematic challenges require greater exploration.

3.2 Structure

- Ascot House's contractual infrastructure is complicated, resulting in challenges in funding flow, budget ownership and management, and clinical and operational responsibilities between Trafford Council and MFT in terms of service delivery. Subsequently, service delivery heavily relies on organisational and operational staff relationships and without one clear governance and reporting structure to support seamless service delivery.
- The multiple contracting arrangements has created a lack of clarity in some areas of governance such the review and adoption of clinical policies and supporting professional training and development and assessment.

3.3 Environment

- Due to elements of the service being provided by different organisations, different behaviours and cultures exist which can prevent one overall culture. If so, is this hindering performance of the service and/or a barrier to timely and seamless patient care and optimising patient flow into and through the service.
- Whether we have the right professional skill mix, including support workers to support people who require intermediate care.
- For those (professionals and non-professionals) within current service provision, are they trained to the required level to support those receiving support in Ascot House and are roles and responsibilities sufficiently defined.

3.4 Performance and modelling

- Ascot House has managed demand during the pause of one IMC unit (9 beds) and while utilisation figures have improved for IMC and D2A underoccupancy remains. A deep dive

into capacity and demand required to establish the appropriate balance between ensuring system resilience, affordability and long- term sustainability.

- This includes understanding the projected impact of IMC at Home (Trafford Community Response Service – Pathway 1 D2A Team) on the future need for bed based intermediate care.
- How do current ways of working impact on patient outcomes and flow through the service.
- Benchmarking around IC beds numbers and costs

4.0 Request for Support

4.1 The BCF Changeology offer is restricted to a maximum 5 sessions which need to be completed by the end of March 2024, which is not sufficient to support the complete review or provide a new model of Intermediate Care or Discharge to Assess provision in Trafford.

4.2 However, BCF Changeology provides an opportunity for the Trafford system to provide an objective view on some of the more potentially politically contentious elements of the current service. The key outputs requested from this support are:

- A view of contracting, governance and financial arrangements and the impact on service delivery and recommendation for a more constructive arrangement.
- A view of the effectiveness and efficiency of the current model of care at Ascot House. Does this service perform well and what are key improvements or changes that have been identified?
- Objective review of capacity and demand modelling and a view of future requirements.