



## TRAFFORD COUNCIL

# AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH AND WELLBEING BOARD

Date: Thursday, 20 February 2020

Time: 9.30 a.m.

Place: Flixton House, Urmston, Manchester, M41 5GJ

AGENDA	PART I	Pages
7. LOCALITY PLAN		1 - 76

To receive a presentation from the Director of Integrated Health and Social Care Strategy.

**SARA TODD**  
Chief Executive

### Membership of the Committee

Councillors S. Johnston (Chair), J. E. Brophy, Miss L. Blackburn, J. Harding, C. Hynes, J. Slater, M. Bailey, C. Davidson, D. Eaton, H. Fairfield, Dr. M. Jarvis, M. Noble, E. Roaf, M. Roe, R. Spearing, A. Worthington, P. Duggan, S. Radcliffe, Rooney, Hemingway, S. Donnellan, D. Evans, M. Hill, Pritchard, A. Seabourne and J. McGregor.

### Further Information

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This agenda was issued on **Wednesday, 12 February 2020** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

## **Health and Wellbeing Board - Thursday, 20 February 2020**

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## TRAFFORD COUNCIL / TRAFFORD CCG

**Report to:** Health & Wellbeing Board  
**Date:** 20<sup>th</sup> February 2020  
**Report for:** Information  
**Report of:** Sara Radcliffe, Director of Integrated Health and Social Care Strategy

### Report Title

Trafford Together Locality Plan – Delivery Model

### Purpose

This paper highlights recent developments following the publication of the Trafford Together Locality Plan – specifically in relation to the delivery model that has been agreed by the Local Care Alliance (LCA), the supporting system governance aligned to the six pillars of reform and the weekly Locality Plan Working Group.

The paper articulates the strategic and operational aspects of the delivery model including system accountability and structure and schedule of LCA system board meetings.

### Recommendations

1. Note the developments in relation to the delivery of the Trafford Together Locality Plan and support the approach outlined.

Contact person for access to background papers and further information:

Name: Sara Radcliffe

Contact details: 07970230363 / [sara.radcliffe1@nhs.net](mailto:sara.radcliffe1@nhs.net)

## **1. Introduction**

This paper highlights recent developments following the publication of the Trafford Together Locality Plan – specifically in relation to the delivery model that has been agreed by the Local Care Alliance (LCA), the supporting system governance aligned to the six pillars of reform, and the role of the weekly Locality Plan Working Group. The paper articulates the strategic and operational aspects of the delivery model including the system accountability, structure and schedule of LCA system board meetings to channel the efforts of the system towards the aspirations of the Locality Plan.

## **2 System Accountability / Ways of Working**

- 2.1 Through the membership of the LCA System Board key stakeholders are engaged throughout all levels of the programme. System Board members represent senior leadership from member organisations and the role of board members includes responsibility to lead and contribute to relevant pillars of reform as described in the Locality Plan. Colleagues have a responsibility for meaningful engagement in the planning and delivery of health and social care system change and are pivotal in disseminating key messages and actions into their own organisations and beyond.
- 2.2 The LCA has agreed an approach which is described below. It builds from the existing Memorandum of Understanding (MOU) which was signed by each partner organisation. The approach agreed by the LCA reflects the growth and maturity of the Board over the last 20 months which retains the commitment to the principles within the MOU, but builds on the growing maturity of key partnerships and relationships which manifests itself into a structured and delivery driven programme approach.
- 2.3 The diagram (Appendix A) depicts the ‘System Connectivity and Accountability’ in its current state and has been created to highlight the key leadership roles (Senior Responsible Officers), pillars of reform, enabling work programmes and governance which drives and supports the delivery plan.
- 2.4 The transformation of services will take place in the existing system architecture that underpins the Trafford Together Locality Plan six pillars and enabling programmes, with a recurrent focus on ‘place’ through Trafford Local Care Organisation (TLCO) and the Primary Care Networks, enabling person and community centred care.

## **3 Local Care Alliance System Board: Programme Approach**

- 3.1 The LCA System Board has committed to thematic focuses for each of the Board meetings in 2020. In January we have received updates and had focussed discussion on Prevention and Social Value and are due to receive

detailed discussions on Primary Care, Planned Care and Urgent Care (February LCA System Board) – Using an agreed framework these discussions have culminated in specific and tangible actions which have been immediately progressed by relevant partners.

- 3.2 Fundamental to our Locality Plan and supported by the LCA is the importance of developing and maintaining our sense of 'place'. Person and community centred approaches is a fundamental driver for change and core component of our Locality Plan and therefore we wish the meetings of the Board to be reflective of our written plans in a meaningful manner. The LCA will utilise our community assets and rotate meetings across the borough which will provide members the opportunity to learn and understand our communities furthermore, realising the differences and nuances of our diverse communities which in turn will influence our delivery plans both in-year and over the life course of the Locality Plan.

#### **4 Locality Plan Working Group – Wednesday Meeting**

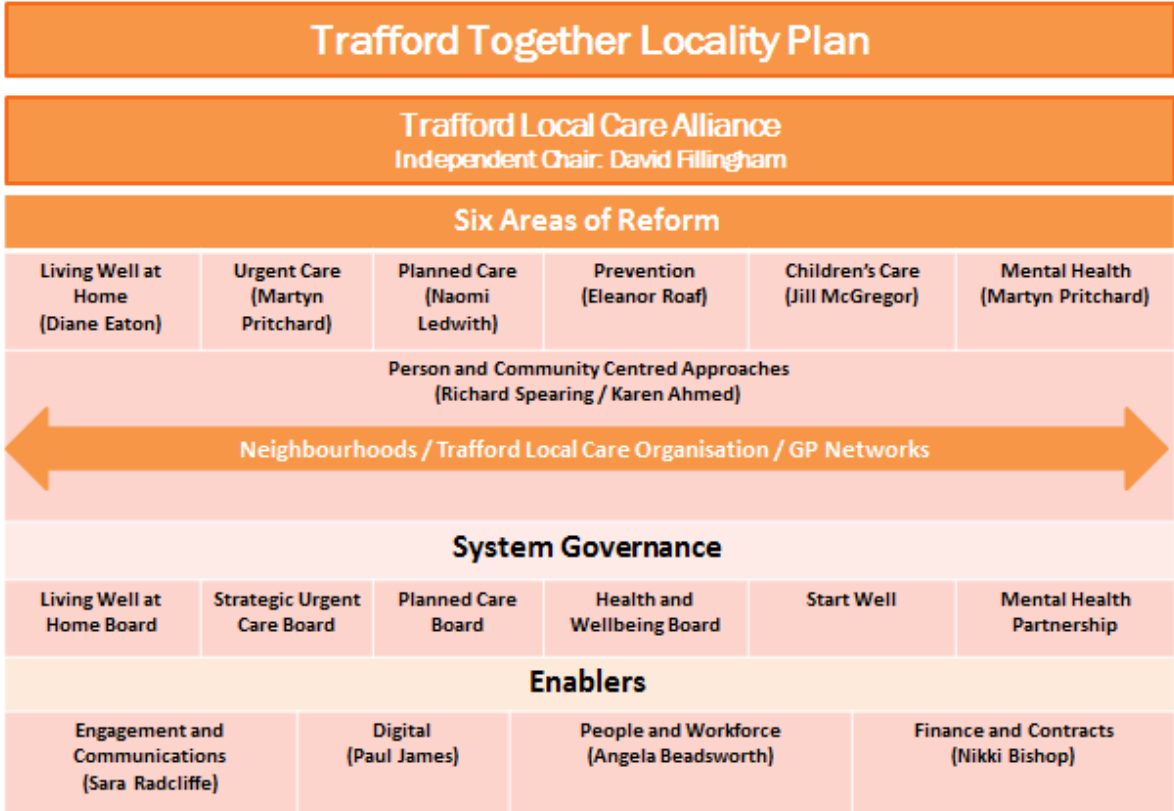
- 4.1 The weekly Locality Plan Working Group has remained a pivotal function in driving forward the Locality Plan and compliments and feeds into the structured LCA approach for enhanced distributed leadership and continuous improvement.
- 4.2 Pertinent developments led by and facilitated by the working group include:
- Identifying SRO support across the key pillars and enablers.
  - Strengthening particular connections with the Place Directorate with direct senior leadership involvement, linked to primary prevention.
  - Tangible developments working towards the production of an LCA level 'Outcomes Dashboard' for strengthened accountability – helping us quantify if we are making a positive difference to our most vulnerable people, improving population health and enabling connected communities.
  - Establishment of a Communications and Engagement Steering Group working closely with all our system partners to co-produce our planned 'Year of Engagement'.
  - Established matrix working across the Locality Plan to understand the interdependencies and the benefits possible through collaboration and a set of clear, measureable priorities for each of the key work programmes.

#### **5 Recommendations**

- 5.1 The Health and Wellbeing Board is asked to:
- a) Note the developments in relation to the delivery of the Trafford Together Locality Plan and support the approach outlined in this paper.

Appendix A:

# System Accountability and Connectivity



# Trafford Together Locality Plan

Slides for HWBB February 2020

Sara Radcliffe

# LCA – Focus on Delivery of Plan

In the past two months we have:

- Agreed delivery schedule, ways of working and Board expectations on reform areas
- Agreed place based meetings and development sessions
- Partner System Learning with Wigan
- Each pillar and enabler SRO has a delivery slot, providing constructive system challenge and accountability for delivery
- January - Prevention and Social Value presented, LCA partners have pledged commitment to aims and delivery goals - action immediately evident
- February - primary care, workforce and digital links, Planned and Urgent Care being presented
- LCO programme development built on the 6 pillars
- Neighbourhood plans being developed (Public Health, LCO, PCNs)



# Wednesday Town Hall Team

In the last 2 months working with wider system partners we have -

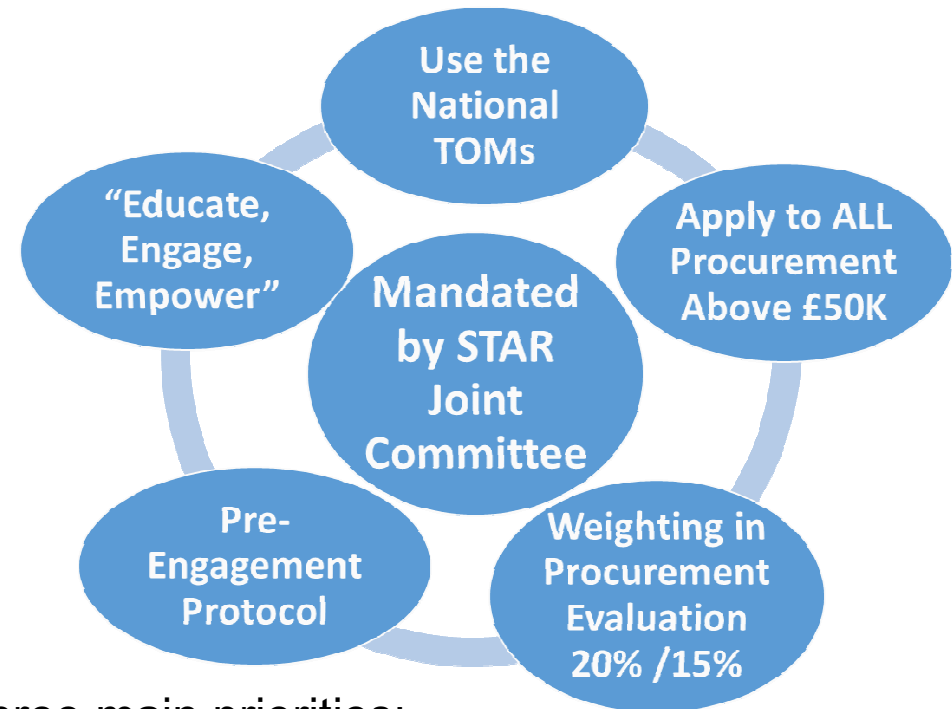
- Moved into delivery stage SRO representation for each of the pillars and enablers, feeds into the LCA delivery programme for better distributed system leadership
- Place Directorate actively involved through senior leadership
- System performance workshop held, development of a system level performance and outcomes dashboard (March LCA item)
- System wide engagement and communications steering group established - endorsement from the VCSE sector (2 forums held), and commitment to help drive the year's engagement approach – lunch and learn sessions being scheduled (March LCA item)
- Living Well At Home Board Established (Manchester and Trafford System )
- Finance colleagues setting up a finance reform group
- Enabler and reform leads developing matrix working across areas

# Our Commitment: Social Value

## Work Undertaken with MFT:

- Information sharing on Social Value Priorities and measurement of Social Value outcomes
- Learn around Local Employment and Apprenticeships
- Retrospective exercise underway to discover Social Value from LCO arrangement with the Foundation Trust

## Trafford Council



## Local Care Alliance – Commitment to three main priorities:

1. Climate Change and Climate Emergency
2. Active Travel
3. Mental Health and Learning Disability and Employment

# Our Commitment: Prevention

By 2024, we aim to have prevention and early intervention embedded across the system. This will be achieved by:

- Supporting primary care networks to develop prevention priorities;
- Ensuring clinical pathways include prevention throughout the pathway;
- Supporting health in all policies;
- Taking a place based approach;
- Ensuring that our social prescribing offers are consistent, sufficient, and easy for practitioners and the public to navigate
- Delivering comprehensive behaviour change services.
- Working with partners to make the necessary improvements to the wider determinants of health.

**All partners committed to engage in the development of a comprehensive Prevention Strategy for Trafford, including an agreed Implementation Plan**

# Our Commitment: Primary Care

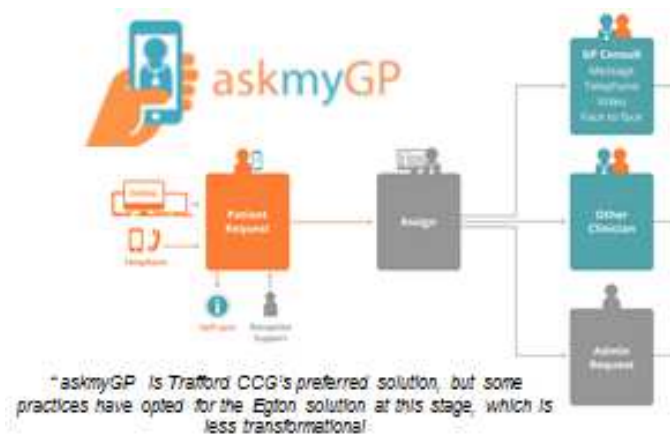
“We will have a transformed and sustainable primary care system, delivering place based care closer to home through integrated neighbourhood systems with wider partners. This will improve population health through improved management of long term conditions, with prevention at the centre of everything we do and will reduce unnecessary demand and activity within secondary care”

## Digitally Transforming Primary Care

NHSE are promoting and partially funding a simplified patient journey utilising three digital elements which compliment existing solutions such as NHS.UK and the NHS App:

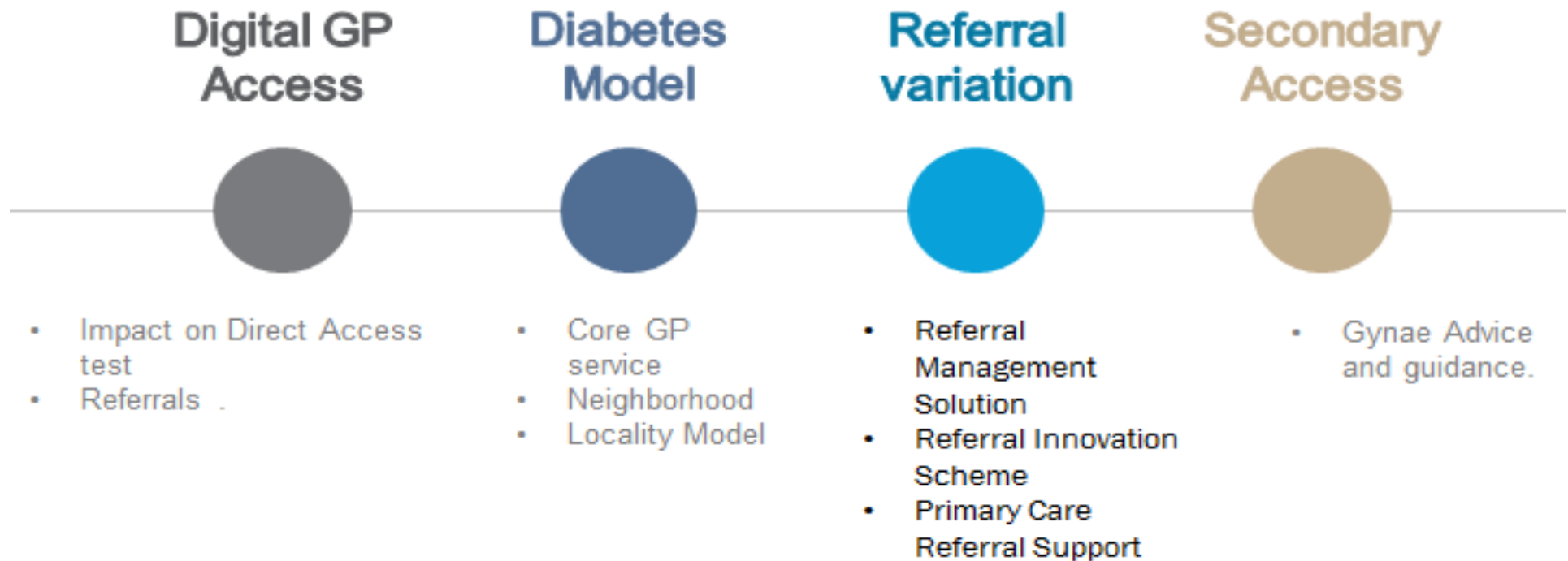
- Questionnaire based consultations
- Online Triage
- Video conferencing

However, bolting a Digital front end onto outdated or ineffective processes will not achieve improvement.



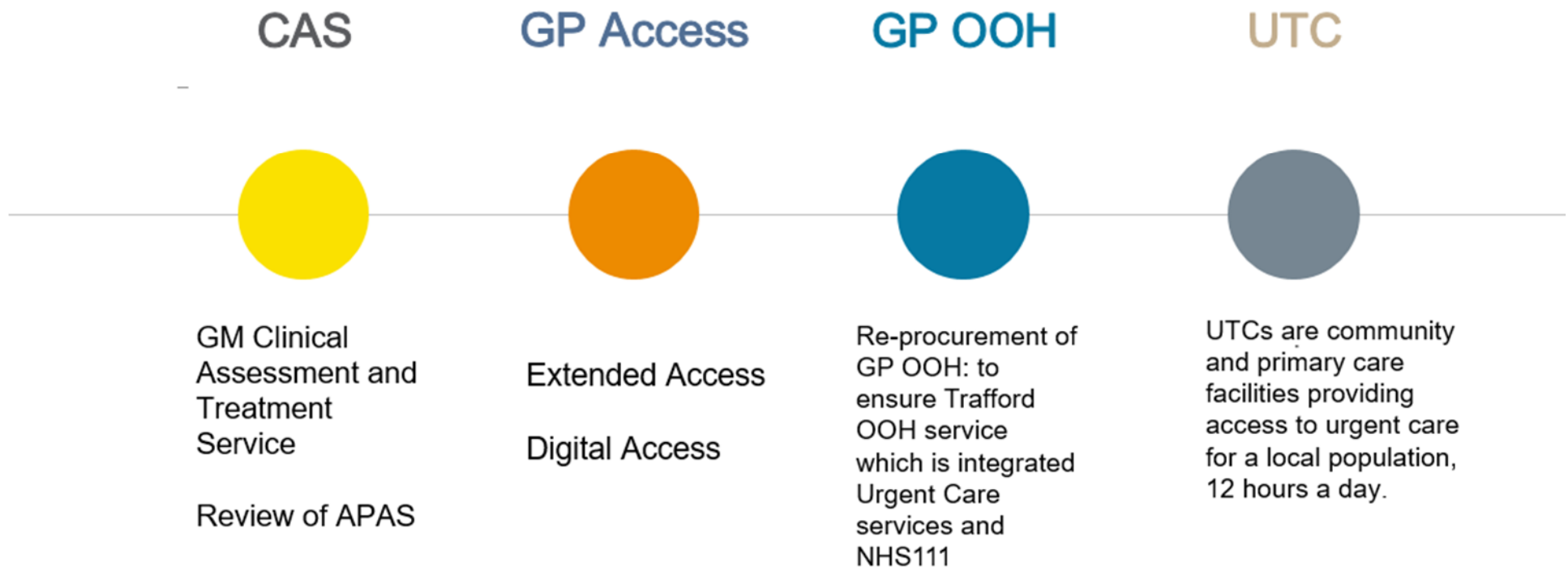
# Our Commitment: Planned Care

## Planned Care 2020-2021



# Our Commitment: Urgent Care

## Integrated Urgent Care



**TRAFFORD TOGETHER LOCALITY PLAN**

**OUR PLAN FOR HEALTH AND SOCIAL CARE  
SUSTAINABILITY AND REFORM**

**THIS VERSION DATED 06.11.19**

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## 1. Executive Summary

- 1.1 Trafford Together Locality Plan is our blueprint for the transformation of health and social care over the next 5 years. We see this as part of a wider Trafford Partnership which includes the many areas of change that health and social care is part of. In so doing we aim to be part of our public service reform so that we have shared resources and shared aspirations and outcomes.
- 1.2 We have based our plan around 4 main principles these are our population, the people we serve, the place where we live and work and the partnerships we create. In doing so we have three main aspirations for this plan: better lives for our most vulnerable people, better wellbeing for our population and better connections across our communities. We have built our plan around our place and in Trafford this is our four neighbourhoods, our locality and working with other localities in Greater Manchester.
- 1.3 Our foundation for health and social care integration in the future has four areas. There is our Local Care Alliance made up of our health and social care providers and commissioners working together; our Local Care Organisation which is delivering community health and social care in our four neighbourhoods; our GP primary care networks that together will collectively be developing care and; an integrated strategic commissioning function that will commission for the person.
- 1.4 We aim to look at six areas of system reform and build upon these through the five years, these are prevention, living well at home, our urgent care system, our planned care system, our children's services and our mental health system. By prioritising together these areas of reform, and working across our partnerships, we aim to also achieve the NHS Long Term plan, which is an integral part of our locality plan. The system reform areas will aim to move our resources to where they will have the biggest benefit for long term health and wellbeing for Trafford people. Over time we see this as a move to prevention and being able to live well with appropriate support in our neighbourhoods. Each area is underpinned by reform of key system enablers these being our digital strategy, finance and contracting, people and engagement. We will work to implement the reforms, with our partners, in a yearly delivery cycle enabling us to plan deliver and assess as we change the system.
- 1.5 We do not want our plan to be a document which we write and revise at the end of five years, we are confident that there are already parts of our plan that we could do better or we need to change. Therefore, we are entering a year of engagement in Trafford. We want to move towards a way of working in our Trafford health and social care system which is person centred and based on co production. We know that we will not achieve this in a year, but we hope that it will be a foundation for cultural change that will move us to a different way of seeing and delivering health and wellbeing in Trafford for our future.

## 2 Introduction

- 2.1 This is the Trafford Together Health and Social Care Locality Plan for 2019 – 2024. It sets out our aspiration to improve and reform our health and social care system as part of our wider Trafford system. In doing so it will be a main foundation of how Trafford implements the Health and Social Care NHS Long Term Plan, as part of an integrated health and social care system.
- 2.2 Our overarching aspirations are to work together to help achieve:
- Better lives for our most vulnerable people.
  - Better wellbeing for our population.
  - Better connections throughout our communities.
- 2.3 The Trafford Together Locality Plan is for all people, of all ages that live and work in Trafford. We realise that many of our health and social care system developments have been focused on adult services. However, as we move forward we will build our work in relation to all ages. We believe that in order to make the greatest change in the health and wellbeing of the people of Trafford, improving services to children and young people will be essential, and we have to engage with them so people get used to us, doing things with and not to people. We will do this by focusing on our population, the people we serve, the place where we live and work and the partnerships we develop. We will prioritise 6 major areas of reform; Prevention; Living Well at Home; Planned Care; Urgent Care; Children’s Care; Mental Health.
- 2.4 Poor health is a major cause of absence from school or work and contributes to our productivity gap.- Improving health and wellbeing is therefore an essential part of achieving the aspirations of The Greater Manchester Local Industrial Strategy which provides a plan for jobs and growth in Greater Manchester.
- 2.5 Most health outcomes are determined not by health services but by the ‘wider determinants’ of health. Smoking, diet and physical activity have a direct relationship to the likelihood that we will develop cardiovascular disease or many cancers, but other aspects of our lives such as our education, housing, and the local environment are equally important. Clean air and good housing reduces asthma risk, so improving the quality of the air we breathe and the houses we live in will reduce hospitalisation rates for asthma and other lung conditions, and so will both save money and improve people’s lives. Creating an environment in which it is pleasant to walk and cycle will also improve health and wellbeing, improve social cohesion and local businesses.
- 2.6 Trafford performs well on many indicators, but this masks large inequalities within the borough. Health outcomes as a whole are similar to the England average, but are markedly worse in the north of the borough and in Partington in the west, than in the borough as a whole. We continue to see much poorer educational outcomes for our children who are eligible for free school meals than for others. Addressing the inequalities in our outcomes is a major part of our Locality Plan and is reflected in our collective aspirations.

- 2.7 We have built on our previous 2016 plan and have reflected on what we have achieved and learnt over this period of time. The health and social care landscape within the UK, Greater Manchester and Trafford has changed within this period and we have had to address issues as well as build on our successes.
- 2.8 In our Trafford Together Locality Plan we are building on the positive aspects we already have in place and what can be seen in a variety of embedded and emerging schemes of work such as; One Trafford Response; Let's Talk and; our established neighbourhood model. There is a collective willingness to further develop what we have together with our engaged system leaders.
- 2.9 One of the main themes that we have carried through our work in Trafford over the last five years has been our commitment to health and social care integration. We have built upon the strong platform that we already have in place in the borough in terms of partnerships to establish:
- A joint working arrangement in strategic commissioning that has enabled the Council and the CCG to move into Trafford Town Hall and work coherently together, forming our Integrated Commissioning Directorate (ICD).
  - Joint senior leadership appointments across the health and social care system.
  - The establishment of a Local Care Alliance (LCA) that has provided a joint working arrangement between partners to steer the reform and development of health and social care in the borough.
  - A Trafford Local Care Organisation (TLCO), established in 2019, that has built upon the integration work of staff in community health and social care services over the last five years.
  - Developing our five GP networks in our four neighbourhoods.
- 2.10 In Trafford we will aim to work towards a culture of co-production within the borough. This will be supported by system leadership that enables people from different organisations, groups and individuals to feel they have a valid and significant contribution to make in how we reform and develop over the next five years. In doing so this plan cannot be a document that is agreed and implemented. It has to be a strategic framework that we acknowledge, through co-production, may change and evolve over time.
- 2.11 Therefore, we are setting as a part of our plan a year of engagement starting from October 2019. The people of Trafford, those who work and live here, are our most important and empowering lever for change. We want to create together a platform for change which is built on working together, thus starting to create a social movement across our locality, neighbourhoods and communities. In doing so we will aim to have practitioner leadership across health and social care that is led through our different partner forums including Trafford Partnership and Trafford Local Care Alliance.
- 2.12 This document is therefore Trafford's Locality Plan **Version 1 in development**. We will submit this version through our system governance structures in late 2019. However, we will continue to develop and work on this plan with a wide range of partnerships, organisations, groups and individuals through 2020 and beyond. Therefore our plan is based on working with and for our population, our people, our place, and our partnerships. We

will build on our place through embedding prevention and person centred care in all that we do. We will work within our four neighbourhoods and across our locality to build our partnerships and to reform major areas of work. We will underpin this system reform with a cultural change in leadership and how we design and deliver, which will include a strong focus on our enabling strategies such as digital, financial reform and engagement.

### 3. Trafford Priorities, Behaviours and Principles

#### Trafford System Priorities

3.1 Our Trafford Together Locality Plan has, at its foundation, a set of seven Trafford system priorities which are owned, shared and delivered across the locality through our Trafford Partnership. They are:




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#### **Building Quality, Affordable and Social Housing**

Trafford has a choice of quality homes that people can afford

#### **Health and Wellbeing**

Trafford residents health and well-being is improved and health inequalities are reduced

#### **Successful and Thriving Places**

Trafford has successful and thriving town centres and communities

#### **Children and Young People**

All children and young people in Trafford will have a fair start

#### **Pride in Our Area**

People in Trafford will take pride in their local area

#### **Green and Connected**

Trafford will maximise its green spaces, transport and digital connectivity

#### **Targeted support**

People in Trafford will get support when they need it most

3.2 These priorities are the basis of our health and social care system and are at the heart of our ambitions over the next five years. They will demonstrate that health and wellbeing is a fundamental part of a wider set of interconnected aims and objectives. Underneath each priority is a range of indicators that we seek to impact. These can be visualised in Trafford Data Lab which is an interactive repository of information and intelligence about Trafford as a place. The dashboard allows you to browse a range of indicators that relate to each of the strategic priorities: <https://trafforddatalab.shinyapps.io/dashboard/>

### Trafford System Principles

3.3 We are committed in Trafford to ways of working which mean we put into practice our principles and the difference these make to the people we serve. Our Local Care Alliance has developed a set of principles that we believe forms our way of working:

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

### Trafford Behaviours

3.4 In Trafford we are aware that without empowered system leadership and behaviours, our collective efforts to transform the way we deliver services for the better, will be undermined. As a system and across our partners, we will aim to work towards a set of system leadership principles, which describe the shift needed towards improving population health at all levels, to work in a different way.

3.5 We believe in Trafford that the effective leadership behaviours that have been discussed with our LCA and Trafford Partnership are about being courageous, curious and clear as leaders. In doing so, we will have a shared and owned set of ideas and actions which are underpinned by our developing relationships and behaviours. By doing this together we will be working to distribute our leadership and decisions across our system, have diverse perspectives, make connections, invest in and promote our shared values. We will need to embrace a level of uncertainty as together we move to improve and change the way that we deliver services.

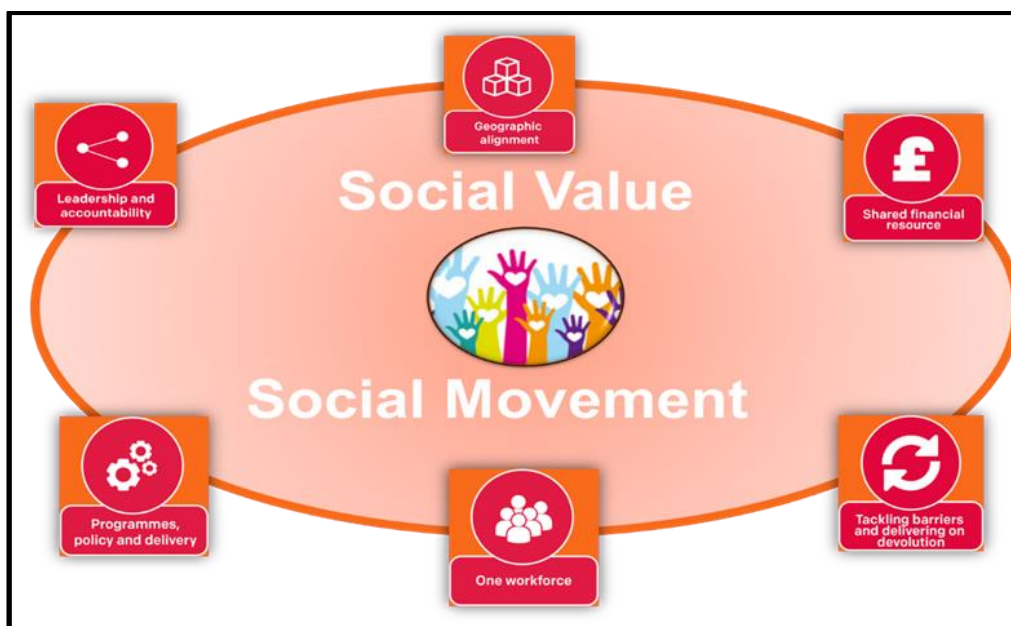
3.6 We have worked with AQUA to explore system leadership with our Integrated Commissioning Directorate, Local Care Alliance and Trafford Partnership, and we will look to other agencies such as the NHS North West Leadership Academy and North West Employers to learn from their work. We believe that we need to be all working together. We will need to lead, listen and learn from each other as we move forward and that what we do today is sowing the seeds for long term system change in the future.

### Equality and inclusion

- 3.7 Equality of opportunity for all sections of the community is an integral part of our commitment as to how we commission and provide services. We believe and recognize that the diversity of our population is one of our greatest strengths and assets.
- 3.8 Trafford CCG and Trafford Council are working together to produce a Corporate Equality Strategy for Trafford. This strategy outlines our equality vision and describes how we will meet our commitment to implementing equalities. It reviews the actions required in our roles as Regulator, Commissioner, Provider, Employer and Partner. We are committed to achieving the highest standard of service delivery and employment practice. We will address inequality both in the workplace and in relation to access to services and outcomes.
- 3.9 We have identified four key areas to address:
- Reducing health inequalities.
  - Improving our workforce data collection & increasing workforce diversity in line with Trafford's demographics
  - Tackling hate crime and promoting community cohesion
  - Inclusive leadership

#### **Public Service Reform Principles**

- 3.10 Public sector reform principles underpin all that we do in Trafford. In our partnership we want to have a health and social care system which looks to use the Trafford resources of people and money effectively across the system. We strongly believe that empowering our communities to help reform services within our neighbourhoods and across the locality, will ensure we have the right place based model for Trafford people. In doing so we are striving to align and develop our plans at neighbourhood and community level with our partners. We believe by doing this we will have the basis to embed social value and co-production, to build a social movement for change which is led not by those who currently write the plans, but will move over the five years to be led by those who live in our borough and use services.



### Our commitments to Social Value

- 3.11 We believe that social value is a foundation to how we work and deliver public service reform in Trafford. We will aim in the health and social care sector to work to ensure that the resources we have in the borough are used to the best effect for social value and empowerment, considering how the services we commission and procure might improve the economic, social and environmental well-being of Trafford.
- 3.12 A social value charter has been developed in Trafford Council and we aspire to build from this framework and learn from other organisational approaches to social value to mature our contracting process. This will enable us to standardise our approach of measuring, managing and reporting social value outcomes with our providers and create a culture of local wealth building and inclusive growth across the system through improved spending of public money.
- 3.13 Over the life of our Trafford Together Locality Plan we aspire to have a collectively owned, overarching set of '*Trafford Social Value Priorities*' which enables us to best serve the needs of our local communities. These priorities will be aligned with the Greater Manchester Social Value Framework Policy which identifies the priority key themes and outcomes for Greater Manchester. We will aim to work closely with the Trafford workforce, with people who use our services and with the Trafford community to understand, assess and enhance what opportunities exist to deliver Social Value across the Trafford system. We will do this by setting an example to businesses in our borough, showing our own commitment within the Trafford Partnership and through procurement and wider activity.

### Social Movement

- 3.14 We understand the importance of aligning our strategies to the views and values of the people of Trafford, and we know that residents are passionate about the issues that are important to them. Social movements are collective actions which are envisaged, created, and taken forward by groups of people who share values and care deeply about issues, but who individually do not have the political power to make changes on a large scale. We hope that by engaging residents, over time, plans for improving health and social care in the borough will be led via social movement by the people who access these services, and their loved ones, as well as people who care about improving health and wellbeing as a whole.

#### **A shift to co-production**

- 3.15 Co-production is an equal relationship between people who use services and people responsible for services. They work together from design to delivery, sharing strategic decision making about policies as well as decisions about the best way to deliver services. We will work with our partners on how we create together a culture of co-production that becomes the way of working to design and commission services. We realise that we have excellent examples of how individuals and groups have developed co-production methodologies and approaches and services such as Let's Talk, social prescribing and the Primary Care Mental Health and Wellbeing Service are good examples of how this can be successful. However, we accept that this is not a systematic cultural approach. We aim in our year of engagement to explore how we move further up the ladder of co-production from where we are. Exploring how we start to share leadership and enable a more natural process of co-production which changes the way we design and delivery services across our health and social care system. Staying true to our principles and adopting our system behaviours consistently across organisations will enable this shift in approach and ultimately help us collectively achieve our aspirations.



# The Ladder of Co-production

Where are you on the ladder towards co-production?

**think local act personal**

**7 Co-production**  
Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.

**6 Co-design**  
People who use services are involved in designing services, based on their experiences and ideas. They have genuine influence but have not been involved in strategic decision-making.

**5 Engagement**  
Compared to the consultation step below, people who use services are given more opportunities to express their views and may be able to influence some decisions about how services are designed or delivered, but this depends on what the people responsible for services will allow.

**4 Consultation**  
People who use services may be asked to fill in surveys or attend meetings, however this step may be considered tokenistic if they do not have the power to influence or affect change.

**3 Informing**  
The people responsible for services inform people about the services and explain how they work. This may include telling people what decisions have been made and why.

**2 Educating**  
The people who use services are helped to understand the service design and delivery so that they gain relevant knowledge about it. That is all that is done at this stage.

**1 Coercion**  
This is the bottom rung of the ladder. People who access services are made to attend an event about services as passive recipients. Their views are not considered important and are not taken into account.

**Co-production: It's a long-term relationship**  
Based on Arnstein's Ladder of Participation, the TLAP ladder of participation describes a series of steps towards co-production which can be used in strategic commissioning across health and social care. It is designed to support greater understanding of the various stages of access and inclusion before full co-production is achieved.

[www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)

web: [www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)  
email: [info@tlap.org.uk](mailto:info@tlap.org.uk)  
facebook: [www.facebook.com/thinklocalactpersonal](https://www.facebook.com/thinklocalactpersonal)  
twitter: @tlap1

National Co-production Advisory Group  
**NACAG**

**Person and Community Centred Care Approaches (PCCA) - Giving People More Control over their Health and Personalised Care**

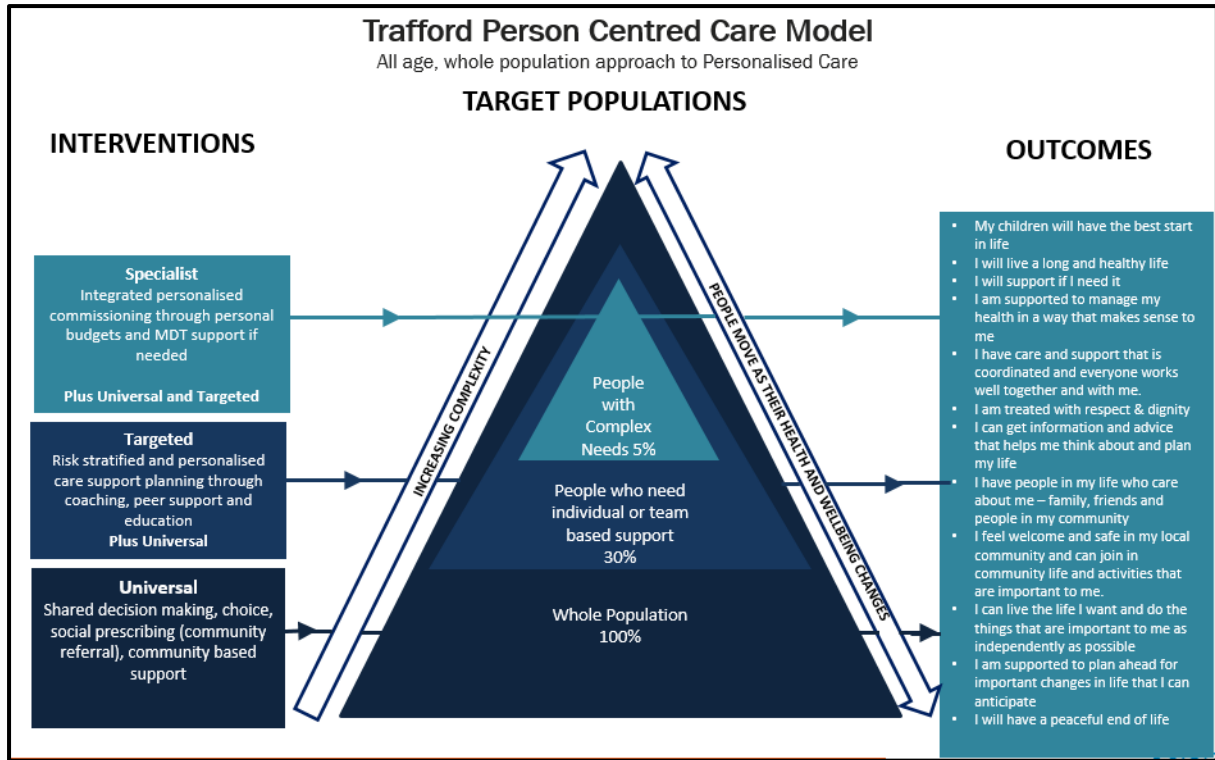
- 3.16 We want to see a fundamental shift to a more holistic person and community centred approach across Trafford. We will work with our partners and the people of Trafford over a long period of time to truly enable a social movement whereby we are comfortable with new ways of working, different relationships and people powered health.
- 3.17 We have to be brave if we are to achieve true behaviour change in our communities, we have to relinquish control and perceived power over the delivery and design of services that we have previously led on. We have to place trust, faith and resource in our communities to achieve the aspirations of our Trafford Together Locality Plan as our communities know what works and have brilliant ideas of how to improve the health and wellbeing of people. This takes a fundamental shift in the mind set, values, structures and practices that shape our current set of arrangements in public services. Our Trafford approach to PCCA is built on the Greater Manchester PCCA Framework as outlined below:



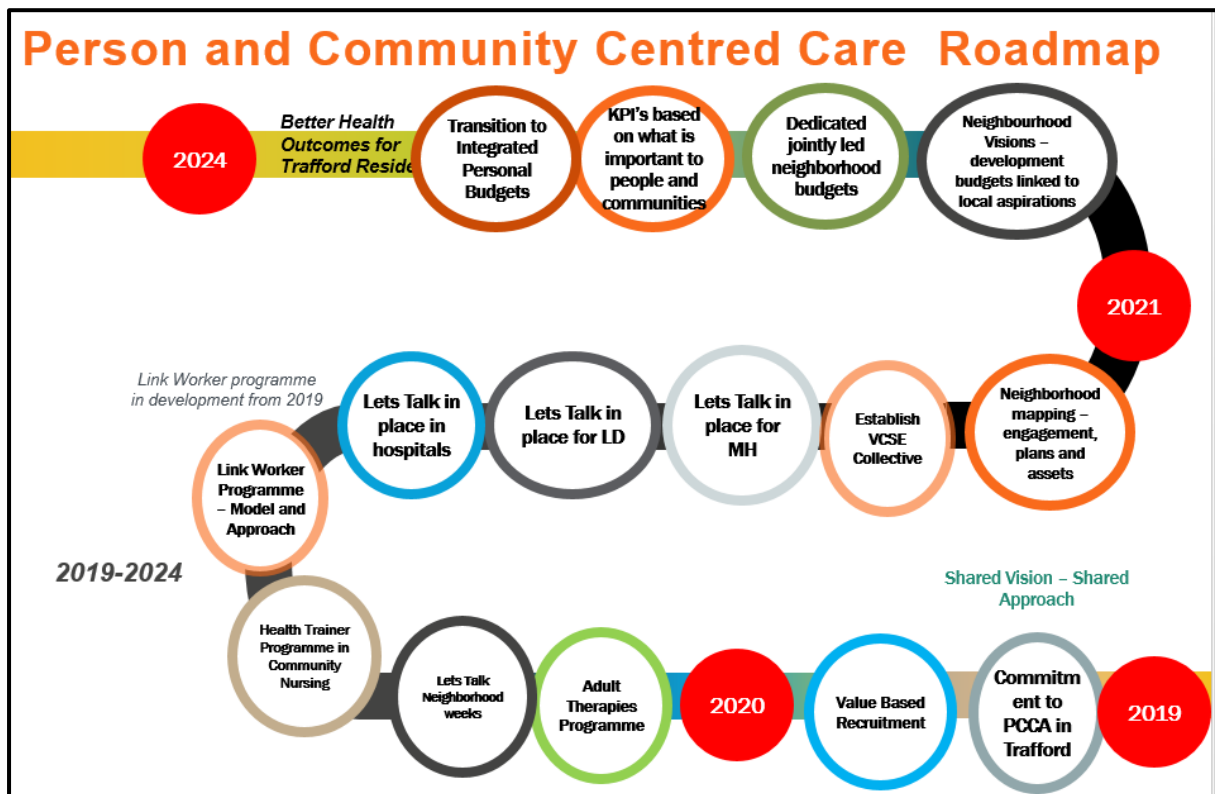
3.18 Trafford's interpretation of a true system wide adoption of PCCA can be described within four strategic drivers and is supported by practical actions that have been co-designed by our partners and people:

- **Recognising the strengths of our communities – asset based community development**  
Understand and develop sustainable neighbourhood assets which reflect our communities, which people can connect to for practical and emotional support. Empowering people and communities to self-care and self-manage.
- **Personal Budgets**  
People are able to design, access and control their own support – shared decision making.
- **Solutions that are more than medicine – social prescribing**  
Enabling all agencies to refer people to a comprehensive and collaborative link worker programme.
- **Listen to what matters to me – asset based conversations**  
Comprehensive adoption of person centred conversations that promote independence, choice and control over their health.

3.19 Below is a pictorial of our emergent approach to all age, whole population personalised care:



3.20 Our ambition is supported by a roadmap which describes the mechanisms and levers we will use to deliver our ambitions over the course of the implementation framework:

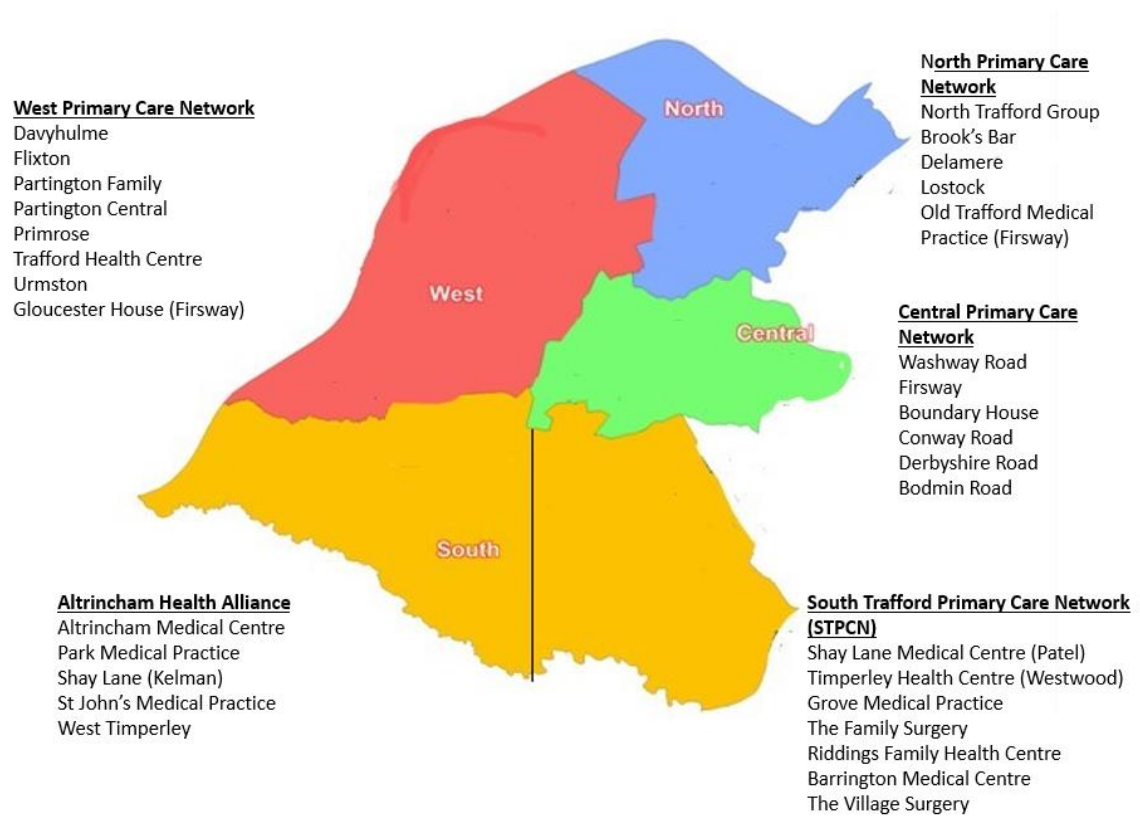


## 4. Trafford as Place – Our Neighbourhoods and Networks

- 4.1 We define Trafford as a place as having four neighbourhoods, Trafford being 1 of 10 localities in Greater Manchester. We will aim to commission and provide health and social care services in the most appropriate place, our neighbourhoods, our locality and when needed with other localities. Trafford is a Borough of rich and varied assets – people, partnerships and other assets that we can build upon. Every one of our population are an asset and have something to bring to the table in terms of their lived experience. Like many areas, we also have pockets of deprivation and inequality, issues that need to be addressed so that Trafford’s people achieve their full potential.
- 4.2 Trafford has within it four neighbourhoods which are built around our electoral wards. Within each neighbourhood we also have strong towns and town centres each with their own identity. These neighbourhoods give us the opportunity to build up our Joint Strategic Needs Assessment (JSNA) based on the diverse communities that we serve.
- 4.3 We have GP practices in all neighbourhoods who are building their Primary Care Networks by working together. In so doing they can serve their patients in more collaborative ways when it makes sense to do so. In order to start to do this together, the system has developed fundamental building blocks for reforming and developing our health and social care system.
- 4.4 We have an established Trafford Partnership which includes many agencies from across the borough. More recently we have developed the **Trafford Local Care Alliance (LCA)** which includes our health and social care providers, the Voluntary and Community Sector and commissioners, enabling us to work together. In 2019 we also established our **Trafford Local Care Organisation (LCO)** which has brought together health and social care community services into an organisation developing and delivering integrated care in the borough. More detail on Trafford Partnership, the LCA and the LCO are provided later in this section.

### Trafford Neighbourhoods

- 4.5 We have developed neighbourhood profiles which outline the four neighbourhoods that make up the Trafford locality – North, Central, West and South. These localities are based on wards. We also have five GP networks in the borough. They all mirror the neighbourhoods but there are two GP networks in the South neighbourhood. The reason for this being that each GP network covers approximately 30,000 - 50,000 population. The neighbourhood profiles detail the demographic makeup of each area as well as key indicators for health.



4.6 By having our neighbourhood profiles it helps us target support and services to our different neighbourhoods as they all have different strengths and challenges:

## North Neighbourhood Summary

### Demographics

- 48,205 people live in the neighbourhood
- Markedly young in age structure
- High BME – 1/3 in BME group, rising to 2/3 in Clifford ward
- High deprivation – 5/27 areas rank in 20% most deprived in England
- High proportion of pensioners living alone

### Child Health

- High A&E attendance & emergency admissions in under 5s
- High injury admissions
- More than a third of 10/11 year olds overweight or obese

### Disease & Poor Health

- 19% reporting a limiting long term illness or disability (2011)
- High levels of lifestyle related ill-health compared to England
  - 34% more admissions for alcohol related harm
  - 28% more COPD admissions
  - 47% more lung cancer cases
  - Admissions for CHD 42% higher
  - Admissions for stroke 32% higher



### Life expectancy & causes of death

- Wide inequalities in life expectancy – average for Males in Clifford ward is 4.3 years lower than Trafford
- 34% more preventable deaths compared to England
- Premature deaths from all causes, cancer and CHD all significantly and substantially higher than England
- Respiratory deaths 18% higher

## West Neighbourhood Summary

### Demographics

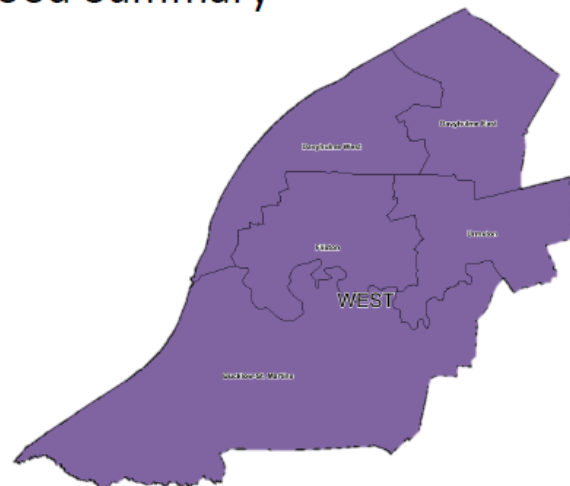
- 52,610 people live in the neighbourhood
- Fewer people in 20-44 age group, more of older working age
- Low BME
- Bucklow-St Martin's (Partington) most deprived ward in Trafford, others in neighbourhood less deprived than average
- Higher proportion of pensioners living alone

### Child Health

- School readiness worse than England average
- GCSE achievement similar to England average
- Indicators for child health similar or worse to England average
- 32.3% 10/11 year olds overweight or obese

### Disease & Poor Health

- 18.6% reporting a limiting long term illness or disability (2011)
- Generally high levels of lifestyle related ill-health compared to England
  - Stroke admissions 30% higher
  - 31.4% higher admissions for alcohol related harm
  - 26.4% higher incidents for self-harm
  - Cancer incidence higher than England average



### Life expectancy & causes of death

- Wide inequalities in life expectancy – average for Males in Bucklow-St Martin's is 4.3 years lower than Trafford, 4.9 years lower for females
- 20% more preventable deaths compared to England
- Premature deaths from all causes and cancer significantly higher than England
- Respiratory deaths 16% higher

## South Neighbourhood Summary

### Demographics

- 78,602 people live in the neighbourhood
- Fewer people aged 20-34, more aged 5-14 and 40-55
- Relatively low BME, but Hale Barns ward slightly higher than Trafford Average
- Least deprived of Trafford's neighbourhoods, but some pockets of deprivation e.g. in Village ward
- High proportion of pensioners living alone



### Child Health

- School readiness and GCSE achievement better than England average
- Indicators for child health similar to or better than England average
- 31.6% 10/11 year olds overweight or obese

### Disease & Poor Health

- 14.3% reporting a limiting long term illness or disability (2011)
- Low levels of lifestyle related ill-health compared to England
  - Stroke admissions 15% higher
  - 31.4% fewer admissions for alcohol related harm
  - 33% fewer incidents for self-harm
  - Cancer incidence lower than England average

### Life expectancy & causes of death

- Generally better expectancy – average for Males in Bowdon is 4.1 years longer, Females in Hale Barns 3.2 years longer
- 20% fewer preventable deaths compared to England
- Mortality from the main causes of death all lower than England, with the exception of Stroke (13% higher, though statistically similar)

## Central Neighbourhood Summary

### Demographics

- 56,076 people live in the neighbourhood
- Similar age structure to Trafford & England
- Relatively low BME, but ranging from 6% in Ashton-upon-Mersey to 12% in St Mary's
- St Mary's most deprived ward in neighbourhood, although similar to England Average
- Higher proportion of pensioners living alone



### Child Health

- School readiness and GCSE achievement better than England average
- High emergency admission rate for under 5s
- Excess weight in 10-11 year olds better than England, but still at 28%

### Disease & Poor Health

- 17% reporting a limiting long term illness or disability (2011)
- Mixed picture of indicators of lifestyle related ill-health compared to England
  - CHD, Stroke, MI and hip fracture admissions similar
  - 16% fewer COPD admissions, 17% more lung cancer cases
  - Alcohol related harm admissions 8% higher
  - Self-harm admissions 20% lower

### Life expectancy & causes of death

- Life expectancy generally better than or similar to England average
- Preventable death rates very similar to England
- Deaths caused by respiratory disease 15% lower than England average
- Deaths caused by cancer, circulatory disease, CHD and stroke are also similar to the England average

Source: Trafford JSNA: [www.traffordjsna.org.uk/traffords-localities](http://www.traffordjsna.org.uk/traffords-localities)

### Trafford's Asset Based Approach

- 4.7 There is a firm commitment to fully understanding our assets in people, communities, and physical estate so we can build on the strengths of our communities – Trafford is a thriving locality with a strong and growing economy, diversity, educational attainment, green spaces and thriving communities.
- 4.8 The Neighbourhood Profiles built from the Joint Strategic Needs Assessment (JSNA) include key demographic data but also harness the power of wider social impact data and intelligence to truly understand our people and our communities. Using Trafford Data Lab we will pull through available information on a place level that informs the system and helps develop our place based priorities.
- 4.9 We will put in place dynamic asset mapping which will enable us to understand the physical and community assets we have at our disposal which includes:
- **Physical Assets:** Green spaces, parks, leisure, sport, learning, buildings, cultural attractions, primary, acute and secondary care spaces.
  - **Individual Assets:** Key community connectors, faith leaders, activists, link workers, volunteers, carers.
  - **Community Assets:** The strength of our voluntary and community sector, which includes formal and informal community groups among others.
  - **Workforce Development:** Culture change and process. Thinking 'assets first' and asset mapping as part of an induction process across our system to mature the connection between our workforce and our communities.

### The way we work together: Trafford Partnership

- 4.10 The Trafford Partnership enables collaboration between people who live and work in Trafford to deliver positive change across the borough. The partners include residents, community groups, the voluntary sector, public services and private businesses. The Partnership is passionate about delivering the best quality of life for residents, and committed to achieving these by working together to effectively use our resources and assets. The Trafford Partnership is committed to:
- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services.
  - An asset based approach that recognises and builds on the strengths of individuals, families and our communities.
  - Changing behaviour in our public services and local communities that builds independence and supports residents to be in control.
  - A place based approach that redefines services and places individuals, families, communities at the heart.
  - A stronger prioritisation of wellbeing, prevention and early intervention.
  - An evidence led understanding of risk and impact to ensure the right intervention at the right time.



- An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.
- 4.11 The six key features of the Greater Manchester Model, as stated earlier in section 3, are all fundamental to our Trafford Together Locality Plan. The Trafford Partnership has below it three boards which encompasses our partnership approach to deliver major change across our system in areas such as regeneration, housing, climate change. These boards are **Health and Wellbeing, Stronger Communities and Inclusive Growth**.
- 4.12 We believe that some of the major roles that the health and social care sector can play in the positive change for Trafford is by working with others in these areas. In so doing health and wellbeing is seen as part of the range of services and strategies that we undertake to help to reduce inequalities and provide better services when needed. Some of the areas of work that are currently being developed in Trafford are our strategies on:
- Regeneration of our town centres.
  - Homelessness – including the development of an Empty Homes Strategy 2019 – 2024.
  - Economic development.
  - Declaring a climate change emergency, supporting the GM movement.

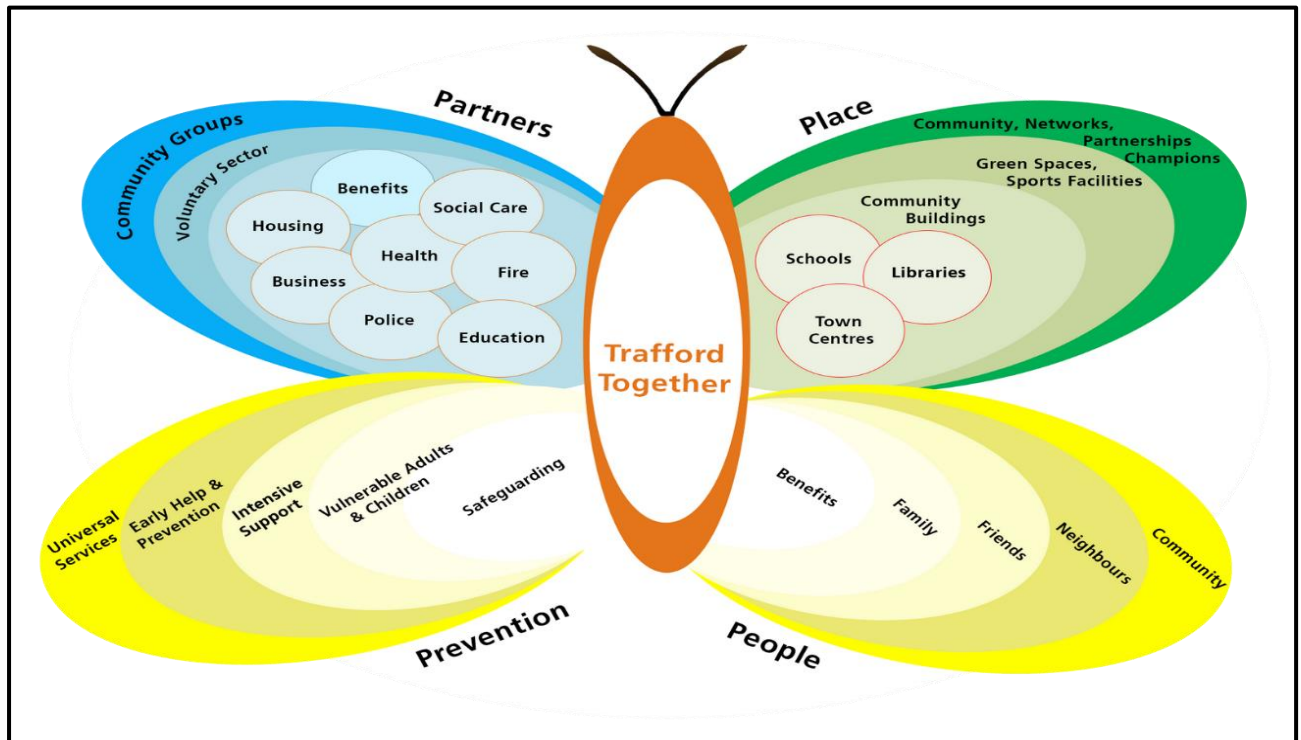
#### **The Health and Wellbeing Board (HWB)**

- 4.13 Trafford’s HWB aims to improve health through improved partnership working, development of a shared understanding of local needs via the JSNA and development of strategies to improve health and wellbeing.
- 4.14 The Board has a strategic, advisory role. It sets the strategic direction and outcomes required for improved population health and reducing inequalities. This work is supported by the Start Well, Live Well and Age Well Boards that drive the priorities -
- **Start Well:** To oversee progress against the targets for children and young people set by the Trafford Health and Wellbeing Board. The Start Well Board provides strategic oversight regarding the delivery of national and local priorities in relation to maternity, children and young people.
  - **Live Well:** To oversee progress on the Live Well stream of the Trafford Health and Well-Being Strategy (2019-29). The Live Well Board provides strategic leadership regarding the delivery of national and local priorities to healthy life expectancy. The focus of the actions in this work stream is the adult working age population, but the Board will cover general prevention and work on the wider determinants of health where appropriate.
  - **Age Well:** To oversee progress against the targets set by the Trafford Health and Wellbeing Board in relation to Ageing Well. The Ageing Well Board provides strategic leadership regarding the delivery of national and local priorities in relation to healthy life in older age. The focus of the actions in this work stream is the adults aged 65+, although some of the population will be suffering from poorer health from a younger age.

## 5. Transforming Public Services in Trafford

### Trafford's Place Based Approach

- 5.1 In Trafford we use the symbol of the butterfly to denote our shared aspiration and our four neighbourhoods within one locality. Our butterfly is owned and shared by our partner organisations, as below:



### Our Estates Strategy

- 5.2 Our locality plan will show how we meet our ambitions for a shared estate to meet the growing and changing need of the population supporting the strategic direction of providing a greater range of services in primary care settings:

- **Trafford Estates Strategy**, utilising findings from the Locality Asset Review, NHS Property Services Opportunities Document, Six facet survey and report and the Trafford utilisation study.
- Support for strategy development offered through the **Manchester and GM Health and Social Care Partnerships**.
- Revised governance structure through the **Trafford Strategic Estates Group**.

- 5.3 We will work with the Trafford Place Shaping board to look towards the next five years as a driver for our assets across Trafford being used in the most effective way possible to underpin our Trafford Together Locality Plan. There are a number of initiatives which will support and complement the work of the Locality Plan. These include:

- Older Persons Housing Strategy – which seeks to identify appropriate accommodation types suitable for older and vulnerable people. This strategy is intended to steer and guide other Council functions to ensure they support a mix and choice of housing for older people.
- Place Plans for Hale and Sale Moor – complementing ongoing work in the four town centres (Altrincham, Urmston, Sale and Stretford) these help ensure service centres are accessible and legible for all users.
- Trafford Local Plan – providing a wide range of detailed policies for the built and natural environment – aimed at promoting healthier and more active environments
- Trafford Housing Needs Assessment – linked to the Local Plan and intended to inform and guide the mix of homes in the Borough, so it meets the requirements of all residents.

5.4 The Council's ongoing work, via its regulatory and public protection functions, are also supportive of the Locality Plan. For example, the Building Control service routinely ensures that all new developments meet required standards of accessibility – alongside dealing directly with adaptations for disabled people. The Planning and Development Service ensures that planning applications create healthy, active and sustainable places for people to live and work, whilst the Council's Regulatory Services work to provide a safe and protected living and leisure environment for the people of Trafford.

### People Strategy

5.5 Our Trafford Together Locality Plan sets the ambition of developing a new operating model for our workforce aligned to the six pillars of reform which is flexible and so can respond to changing capacity, capability and needs. We have already made some great progress with the recent launch of the Trafford Local Care Organisation with Manchester University Foundation Trust (MFT) and we are working together within integrated organisational structures that bring together our community services workforce. We will continue to transform our workforce and develop new operating models as we progress the intentions outlined in our reform pillars. The growing shortages of health care staff is a system issue, played out in Trafford and other localities as we experience a rising population and significant shifts in demographic mix. Such workforce shortages impact patients. Our plans include different parts of the system working together to enhance existing workforce supply; grow future workforce supply; and mitigate current and future workforce demand.

5.6 A workforce plan has been developed which takes account of emerging and known system workforce issues and questions. The plan has at its heart five key priorities that align to the NHS Long Term Plan people priorities:

- **System leadership culture:** Improving and developing system leadership and encouraging a culture that incorporates Trafford's Locality vision and values. Working together with our system HR and Organisational Development leads, we will develop a locality leadership offer that can be rolled out across the locality.
- **Address workplace shortages:** Grow our own talent & retain skills which includes working together to develop and deliver strategies to address particular hard to fill roles, attracting in particular with young people and graduates into health & social care roles and maximising the Trafford Social Care Academy.
- **Making Trafford the best place to work:** Our Employment offer: we have adopted the GM Employment Charter and our ambition is for one workforce across the locality

starting with a talent pipeline that includes liaising with our Schools, providing good work experience placements and high quality apprenticeships across the system. We will promote equality of opportunity through embedding our WRES and equality standards as well as acknowledging and supporting the unpaid workforce, this includes how we support our carers and maximise our volunteers. We have incorporated a continuous service commitment across health and local authority organisations and will continue to consider other options for cross organisational employment strategies.

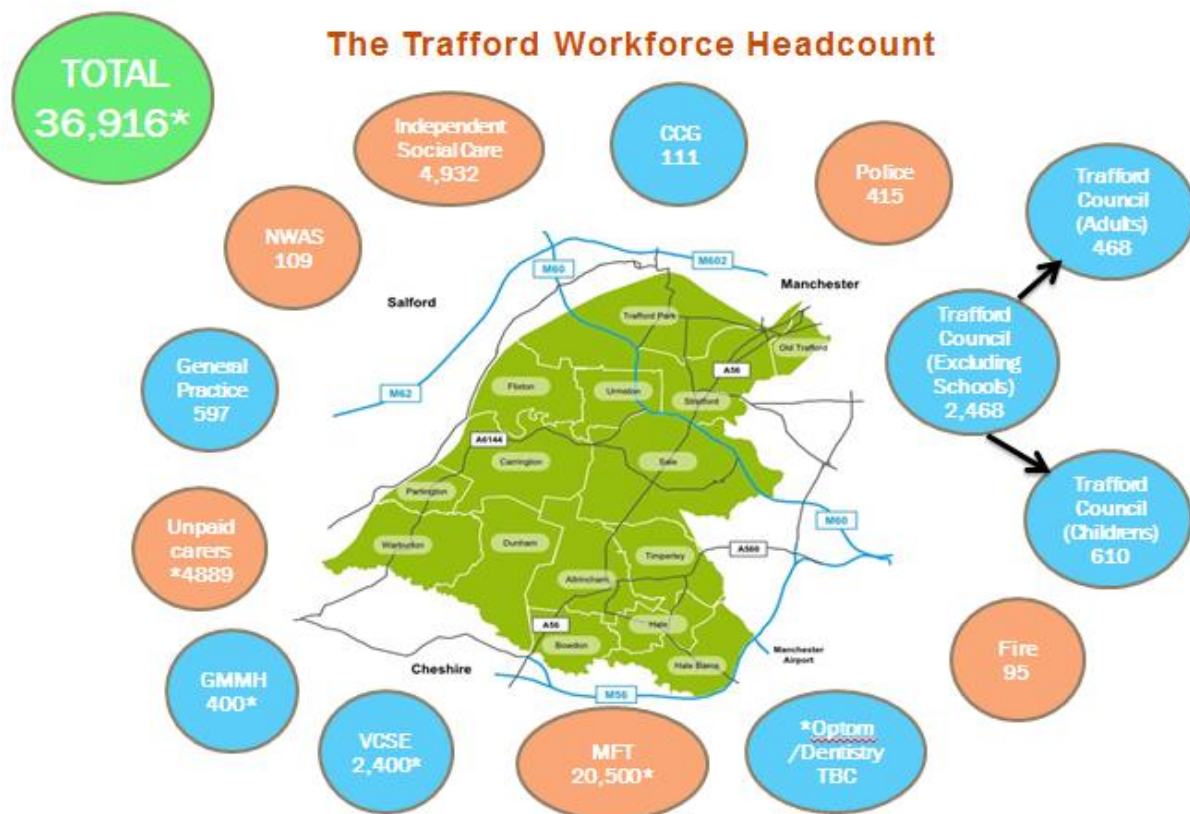
- **System design:** A new operating model for the workforce – through efficient workforce planning, create new roles and career pathways, ensuring the health and well-being of our workforce is at the centre of all we do.
- **Delivering 21st Century care:** We will realise this ambition aligned to enabling a digital ready workforce with access to 21st century systems as part of our transformation plans.

5.7 Our ambition is centred on the following key areas:

- **Workforce reform:** across systems, services and processes, as well as workforce behaviours, values and ethos. We want to give staff the freedom and time to focus on what's important to individuals and families.
- **Integrated teams:** flexible teams that are working together in a neighbourhood to achieve shared goals, with less overlap and duplication, digitally enabled with open lines of communication.
- **Leadership:** Compassionate, inclusive and people centred leadership that is leading from place, democratically astute and empowering, and focused on better outcomes.
- **Asset based approach** - recognising the strengths of people and places, enabling them to build upon these to help themselves to overcome challenges and make the most of what's available.
- **Engagement, co-design, and co-production:** continue to ensure that citizens are at the centre of our services. Working with statutory, voluntary and private sector organisations to identify opportunities and structures to continuously improve health and outcomes.

### **Our opportunity – Trafford workforce**

5.8 The diagram below is an initial exercise to understand the totality of the workforce available to us in Trafford across health and social care. It includes indicative figures of the number of people currently in employment across the organisations that make up the Local Care Alliance, wider partners in Trafford Partnership and our carers and the independent social care sector. Not all these staff will work directly in Trafford but a large percentage of people will be delivering care and support to residents of Trafford.



- 5.9 In order to explore how we can maximise our total locality workforce, a system wide Strategic Workforce Group has been developed. It met in September 2019 to explore in partnership how we take forward our People Strategy aspirations as a system strategy. The Working Group will continue to meet monthly and includes representation from health and social care across Trafford and Manchester and includes both commissioners and provider organisations taken from the membership of the Local Care Alliance.
- 5.10 In turning the People Strategy into reality we are building on what good practice that already exists across our Trafford locality partner organisations. In delivering the plan it is clear we will need to make the cultural shift from prescribing services to harnessing the skills and potential of local communities, families and individuals.
- 5.11 We will look to develop the power of the collective as we move forward with the ‘one workforce’ concept built around a model of 21<sup>st</sup> century care, giving staff the freedom and time to focus on what’s important and putting people at the centre of what we do. There will be opportunities to work closer with our partner colleagues to share information and work together to create and embed new roles and career pathways as we transform our services and further through develop integrated models of care provided at home or in the community.
- 5.12 We will work with our commissioners and engagement leads as we transform services in Trafford to ensure that the reasons for change are fully communicated and we listen to and include the workforce as part of our co- design and communication ambitions, using clear and consistent language.
- 5.13 We will address skills shortages in key areas, such as occupational therapists, nurses and social workers and align it with effective succession planning and colleague retention initiatives. Finally we will develop a comprehensive system wide leadership plan that will

improve the leadership culture across the entire system, making Trafford Locality the best place to work.

#### **Innovation and our approach to continuous learning**

- 5.14 We need as a system to listen, learn and lead. We have developed some approaches to being innovative and learning but we need to promote this further in the next five years and build a platform for this change across partners and our citizens.
- 5.15 We are committed to embedding a strong and consistent project and programme management approach. This will enable us to make continuous quality improvement, a fundamental approach adopted by all our partners, as we collectively strive for better services and therefore better outcomes. In doing so we will be able to track benefits, learn from our successes and equally important learn from our mistakes.
- 5.16 We will work with our colleagues across Greater Manchester and the North West and embrace a consistent approach to sector led improvement – learning from others, be responsible for our performance and develop a sense of collective responsibility for the performance of the sector as a whole.

#### **The way we work together: Trafford Local Care Alliance**

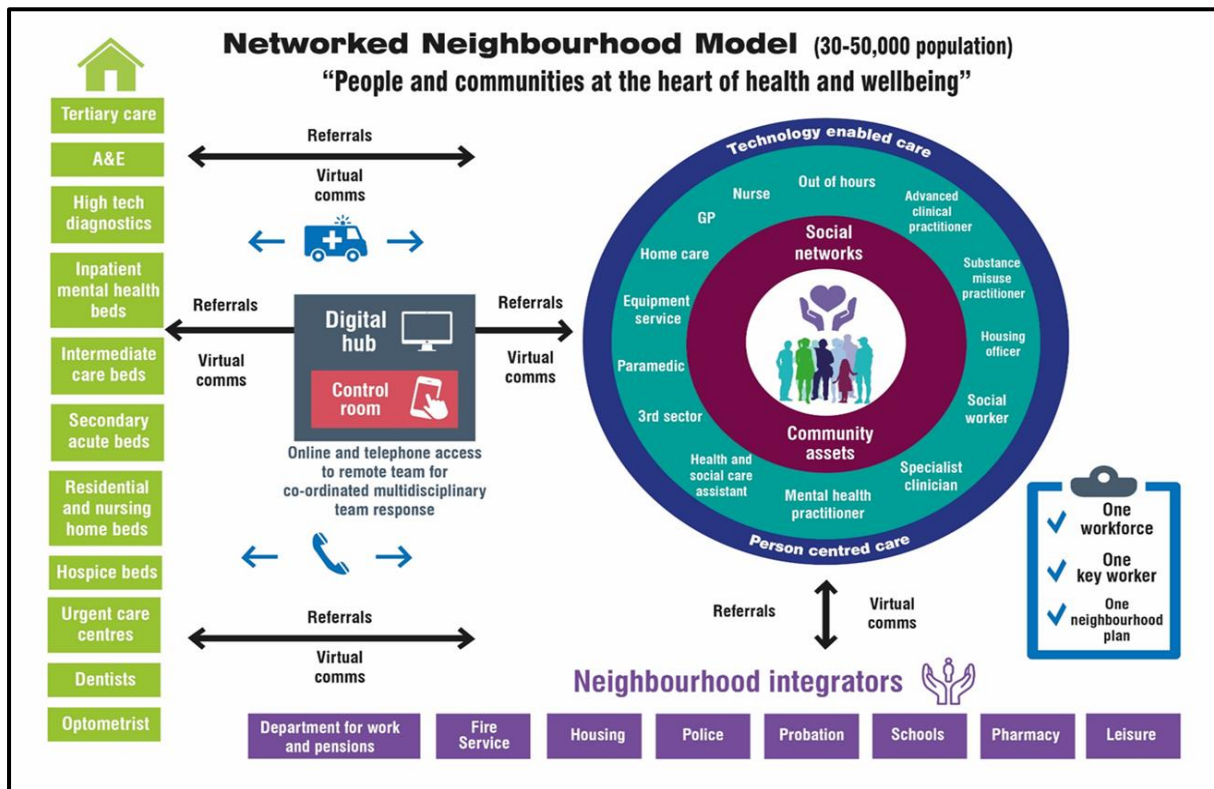
- 5.17 In Trafford we established in April 2018 a **Local Care Alliance (LCA)**. The LCA represents a commitment to working in partnership as system leaders - a dynamic set of voices representing Trafford's people, places and services.
- 5.18 Membership has evolved over the last year and now includes commissioners from health and social care - Trafford CCG, Trafford Council, as well as providers - Manchester Foundation University Hospitals NHS Trust which includes our Trafford Local Care Organisation, Greater Manchester Mental Health NHS Trust, Out of Hours provider Mastercall, the Voluntary and Community and social enterprise (VCSE) sector, representatives of General Practice as well as Healthwatch and the Local Medical Committee as advisory partners.
- 5.19 The LCA has an independent chairperson and has a Memorandum of Understanding which sets out our responsibilities and commitments as system leaders, underpinned by an agreed set of principles, values and behaviours of partnership working. The LCA is responsible for delivering on our commitment to reform and sustainability in a rich crosscutting set of areas including health and social care reform and person-centred care approaches, as well as encouraging collaboration and identifying and sharing new opportunities and challenges. The LCA will need to continue to grow and involve more people and organisations as we go forward. This is particularly relevant to our citizens, and how we engage, but also to wider aspects of the health and social care providers such as the independent social care sector, social housing and the wider primary care sector which includes dentists, pharmacists and optometrists.

#### **The way we work together and deliver services: Trafford Local Care Organisation**

- 5.20 Our **Trafford Local Care Organisation (TLCO)** was established on the 1<sup>st</sup> October 2019. The TLCO is an all age delivery model – it consists of 34 community services which deliver across all ages – from the very start of life through to the very end - such as: community nursing,

community podiatry service, and therapies & rehabilitative services. It is a partnership between the NHS Community staff and Trafford Council Social Care staff. Trafford Council and Trafford CCG over the last year have transferred community services from Pennine Care Foundation Trust to Manchester Foundation Trust (MFT). A new legally agreed partnership arrangement (Section 75 Agreement, NHS Act 2006) will enable a fully integrated and networked neighbourhood model of care and support for Trafford residents.

- 5.21 The TLCO will lead operational delivery of partnership programmes of health and social care services across our 4 neighbourhood areas. It will have co-production at the heart of its delivery, this is where residents are involved in the creation and development of public services. TLCO will be developing new ways of working over the next few years to support this new approach. The principle of these new ways of working will be to ensure that Trafford residents get the right care, at the right time as close to home as possible. This is described in the emerging Networked Neighbourhood Model as highlighted in this chapter.



- 5.22 The Networked Neighbourhood Model will put people at the centre of what we do with a development of a new offer to residents in that Neighbourhood that has one plan, one key worker and an integrated workforce that supports delivery of the plan and its priorities for the area.

- 5.23 TLCO will also be leading the Transforming Adult Social Care Programme built on seven pillars of reform:

Living Well at Home	Learning Disabilities	Residential Care Homes	Support for Carers	Supported Housing	Mental Health	Safeguarding
Personalised Care and Support Quality Workforce High impact models Tech and innovation Adaptations Equipment Reforming the wider system	GM LD Strategy Family based care (shared lives) Complex Needs Supported employment Crisis response LD supported accommodation enablement services	Sufficiency Quality improvement and best practice Primary Care Support Medication optimisation GM provider engagement	Early Identification Improving health and wellbeing Carers as real and expert partners Right help at the right time Young and young adult carers Carers in / into employment	Age friendly housing Aging well housing strategy Evidence base LD and MH accommodation Enabling planning and delivery Intermediate tier Technology enabled care Extra care Build your own	Understanding mental health Supporting care at home Crisis response Discharge to assess Early identification	Incident reporting All Age safeguarding team Adults DASM Role Self Neglect Policy

5.24 The Adult Social Care Transformation programme is both a local and Greater Manchester initiative which recognises the intrinsic value of adult social care in a strong partnership approach to reforming our services and system change. With each change initiative taking a different approach within neighbourhoods, and as we strengthen our PCCA programme, within each neighbourhood, the aims of the overarching programme are to build on individual and community strengths, harness the creativity of providers, the knowledge and expertise of service users, families and carers and co-design/co-produce a different solution.

5.25 Central to the transformation is the strong belief that people should be supported to live as independently in their own homes, for as long as possible, remaining connected to families, friends and their local communities. Our role is to facilitate that, providing additional support when required in enabling people to increase or maintain their daily living skills and ensuring that they have a valued role in society with strong community connections. Care and support will be provided closer to home and will also be flexible, person centred, holistic.

#### **The way we work together and deliver services: Strategic Commissioning Function**

5.26 Trafford has developed its strategic commissioning function (SCF) at three levels across the CCG and Council which is described below. This is an integrated function across the council and the CCG based on the principles of:

- Commissioning for population
- Commissioning for people
- Commissioning for place.





5.27 The SCF is made up of four teams which combine the CCG commissioning team, the CCG performance and quality team, the Council Public Health team and the Council All Age Commissioning team. All the teams are based together at Trafford Town Hall and are jointly led by the CCG Accountable Officer and the Trafford Council Corporate Director of Adult Social Care.

5.28 Trafford has a number of joint posts at Director Level across the CCG and Council including finance, strategy and digital. Trafford also has a Joint Leadership Team which is made up of the senior leaders across the CCG and Council and is jointly chaired by the Council Chief Executive and CCG Accountable Officer. There is also a Joint Commissioning Board which is jointly chaired by the Leader of the Council and the Chair of the CCG and directly links to the Greater Manchester Joint Commissioning Board

**The way we work together and deliver services - Working with the Voluntary Sector**

5.29 Trafford’s Thrive organisation is working to create a community focussed VCSE Health and Wellbeing Collective which is seen as a foundation partner of how we work with the VCSE sector within the borough for health and social care. The overarching aim of the Trafford VCSE Health and Wellbeing Collective is to work in partnership to deliver better outcomes for the people of Trafford with the specific aims of improving health equality for families and communities and strengthening and developing the VCSE sector.

5.30 Membership of the collective is open to all VCSE groups and organisations either based or delivering services within Trafford. It is estimated that there are at least 1,300 organisations and groups in the sector as well as over 24,000 volunteers. These groups range in scope, size and scale from large national organisations that provide a range of services across Trafford to very localised community groups providing a specific service to within a very defined local area.

5.31 The VCSE has many strengths that support the sector:

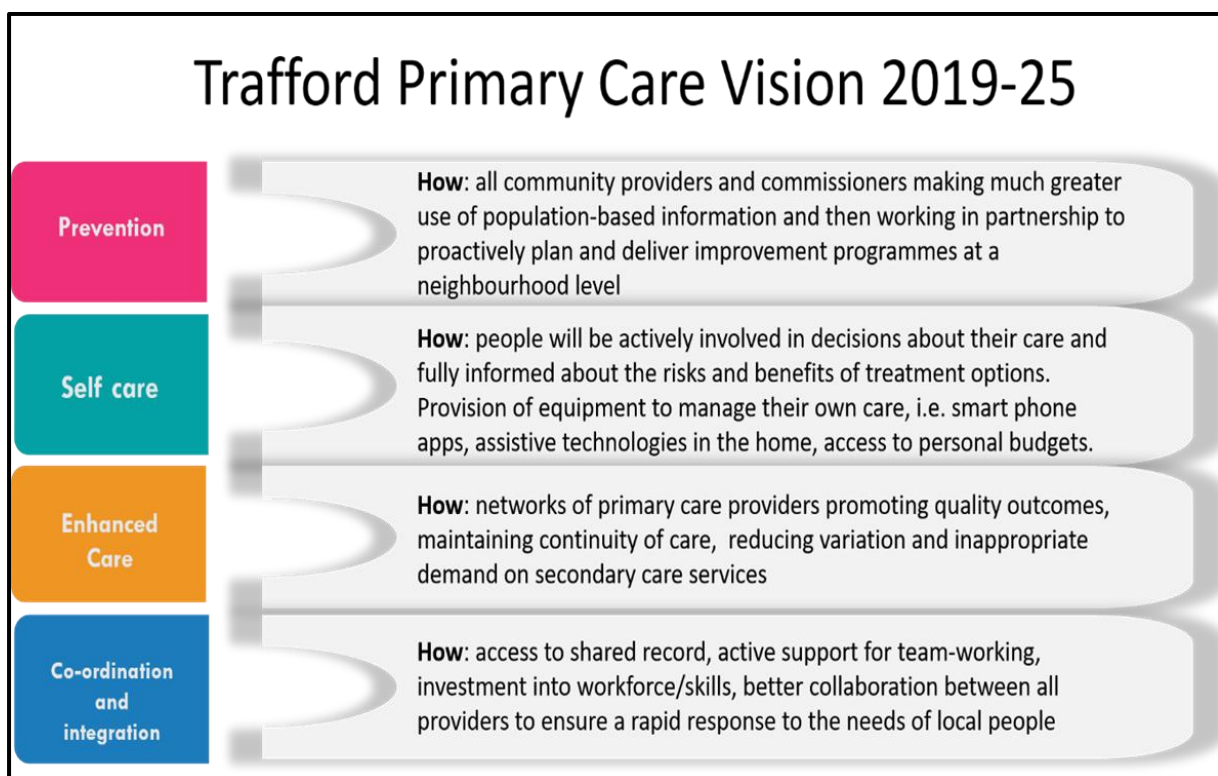
- Experience of delivery of community based services in the Borough.

- Place based community knowledge.
- Partnership working.
- Asset based approaches.
- Drawing down match funding.
- Recruiting and supporting volunteers.
- The development and delivery of training / mentoring programmes.
- Capacity building and supporting smaller 'start up' groups.

5.32 The sector has also developed a level of trust and understanding within communities that will support effective communication, engagement and the active participation of individuals, families and communities in supporting the Trafford Together Locality Plan.

### The way we work together and deliver services: Primary Care Strategy

5.33 Our vision for primary care is for a transformed and sustainable primary care system, delivering place based care closer to home through integrated neighbourhood systems with wider partners. This will improve population health through improved management of long term conditions, with prevention at the centre of everything we do and reduce unnecessary demand and activity within secondary care. Our vision is described below.

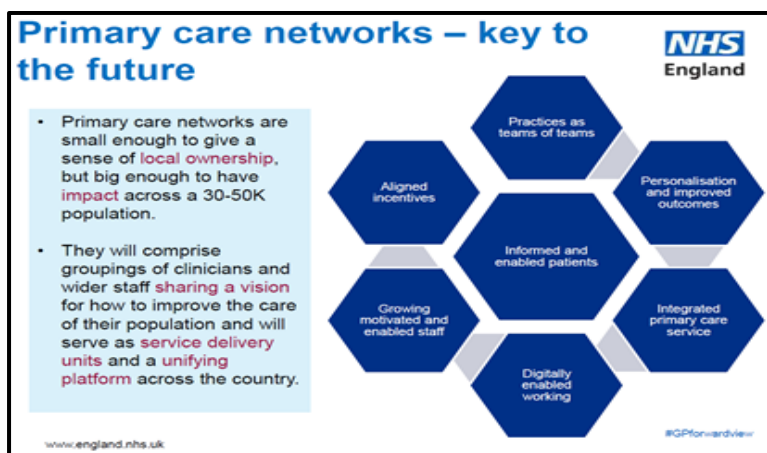


### Primary Care Network Development

5.34 Our GP practices in all neighbourhoods have worked together to establish Primary Care Networks covering an average of 30 – 50,000 population with Clinical Directors in place in August 2019, locally owned by clinicians and staff. Our next phase of work will be monthly meetings taking place to support mature and grow relationships and start to jointly build and develop priority areas for the population of each network.

5.35 Our Primary Care Network Model sets out to:

- Create stability and promote integration in primary care services.
- Bring different roles into primary care – growing and motivating staff.
- Invest in primary care and have aligned incentives.
- Bring about improvements in health and wellbeing, through better health and care and community leadership to support the change across primary and community health services.



- Translated into Trafford as five Primary Care Networks:**
1. Sale (Central)
  2. Altrincham Healthcare Alliance (South)
  3. South Trafford
  4. West Trafford
  5. North Trafford

**Working together – Trafford Carers Strategy and Carers Partnership Board**

5.36 We believe that all carers have the right to be recognised, respected, valued and supported both in their caring role and as individuals in their own right. Trafford Carers Partnership Board alongside our carers will work together to provide carers with the support they require. Our ambitions are detailed in Trafford Carers Strategy as referenced in the appendix of this document.

5.37 Unpaid carers play a vital role in ensuring that those they care for remain living successfully in our communities and live as good a life as possible. As we live longer and with improving treatment we can expect more and more people in Trafford to require some level of care and support at some point in their lives; this will mean that an increasing number of us will at some point become carers for a partner, family member, friend or neighbour.

5.38 Trafford Carers Partnership Board is responsible for the implementation and oversight of the Carers, Friends and Family Strategy and associated action plan. The Partnership Board is made up of representatives from key health and social care statutory agencies, carer support organisations and third sector organisations. The Board reports to the Ageing Well, Living Well and Start Well Sub Boards of the Health and Wellbeing Board. This governance and reporting structure enables the strategy to influence all major partners in Trafford including health, local authority, housing and the voluntary sector.

5.39 Trafford Council, Trafford CCG, Trafford Carers Partnership Board together with our carers and other organisations will work together to provide carers with the support they require. We believe that all carers have the right to be recognised, respected, valued and supported both in their caring role and as individuals in their own right.

## 6. Building a Sustainable System

6.1 Our Locality Plan is built on six delivery reform areas with equal focus on **mental, social and physical health**, underpinned by rolling **one year operational plans**. Embedded within each delivery area are our collective aspirations which are to reform our system so that we achieve:

- Better lives for our most vulnerable people
- Better wellbeing for our population
- Better connections throughout our communities

6.2 For each of the key pillars of reform, governance exists to drive our service delivery. We have established system boards which have a senior responsible officer as chair and includes an identified leads from key organisations and the wider LCA membership – A diagram is embedded in the appendix.

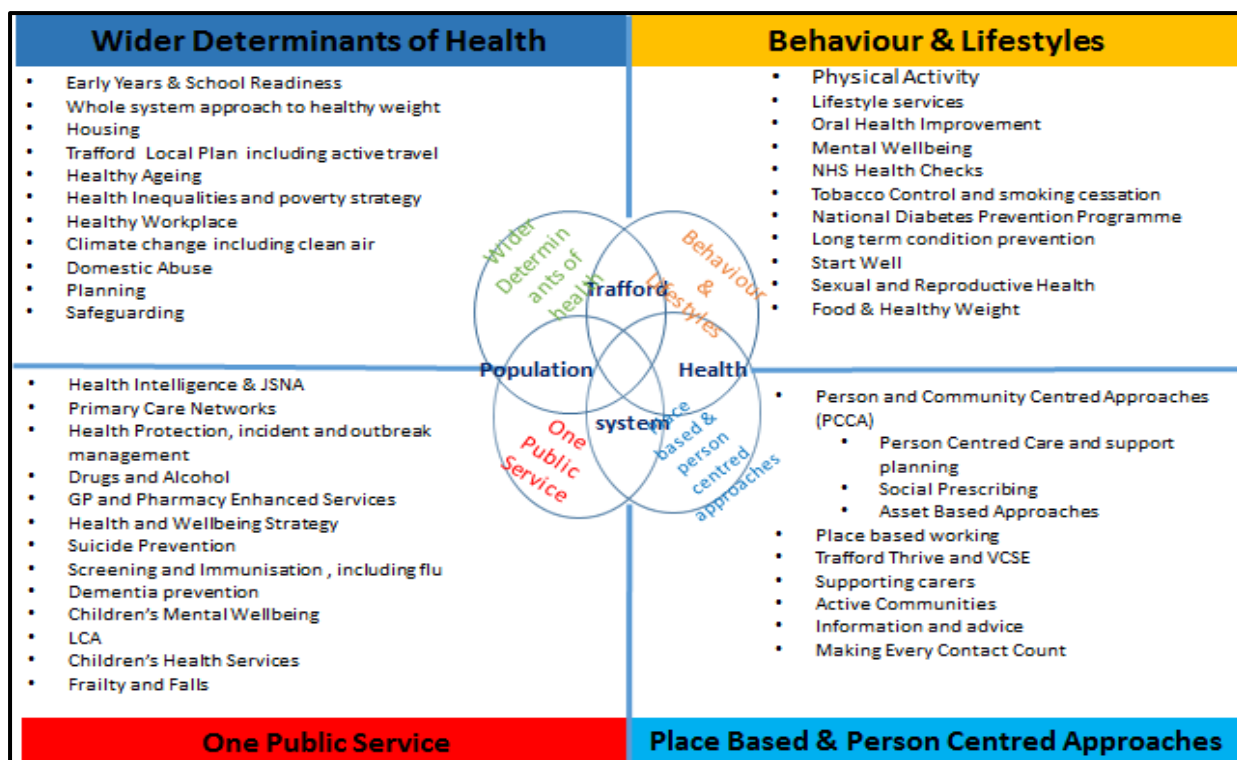
6.3 The six reforms areas are:

1. Prevention
2. Children's Care
3. Living Well at Home
4. Planned Care
5. Urgent Care
6. Mental Health

### Prevention

6.4 Prevention is at the heart of our ambitions for a reformed health and social care system.

Prevention encompasses elements that are often described as the 'wider determinants' of health: the non-health or behaviour care related influences on people's health and wellbeing. Good housing, clean air, good education, sufficient income and a pleasant and safe environment all have a major impact on people's health and wellbeing. Ensuring that these are in place, and that we reduce inequalities in these measures, is important in preventing ill health. This is captured in the below population health diagram:



6.5 Within our work, we are taking a prevention approach addressing all of the above: that is, looking at behaviour and lifestyles, wider determinants of health, service delivery, through a place based and person centred approach – prevention in every pathway.

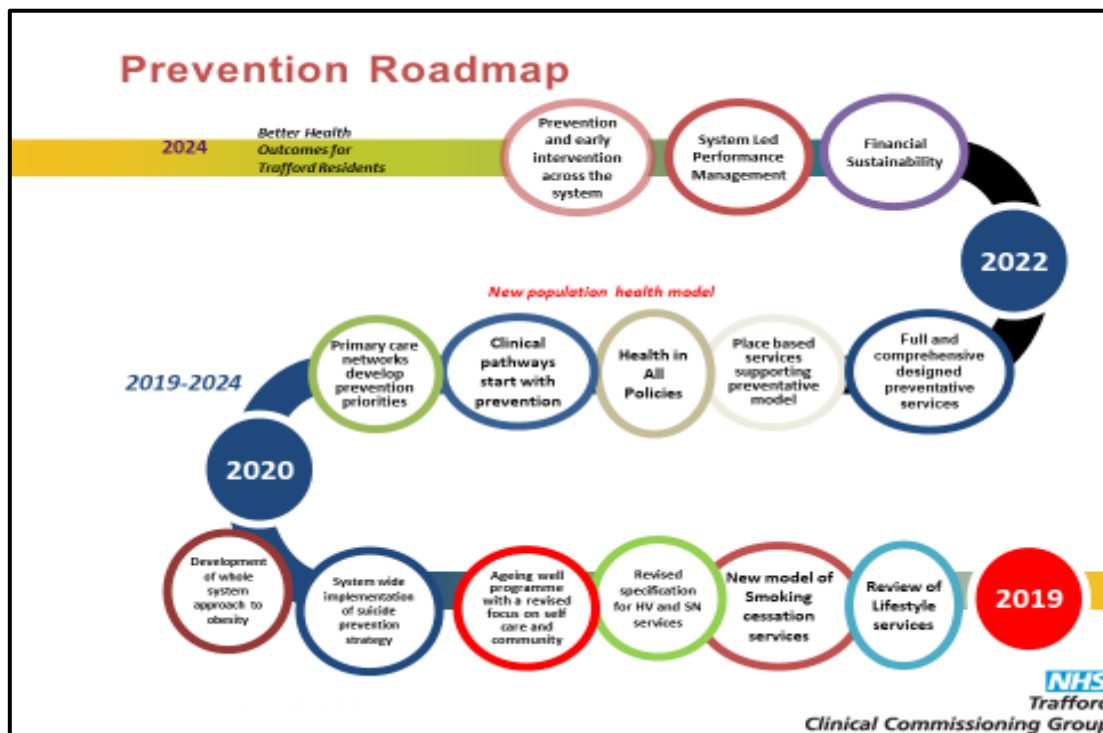
6.6 Our prevention agenda in Trafford includes actions that prevent or reduce the likelihood of someone developing a particular condition ('primary prevention'), or actions that stop a condition getting worse ('secondary prevention'). Primary prevention focusses on the measures that we need to take to keep our population healthy and well, and to have a long life free from disease and ill health. Secondary prevention focuses on people who have been identified as having a risk factor or condition and aims to reduce the impact of this and improve their health outcomes.

6.7 Sometimes, an activity may provide both primary and secondary prevention. Improving diet or increasing physical activity makes people less likely to develop a number of diseases or conditions, and are also effective in reducing the impact of many of conditions.

6.8 In almost all cases, whatever condition someone has or wherever they are in their life course or their disease/condition pathway, there will be actions that they can take that will slow the progression of the disease or reduce the impact of it. Some of the obvious actions include medication, but there are many behaviour changes that can have an enormous impact.

6.9 By 2024, we aim to have prevention and early intervention embedded across the system. This will be achieved by supporting primary care networks to develop prevention priorities; ensuring clinical pathways include prevention throughout the pathway; supporting health in all policies; taking a placed based approach; and delivering comprehensive behaviour change services. We will also be working with partners to make the necessary improvements to the

wider determinants of health. Our vision is supported and enabled by a roadmap which describes the mechanisms and levers we will use to deliver our ambitions.



6.10 Our initial work plan for until 2020 includes the following:

- Development of a whole system approach to obesity.
- System wide implementation of suicide prevention strategy.
- Implementation of an ageing well programme with a revised focus on self-care and community support.
- Revised specification for HV and SN services.
- New model of smoking cessation services.
- Review of support to behaviour change (including with regard to alcohol use).
- Reducing physical inactivity across the borough.
- Working with partners on improving the wider determinants and reducing inequalities in these measures.

### Children's Care – A Strong Start in Life for Children and Young People

6.11 We want to enable all children and young people in Trafford to thrive and achieve their full potential. We value our children and young people and want them to be equipped with skills for employment and life. Our aim is give our children and young people the best start in life and to be healthy and safe in their homes and communities. Ensuring children have the best start in life is a priority, as well as an investment for the future. We will focus on shifting our culture to supporting families at the earliest stages of issues arising and ensuring we commission/provide the services families need at the time they need them.

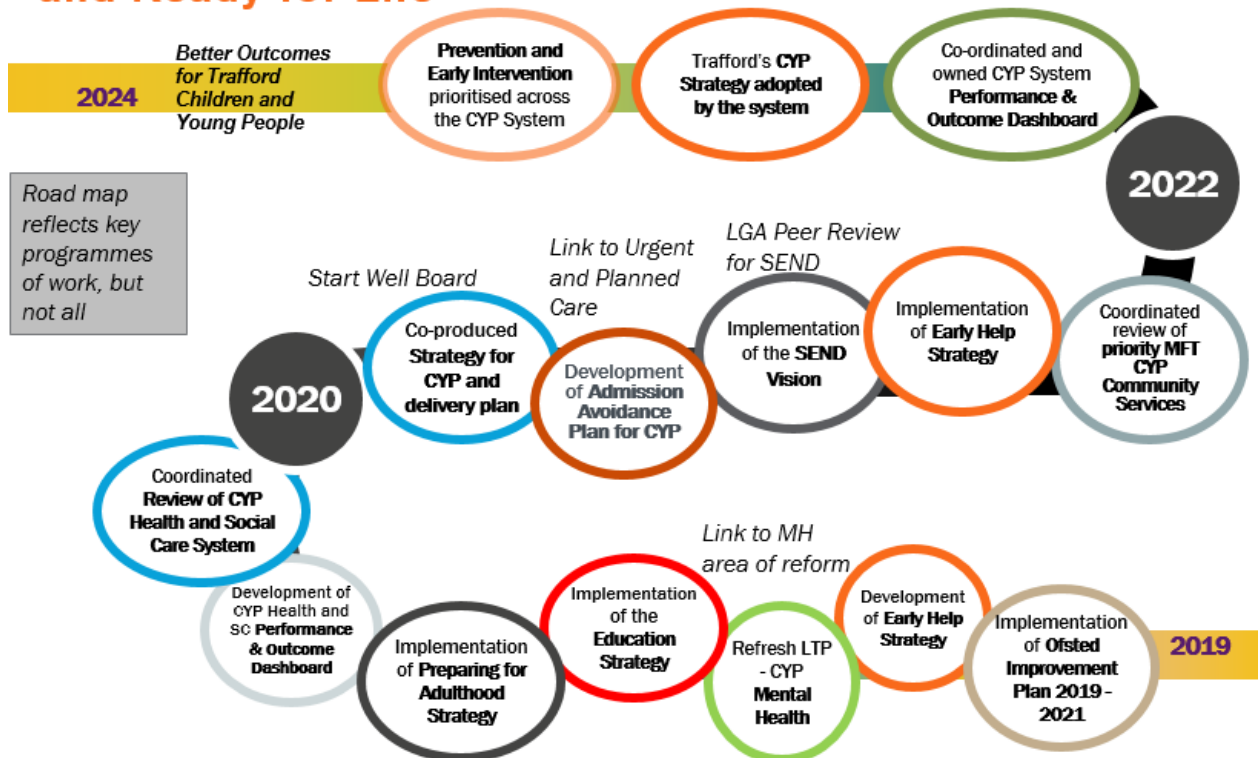
6.12 Below are draft visual representations of the high level Children's System Model and a roadmap of how and when we are going to achieve key milestones over the course of the implementation framework.

# Children and Young People System: Start Well and Ready for Life



Note: Core Health & Social Care levels are not interdependent.

## Children and Young People (CYP) Roadmap: Start Well and Ready for Life



Road map reflects key programmes of work, but not all

6.13 Our work programme is still in development but is supported by a detailed GM plan to which Trafford is committed to which supports and drives the overall vision and ambition.

**Living Well At Home**

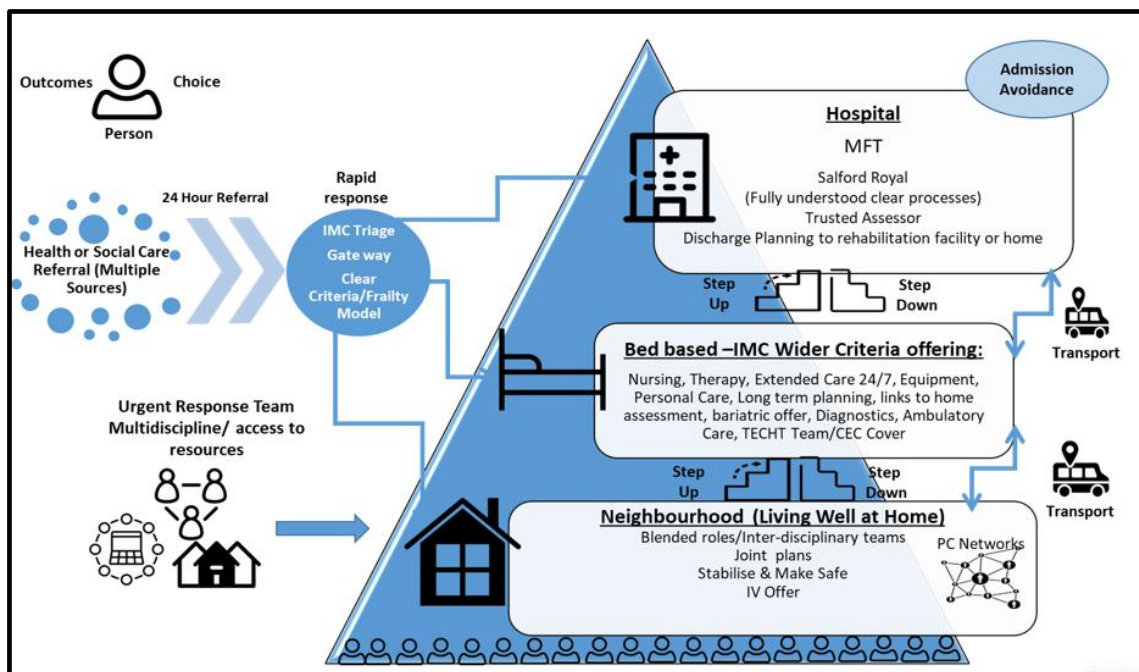
6.14 In Trafford we recognise that there are both ‘health’ and ‘social’ care aspects to Intermediate care. In Trafford under the banner of the ‘Living Well at Home Programme’ we will integrate service provision to ensure better outcomes for Trafford residents and the ‘system’ in which we operate. We will adopt the principles of the locality plan by delivering person centred care that preserves independence by supporting more people to remain at home. We will continue to reduce admissions to residential and nursing care.

6.15 Our offer for Trafford residents is a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living. Service models are delivered in an integrated way so that people are able to move easily between each depending on their changing support needs.

6.16 The 4 pillars are:

- Home-based intermediate Care (max 6 weeks)
- Re-ablement (max 6 weeks)
- Crisis Response
- Bed Based Care

6.17 Our ambition for intermediate care/living well at home is to develop a system where people are rehabilitated in their own home or closer to home, supported through an enhanced range of community services which meet the needs of people. Access to bed based services occurs only when absolutely necessary which will meet the needs of more complex people.



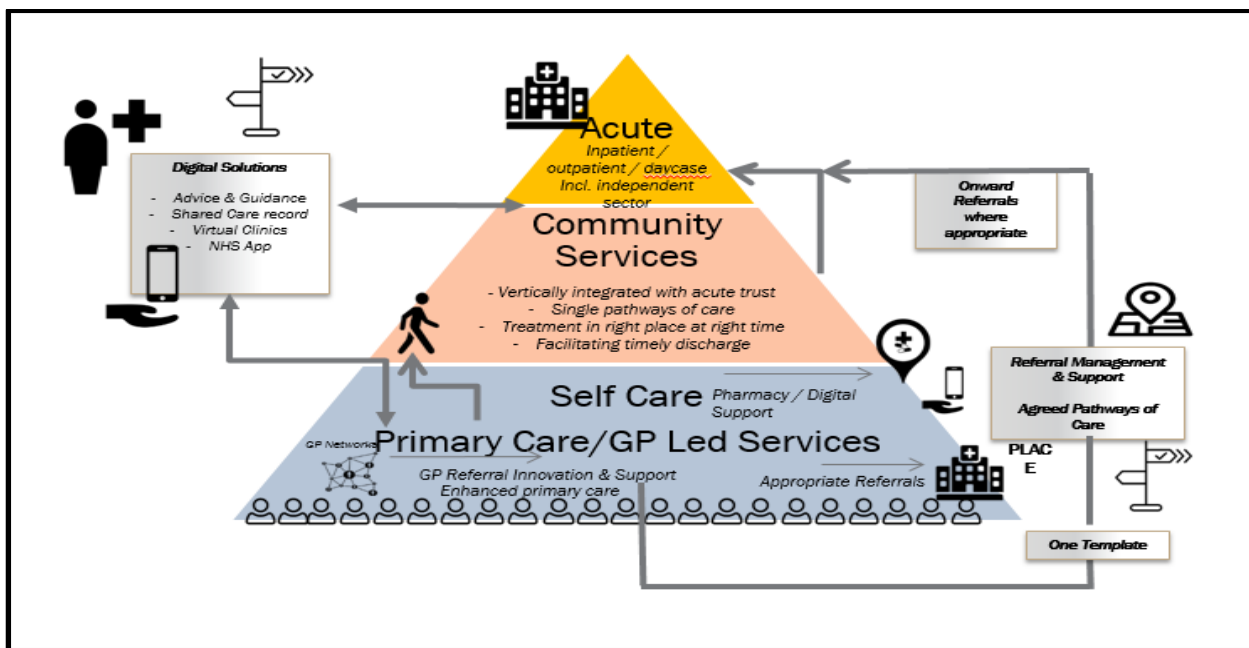


6.18 Our vision is supported and enabled by a roadmap which describes the mechanisms and levers we will use to deliver our ambitions:

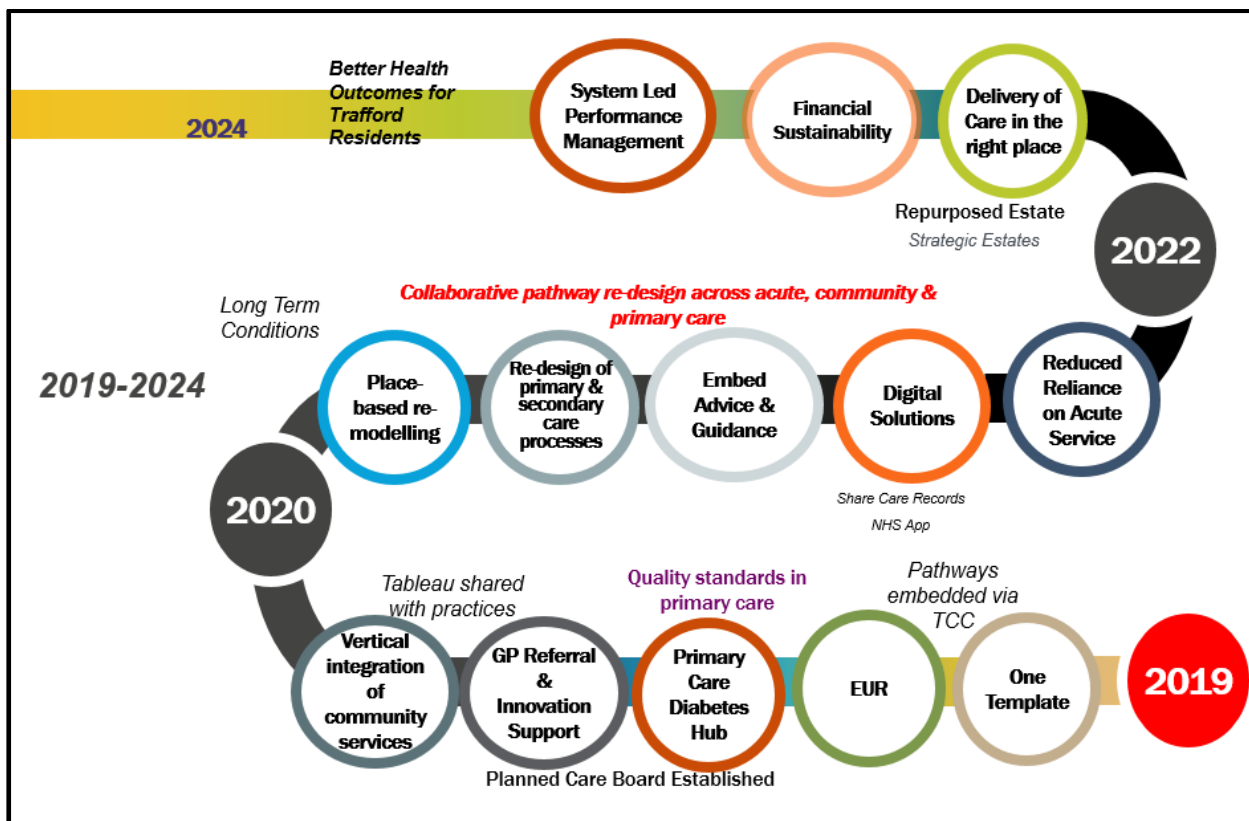


**Planned Care**

6.19 Planned care is the care people receive from their health and social care services which is routine or a planned service over a short or longer timeframe. The diagram below begins to depict the system ambition which is to create a strong, safe, sustainable health and care system for the future by ensuring consistent and evidence based pathways of care. People will be seen by the appropriate specialist in the right place and at the right time with more services provided and accessed in the community.

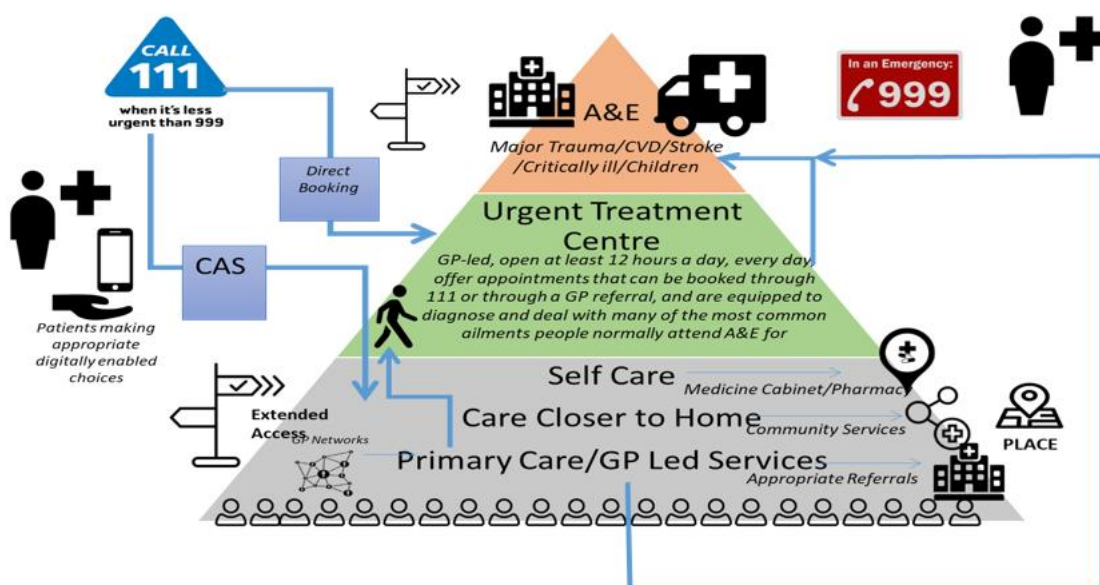


6.20 Our ambition is supported by a roadmap which describes the mechanisms and levers we will use to deliver our ambitions over the course of the implementation framework:

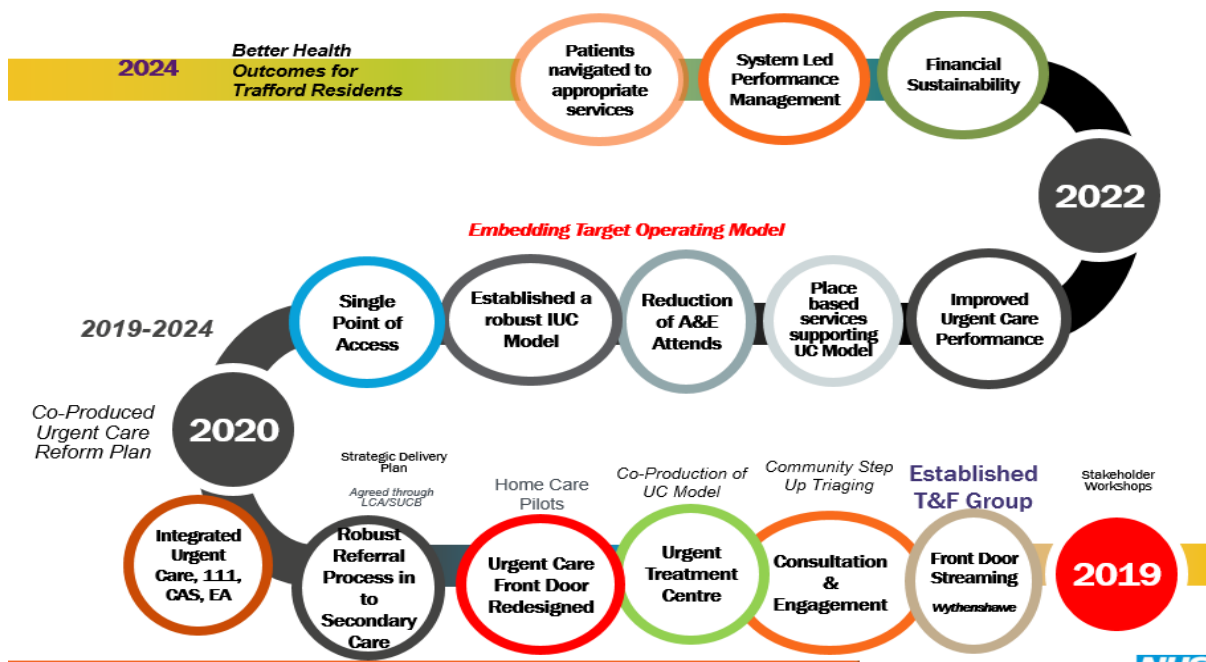


### Urgent Care System

- 6.21 When a person needs immediate help because they are not able to resolve an issue by themselves then to them it is urgent and to us it is urgent. We plan to reform urgent care so that we achieve our aspirations. Our ambition for Trafford is to work together to support people to stay well and provide the highest quality urgent and emergency care that is safe, coordinated and people centred.
- 6.22 Integrated urgent care is a fundamental part of the Trafford urgent care programme and will support the overarching objective of reducing pressure on the Manchester and Trafford urgent care system.
- 6.23 Below is a visual representation of a fully and comprehensively redesigned and integrated urgent care system in Trafford which enables people to have improved health outcomes. It will make it easier for residents to navigate, meaning people in Trafford will have a single point of access for urgent care services and will be managed through the most appropriate service for their needs:

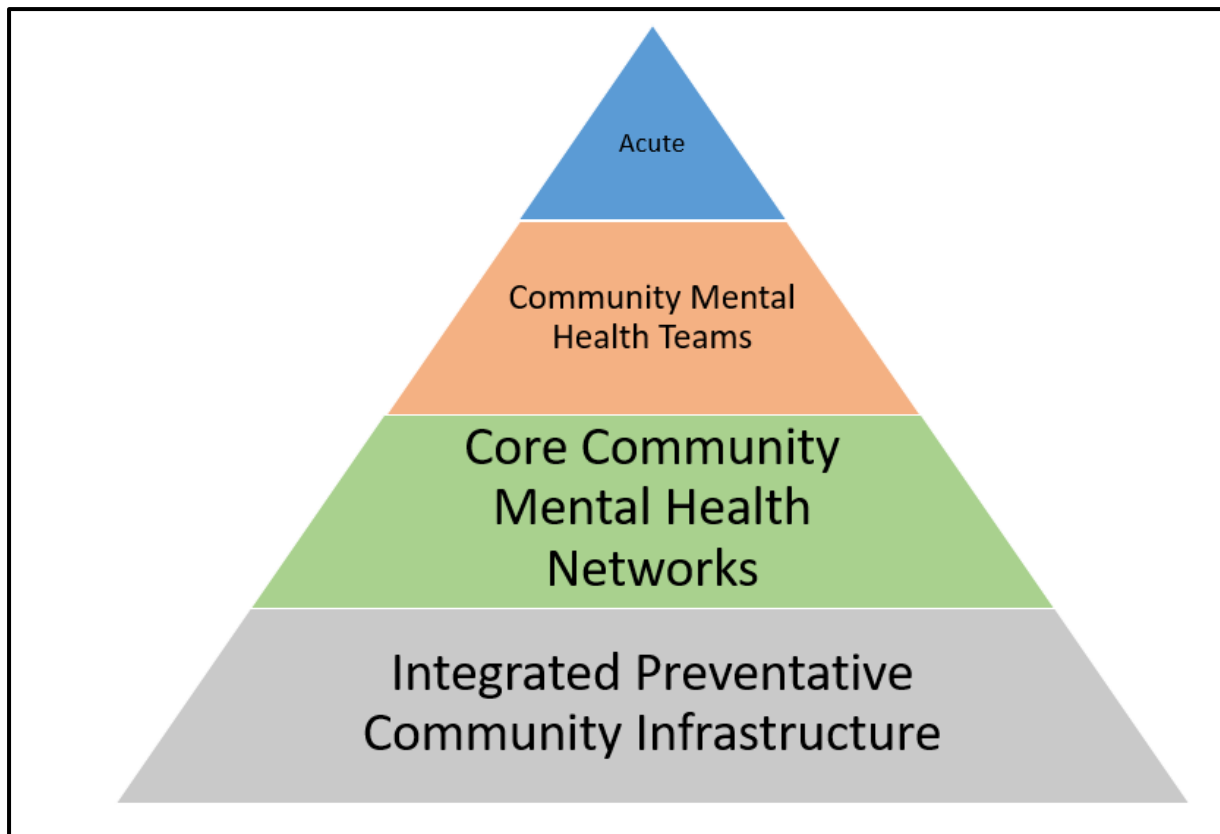


- 6.24 Our ambition is supported by a roadmap which describes the mechanisms and levers we will use to deliver our ambitions over the course of the implementation framework:

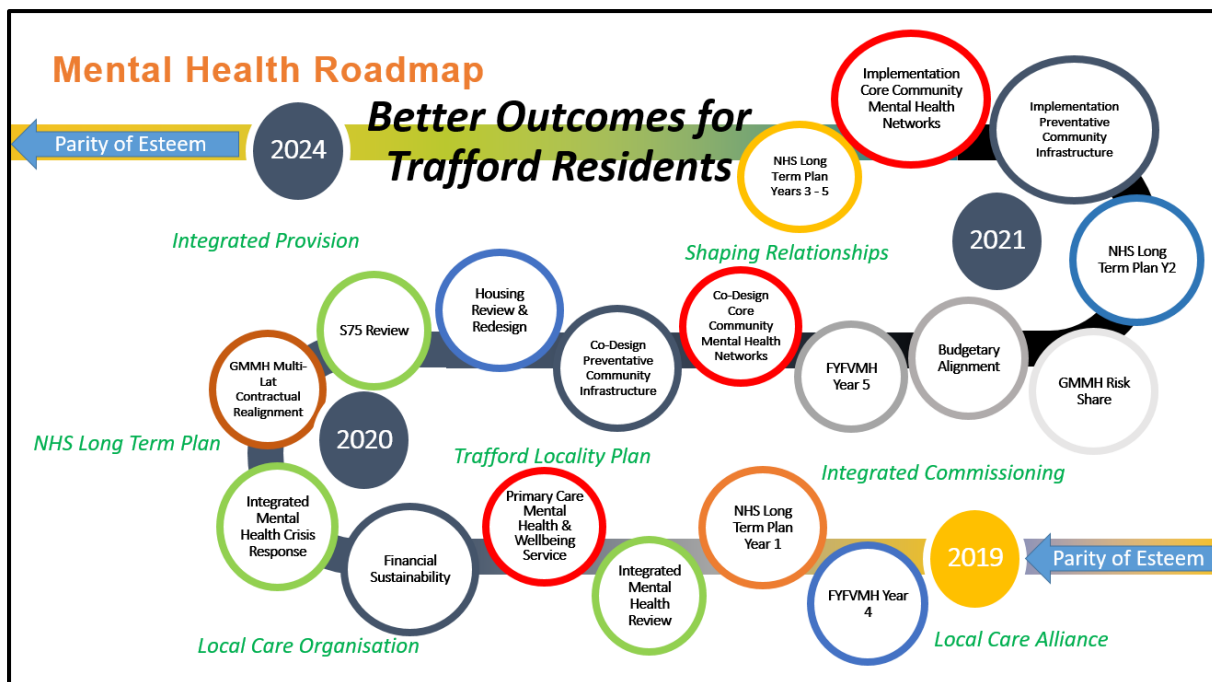


**All Age Mental Health**

6.25 Provision of all age mental health services to the people of Trafford is a fundamental pillar of reform as described above. Mental health affects people’s outcomes. Mental health is everyone’s business, with strong links to physical health and many other interdependent areas and to support this we have developed a model which aligns our strategic intentions and starts to develop how we will achieve them, as below:



- 6.26 We recognise the model is health focussed but there are overlapping programmes and themes of integration are becoming more developed – we also know mental health impacts on peoples outcomes.
- 6.27 We also have the potential through mental health to focus on prevention and early intervention for children and families. We know that for example children who experience adverse childhood experiences are more likely to experience challenges in their mental health and wellbeing in their early years.
- 6.28 We have set ourselves a challenge to design systems that support outcomes – through for example providers bringing teams together, mutually supportive leadership, supporting mental health expertise. The roadmap below sets out:



## 7. Trafford’s Enablers – Unlocking Economic Potential

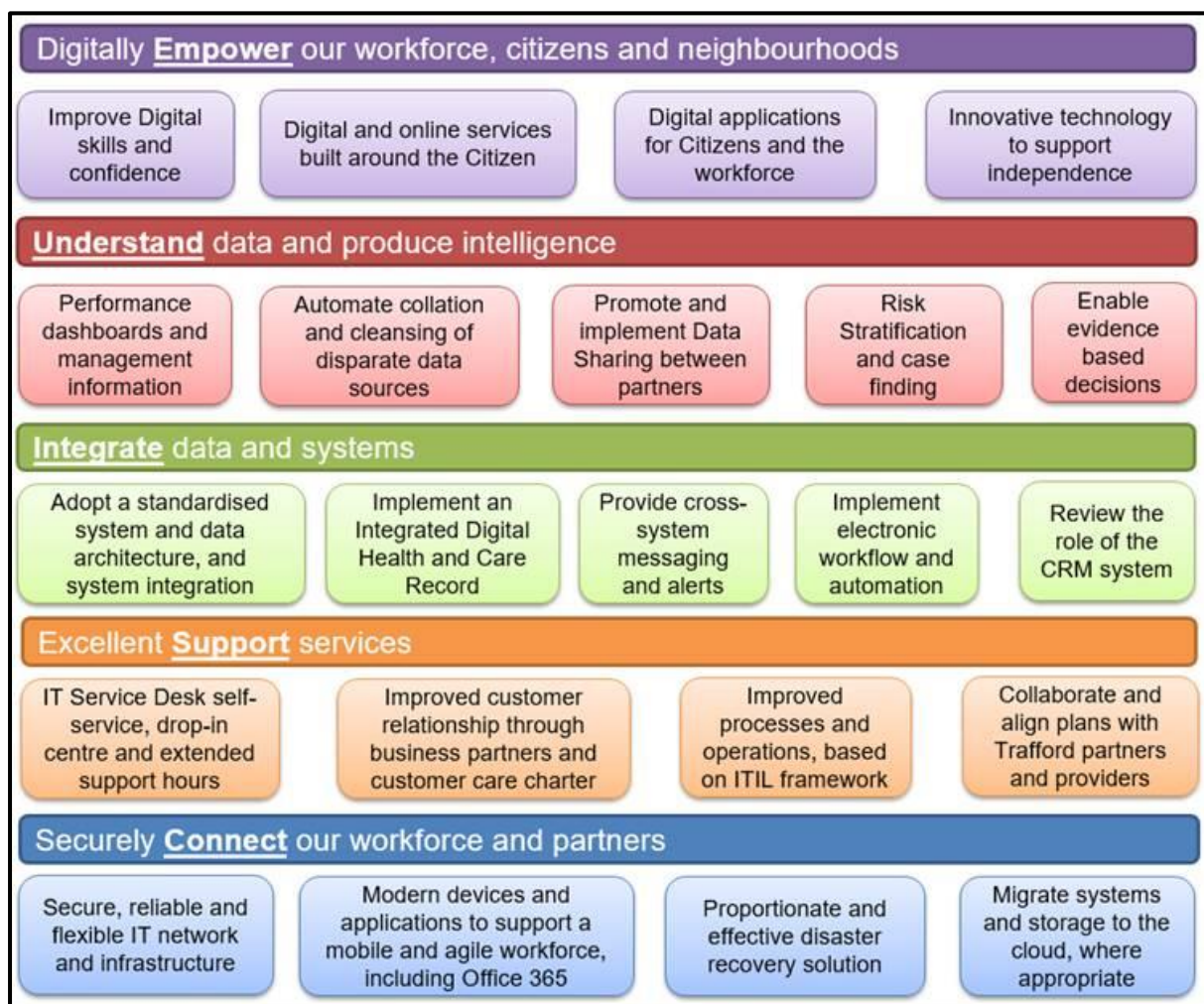
7.1 Trafford system enablers are particularly important to us and the achievement of our aspirations for the future. They are our engine room which will drive forward our change and support the direction for how we reform and develop. Three of our system enablers we have outlined in other sections of the plan as they are integral to programmes of work – people, estates and innovation and learning. In this section we have outlined in further detail our digital strategy and approach to financial and contractual reform.

### Digital Strategy

- 7.2 The Trafford Digital Strategy has been developed with public sector partners to set out the digital vision for the borough. It describes how we will increase the use of digital solutions to deliver services and information that will enable our citizens and neighbourhoods to be more independent and stay healthier for longer. In effect, designing 21<sup>st</sup> Century services that are built around the people accessing them. We will also provide the workforce with improved tools and access to information so that better and timelier support can be provided by health and care practitioners.
- 7.3 Digital is a key enabler in the reform and improvement of all services so will feature in each of the new models of care described in this plan. We will look at how current and planned digital solutions can support Trafford’s transformed services and look to innovate, particularly in support of prevention, people’s independence, and automating processes.
- 7.4 The Digital Strategy has been built around the principles set out in the Department of Health and Social Care Digital Vision. We will maintain a secure and reliable IT infrastructure to support increasingly digital services and internal operations. Connecting disparate data and

IT systems will provide practitioners with the information they need to provide effective care. Improved business intelligence will enable evidence based decisions, and support targeted case finding and condition management. We will help to raise the level of Trafford peoples’ digital skills, particularly those that are at risk of exclusion. The Trafford workforce will receive comprehensive training on digital solutions and will be supported to work in new ways that maximise the opportunities from digital investments.

7.5 The five themes of the Digital Strategy delivery plan set this out in more detail:



7.6 Key activities are listed below and indicative timescales are shown within the Digital Roadmap. Funding for some of these activities needs to be identified:

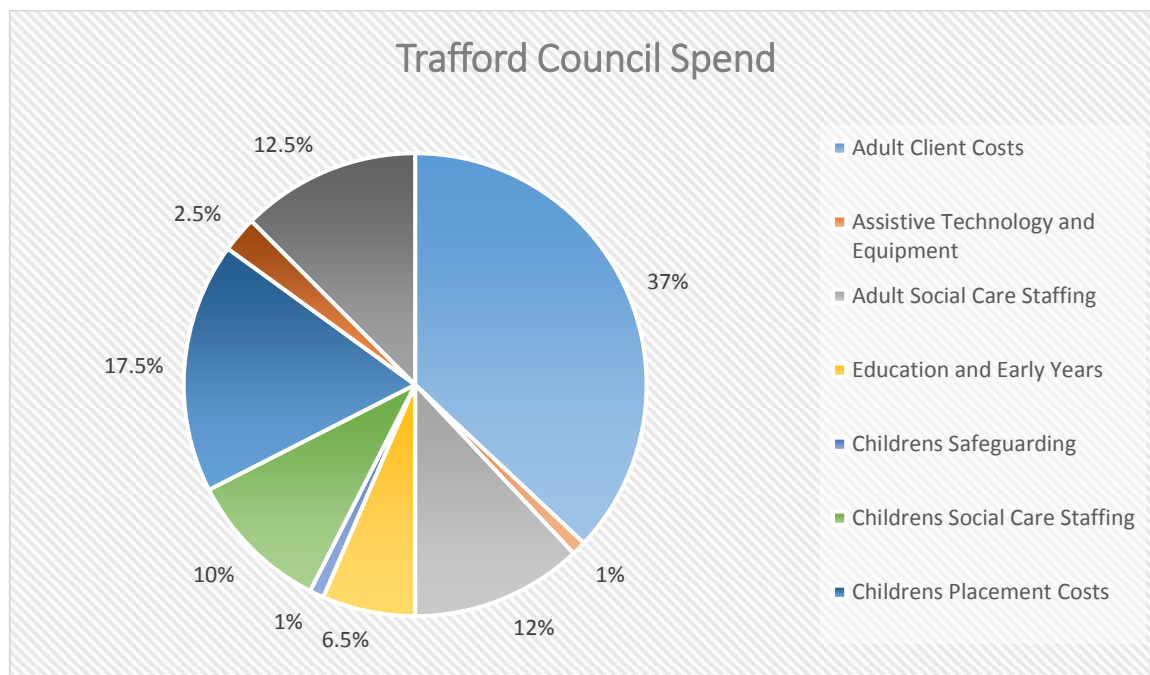
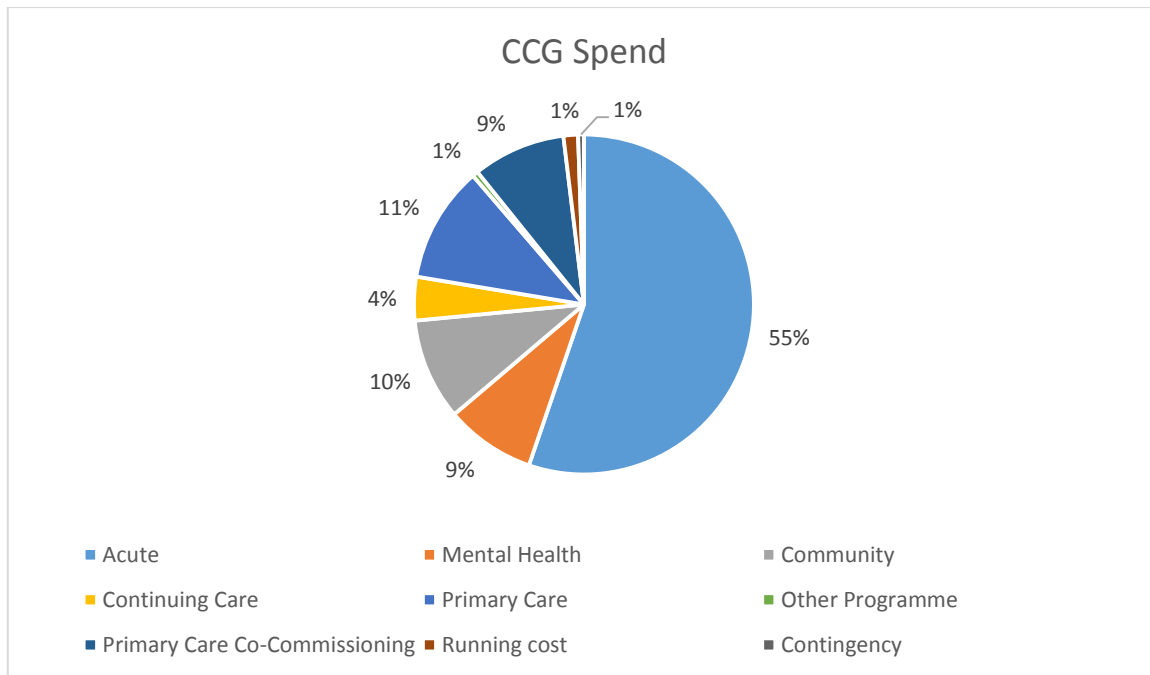
- **Mobilising Community Services** – finalise the rollout of tablet devices to community services employees (419 devices in total) and upgrade to Windows 10.
- **Video Consultation for Primary Care** – pilot a video consultation solution to help evaluate the best approach to meeting the NHSE requirement for all patients to have access to video consultations by April 2021.
- **Online Triage for Primary Care** – implement an online triage solution that enables patients to work through pre-determined pathways to identify the best course of action for their condition or signpost to further support.

- **EMIS Community EPR** – implement EMIS Community Electronic Patient Record which will include building the IT and System functions, undertaking changes to business processes across community services, and removing paper based processes.
- **Implement Office 365** for Primary Care, CCG, Community Services, and Social Care - develop the business case and manage the implementation of O365 and associated infrastructure.
- **Implement HSCN/Coin Network** - implement the replacement Health & Social Care Network (HSCN) / GM COIN for Trafford Primary Care sites.
- **Social Prescribing IT Solution** – a GM proposal to procure and implement a GM level IT solution to support Social Prescribing. This would support streamlined referrals and integrates easily into the GP and Community EMIS systems.
- **Local Health Care Record (LHCR) Dementia Pilot** – deliver the LHCR Dementia Pilot in Trafford. Develop clinical use cases/requirements; determine technical capabilities - procure and implement.
- **Integrated Digital Care Record (IDCR) Data Feeds** - Coordinate technical work to switch on data feeds. Undertake Data Privacy Impact Assessments and finalise information sharing agreements for GP, Social Care, MFT – Acute and Community, GMMH.
- **Emis GP to Emis Community Workflow and Referrals** - implement the EMIS GP to Emis Community workflow / managed referrals functionality.
- **Integrated Care Plan (Graphnet)** - implement the integrated digital care plan within Trafford to support multi-agency care around a patient. Further develop the platform to allow patient access.
- **Trafford Share to Care engagement campaign** - launch an engagement campaign to explain to the public and partners the aims and benefits behind securely sharing information between clinical and care practitioners for direct care purposes.
- **Cyber Essentials + accreditation** - Trafford IT and Digital Providers to be Cyber Essential+ accredited.

### Financial Reform

- 7.7 Trafford as a system has a combined resource for health and social care of £459 million. This is a resource that as a system we need to be able to spend in the most effective and efficient way possible to get value for money for Trafford people and also continue to reform the system over the next five years. Below is a pie chart highlighting areas of spend across the CCG and Council:





7.8 NHS Trafford CCG, has an in year planned deficit of £7m, and has received financial improvement trajectories covering the 5 year period, reducing its planned in year deficit to £1.5m in the final year. In order to meet its annual financial trajectory Trafford CCG will need to deliver efficiency savings of £35m between 2020/21 and 2023/24. Trafford Council has total budget gap of £32m over the next 3 years. Therefore, it is imperative that the Locality Plan recognises as a system the level of challenge that we will need to address in addition to spending our money in the best way possible to bring our system into balance as we move forward.

7.9 As a system there is a move to work together more closely on how we reform our financial and contracting system and how we gain a better understanding of system risk and gain in relation to services. We will only be able to do this by working with our partners particularly in the Local Care Alliance over the forthcoming years to reform the system that we work in. By the end of the 5 year implementation plan we will:

- Have developed an integrated Partnership Agreement with the Local Authority to support the necessary financial arrangements of a reformed system.
- Established collaborative relationships between the CCG and Health and Social Care to support future delivery.
- Have established collaborative relationships with the Commissioner and Provider Finance colleagues within the local health and care economy.
- Have a shared vision on the future financial model with our partners.
- Develop a transparent and robust costing models with our key provider underpinning future service delivery and contract model.
- Maintain a stable financial performance in line with the statutory financial limits as set by NHS England.
- Have 'Outcome Based Service Specifications'.

## 8. How will we know if we have made a difference?

8.1 The locality partners are committed to working together to deliver the overarching aspirations of this plan:

- Better lives for our most vulnerable people.
- Better wellbeing for our population.
- Better connections throughout our communities.

8.2 However, we must challenge ourselves to understand ***“How do we measure real change for our population?”***

8.3 Our commitment is to hold ourselves collectively to account for achieving the Trafford Together Locality Plan aspirations and develop a system wide outcomes framework to support and demonstrate delivery of these aspirations.

8.4 In Trafford we will work towards measuring progress against a series of **“I” statements** which are reflective of the things that are most important to the quality of people's lives. We will work with our partners and people to agree a set of “I” statements that support the sector to take responsibility for change and publicly share the progress being made. An example list of statements which we will refine is below:

- 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.

8.5 The outcomes will be delivered through the implementation of the six reform programmes. Each reform programme will work towards achieving **implementation and performance** metrics, including those set out in national planning guidance and frameworks e.g. the NHS Long Term Plan Implementation Framework, including a series of new measures:

- Citizen facing tools: Proportion of the population registered to use NHS App.
- Cyber Security - Organisations in area who have met or exceeded the mandated standard.
- Perinatal Mental Health: Number of women accessing specialist perinatal mental health service.
- Early Intervention and Prevention (EIP) Services achieving Level 3 NICE concordance.
- Coverage of 24/7 crisis provision for children and young people (CYP) that combine crisis assessment, brief response and intensive home treatment functions.

## 9. NHS 10 Year Long Term Plan

### Context

- 9.1 The NHS Long Term Plan is a national mandate that sets out priorities and ambitions for the years ahead to ensure health services continue to provide high quality care for the population. In Trafford, local organisations and our partners are working together to develop ambitious, realistic, place based plans which will set out how we will translate the NHS Long Term Plan into action locally.
- 9.2 Our agreed actions to support the NHS Long Term Plan ambitions form part of and will be delivered through our locality plan and its programmes of reform.
- 9.3 Within the Long Term Plan is a framework which sets out foundational elements and enablers which are key to delivery of the plan. These have been proposed by Greater Manchester Health and Social Care Partnership. The LTP Implementation Framework is a detailed document with expectations in terms of delivering the LTP. It contains detailed requirements which we should address as part of the assurance process for developing our Locality Plan. The table below sets out the areas of the NHS LTP and Trafford's response.

NHS Long Term Plan Implementation Framework	What this means for Trafford people
<b>Planned Care: Transformed 'Out of Hospital' Care and Fully Integrated Community-based Care</b>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>In Trafford, the LTP requirements in relation to planned care will be delivered through a programme of place-based re-modelling and collaborative re-design of existing primary and secondary care processes and pathways; focussing on establishing agreed pathways across long term conditions, and empowering primary care to develop neighbourhood-centric approaches in line with the needs of the local population.</p> <ul style="list-style-type: none"> <li>• Primary Care Strategy developed through a collaborative approach as detailed in the main body of this report.</li> <li>• Primary Care Governance - structure approved and implemented (Q2 2019-20).</li> <li>• Primary Care Workforce: practice visits/profile of general practice workforce completed (Q4 2018-29), Workforce Delivery Group established to address training/education, recruitment/retention, new roles (Q2 2019-20).</li> <li>• Primary Care Network Development – as of August 2019 we now have five networks in place, signed DES with 100% coverage, and monthly meetings taking place to support relationship building and development of priority areas for the population of each network. See section in the main report for more detail.</li> </ul>

<p><b>Urgent Care: Reducing Pressure on Emergency Hospital Services</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>A joint Manchester and Trafford Long Term Urgent Care Improvement Plan has been developed which aligns with local commissioning priorities, national requirements and transformational improvements. Each priority area aligns to an improvement metric, high-level performance metric, RAG against delivery timescales, and monthly updates against progress. Interdependencies in the LTP are highlighted:</p> <ul style="list-style-type: none"> <li>• Performance Improvement - trajectories in place and agreed with system partners for 4 Hour, DTOC (GMSCP) and Long Length of Stay patients (NHSI/NHSE).</li> <li>• Single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111. Single point of contact by 2023.</li> <li>• GM wide 90 day test of change pilot concluded with full evaluation due. Re-instatement of service to help with current challenges and expansion of code set to include; falls, end of life and mental health. Ambition for 10 less ambulances per ED and per day across GM.</li> <li>• Fully implement the Urgent Treatment Centre (UTC) model by so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111.</li> <li>• Trafford will implement an UTC offer that meets the needs for the Trafford population.</li> <li>• Implement recommendations from Lord Carter report with Ambulance Trusts. NHS England to set out a new national framework.</li> <li>• NWAS Urgent and Emergency Care (Right Time, Right Place) Strategy. NWAS will set clear aspiration targets for the achievement of reducing Accident and Emergency conveyance by managing patients before the call, or by Hear &amp; Treat or See &amp; Treat methods (whenever clinical appropriate).</li> <li>• Same Day Emergency Care/AMU, at least 12 hours a day, 7 days a week - to deliver new diagnostic and treatment practices to allow patients to spend just hours in hospital rather than being admitted to a ward, reducing admissions and freeing up acute beds. Mandated for all sites with a Type 1 A&amp;E department.</li> <li>• WTWA AMRU and SAU which do not meet the national specification for operational hours.</li> <li>• Sites to meet the national specification for operational hours.</li> <li>• Delayed Transfers of Care - implement SAFER bundle and multi-disciplinary team review on all hospital wards every morning.</li> <li>• Further improve patient pathways to ensure timely assessment and treatment that reduces the risk of death and disability (specifically stroke, heart attack, major trauma, severe asthma attack, sepsis).</li> <li>• Clinical standards are currently in field testing across specific sites across England - will implement and embed outcomes (expected Q4 2019/20).</li> <li>• Continuation of funding for mental health liaison services to achieve 70% coverage of 'core 24' services by 2023/24.</li> <li>• MRI and Wythenshawe fully recruited/recruitment plans in place.</li> </ul>
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<p><b>Giving people more control over their own health and more personalised care</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>An emerging plan for a fundamental shift to a more person and community centred approach across Trafford. We are building on existing approaches such as One Trafford Response and Lets Talk. We are developing trajectories for personal health budgets which will be coproduced across the system including our partners in the independent care sector.</p>
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<p><b>Digital: Delivering digitally enabled care across the NHS and digitally enabling primary care and outpatient care</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>Key activities are listed below and indicative timescales are shown within the Digital Roadmap. Funding for some of these activities needs to be identified:</p> <ul style="list-style-type: none"> <li>•Mobilising Community Services – finalise the rollout of tablet devices to community services employees and upgrade to Windows 10.</li> <li>•Video Consultation for Primary Care – pilot a video consultation solution to help evaluate the best approach to meeting the NHSE requirement for all patients to have access to video consultations by April 2021.</li> <li>•Online Triage for Primary Care – implement an online triage solution that enables patients to work through pre-determined pathways to identify the best course of action for their condition or signpost to further support.</li> <li>•EMIS Community EPR – implement EMIS Community Electronic Patient Record which will include building the IT and System functions, undertaking changes to business processes across community services, and removing paper based processes.</li> <li>•Implement Office 365 for Primary Care, CCG, Community Services, and Social Care - develop the business case and manage the implementation of O365 and associated infrastructure.</li> <li>•Implement HSCN/Coin Network - implement the replacement Health &amp; Social Care Network (HSCN) / GM COIN for Trafford Primary Care sites.</li> <li>•Social Prescribing IT Solution – a GM proposal to procure and implement a GM level IT solution to support Social Prescribing. This would support streamlined referrals and integrates easily into the GP and Community EMIS systems.</li> <li>•Local Health Care Record (LHCR) Dementia Pilot – deliver the LHCR Dementia Pilot in Trafford. Develop clinical use cases/requirements; determine technical capabilities - procure and implement.</li> <li>•Integrated Digital Care Record (IDCR) Data Feeds - Coordinate technical work to switch on data feeds. Undertake Data Privacy Impact Assessments and finalise information sharing agreements for GP, Social Care, MFT – Acute and Community, GMMH.</li> <li>•Emis GP to Emis Community Workflow and Referrals - implement the EMIS GP to Emis Community workflow / managed referrals functionality.</li> <li>•Integrated Care Plan (Graphnet) - implement the integrated digital care plan within Trafford to support multi-agency care around a patient. Further develop the platform to allow patient access.</li> <li>•Trafford Share to Care engagement campaign - launch an engagement campaign to explain to the public and partners the aims and benefits behind securely sharing information between clinical and care practitioners for direct care purposes.</li> <li>•Cyber Essentials + accreditation - Trafford IT and Digital Providers to be Cyber Essential+ accredited.</li> </ul>
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<p><b>Better care: Improving Cancer Outcomes</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>We are working to create a sustainable Cancer Improvement Plan which will include the NHS LTP milestones. The 8 areas which are influenced by the NHS LTP already have actions to support delivery: Health &amp; Wellbeing Services, cancer screening, lung health checks, optimal diagnostic models, best timed pathways, Stratified aftercare models, Prehab4Cancer / ERAS+, Molecular / genetic analysis of tumours.</p> <p>Our plan includes:</p> <ul style="list-style-type: none"> <li>• New faster diagnosis standard for cancer is being monitored by PQI and MFT is reporting their 28 day performance.</li> <li>• Multi Diagnostic Clinics / Rapid Diagnostic Clinics at MFT (Wythenshawe) Pennine (Oldham). Plans to expand the RDC are being established at MFT with the support from GM Cancer and PQI.</li> <li>• Faecal Immunochemistry Test rolled out within bowel screening nationally, making screening more accessible and expected to increase uptake.</li> <li>• NHS Lung health checks reviewing the evidence to demonstrate value and working with GM Cancer Alliance to establish systematic roll out across GM.</li> <li>• Best practice pathways for colorectal, lung &amp; prostate to be implemented through GM Cancer Alliance.</li> <li>• Early diagnostic for cancer is being promoted by Public Health England, the GM Cancer Screening Engagement Strategy will target initiatives in communities with low uptake of screening.</li> </ul>
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<p><b>Better care: Improving Mental Health Services</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>We will continue the step change in access and quality achieved through the <i>Five Year Forward View for Mental Health (FYFVMH)</i> and maintain momentum by implementing the NHS Long Term Plan. Significant challenges remain including meeting the mental health needs of our younger residents. More broadly we must keep pushing to achieve parity of esteem between mental and physical health. The <i>FYFVMH</i> has produced tangible benefits in improving access to mental health services. But we remain in a cycle where mental ill health drives investment and initiatives that could mitigate this situation are denied resources. Trafford’s sustainability plan for mental health will seek to break this cycle.</p> <p>FIVE YEAR FORWARD VIEW MENTAL HEALTH (2016 -2021): At outturn 2018/2019 Trafford CCG met its targets for the incremental delivery of the FYFVMH. Further incremental targets exist for years 2019/20 and 2020/21 and delivery planning is currently being completed with our operational and commissioning partners to ensure these are met.</p> <p>NHS LONG TERM PLAN: New challenges articulated within the plan for adult mental health services include: integrated models of primary and community mental health care, better transition for 0 - 25 year olds, dedicated mental health transport vehicles and mental health nurses in ambulance control rooms. Existing targets are expanded including: expanded IAPT access targets and maintained quality targets, further development of options for people experiencing mental health crises and post suicide support for families and carers.</p>
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<p><b>Shorter Waits for Planned Care</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>Trafford CCG will build on the Primary care Network and Tier 2 Musculoskeletal foundation to ensure that by 2023/24 we have scaled our provision of First Contact Practitioners (FCP) This will provide faster access to diagnosis and treatment for people with MSK conditions and support more patients to effectively self-manage their conditions including via digital and online routes.</p> <p>Through the joint planned care board with our main provider and lead commissioning CCG we will ensure that reform is targeted in the right areas by using GIRFT and NHS Right Care, to ensure that we in identifying and addressing unwarranted variation and support the delivery of shorter waits for planned care.</p> <p>The CCG continues to work closely with its main provider to manage waiting times in line with national guidance. Specialty level delivery trajectories are in place to reduce waits and there are systems in place to ensure no patients wait over 52 weeks for treatment including review of all patients at 46 weeks. MFT has reported no over 52 week waits for some months now. Oversight continues through weekly taskforce meetings between the Trust and the CCG.</p> <p>The volume of planned care surgery required to deliver the elective standards will be undertaken annually as part of the NHS planning round and contract negotiations. The CCG will work with its providers to undertake a capacity and demand exercise. As part of this, any new guidance (NICE, NHS LTP, choice at 26 weeks) will be considered, along with affordability and deliverability. This work for 2020/21 has not yet been completed.</p> <p>The Elective Care Board will oversee the implementation of the elective care reform programme. This programme will focus on delivering reform through the use of new technologies with a view to reducing outpatient attendances. Priority areas have been agreed with stakeholders.</p>
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<p><b>Increasing the focus on population health – moving to integrated care systems and; More NHS Action on Prevention</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p><b>Lifestyle Support</b></p> <p>Trafford Council and Trafford Housing Trust are currently recommissioning our lifestyle offer providing funding for a single service or a number of services to provide direct support in healthy lifestyles and health interventions to our target groups. This will be a significant programme designed to target those groups with significant health inequalities including BAME communities, people with mental health issues from BAME communities, the deaf community, people with disabilities and long term health conditions (especially in deprived areas), people with learning disabilities and autism and older people (especially fuel poverty/ deprived communities). We are particularly interested in projects which target deprived areas or which address socio-economic factors impacting on the health and wellbeing of Trafford’s residents.</p> <p><b>Obesity and Physical Activity</b></p> <p>Although Trafford’s obesity rate is slightly better than the England average, the national picture is of widespread excess weight, with significant differences between the least deprived (lower levels of overweight and obesity) and the most deprived (high levels of overweight and obesity). In order to impact on the levels of excess weight we will:</p> <ul style="list-style-type: none"> <li>• Take a whole system approach, prioritising where to intervene in the local system in order to leverage the greatest impact, align effort and bring about change. We will engage with all stakeholders and map out the local picture to inform where and what changes we need to make. Any action will be co-produced with local communities.</li> <li>• Develop effective pathways with frontline staff across the health and care system to help people achieve and maintain a healthy weight.</li> <li>• Support and train health professionals to raise the issue of excess weight. confidently and sensitively with families and adults and support them access a range of effective, evidence-based weight management services for adults and children with excess weight.</li> <li>• Develop whole system approach to improving physical activity for those residents who are least active including older people, those with a long term condition, people with mental health challenges and people with a Learning Disability. There will be a particular focus on residents in our most deprived areas.</li> </ul>
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	<p><b>Smoking</b></p> <p>Tobacco use remains the single greatest cause of preventable illness and avoidable death in Trafford. Whilst we have the lowest rate of smoking in GM, Trafford has a higher rate of smoking in Routine and Manual workers than that in England. This causes a large proportion of the variation in health outcomes between communities in Trafford. To address this we will:</p> <ul style="list-style-type: none"> <li>• Recommission the smoking cessation service including offering a full range of smoking cessation options including NRT, varenicline and e-cigarettes as well as combination treatments supported by online as well as face to face training for smoking cessation advisors. This will build on the successful local pharmacy programmes.</li> <li>• Continue to support the CURE model in our hospitals and the Baby Clear Programme.</li> <li>• Work further with GMMH and other providers to explore smoking cessation services for long term users of specialist Mental Health and LD services.</li> </ul> <p><b>Alcohol</b></p> <p>Trafford residents have high levels of alcohol admissions and alcohol related mortality. These figures are higher in middle aged men and there continues to be a link with deprivation. To address this we will:</p> <ul style="list-style-type: none"> <li>• Maintain our focus on prevention of alcohol and drug use – including promoting the DRYmester preventing Foetal Alcohol Syndrome programme.</li> <li>• Review treatment programmes to ensure full optimisation of the service offer and explore options to access the newly announced Alcohol Liaison team.</li> <li>• Work with our Providers to implement the GM Drug and Alcohol Strategy 2019-21.</li> <li>• Work with Public Health, CCG and Adult Social care to explore accommodation options for dependent drinkers discharged from hospital.</li> </ul>
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	<p><b>Air Pollution</b></p> <p>Air pollution remains a serious concern in Trafford, with a number of areas reporting levels of air pollution over the legal limits. Trafford is an active participant in the Clean Air plans for Greater Manchester, and we are now waiting on government feedback on our plans for our Clean Air Zone. Many of the steps that need to be taken to improve air quality will also have a positive impact on another pressing environmental concern, which is how to reduce the risks from climate change. Trafford Council declared a Climate Emergency in November 2018, and the GM Health &amp; Social Care Partnership followed suit in August 2019. Greater Manchester has committed to being carbon neutral by 2038, and the Paris Agreement requires all parties to report regularly on their emissions and implementation efforts to limit global temperature increases to 1.5oC. We will:</p> <ul style="list-style-type: none"> <li>• Support the implementation of the GM Clean Air Plan and contribution to achieving carbon neutrality, which will in turn have a positive impact on population health.</li> <li>• Support development and delivery of Carbon Literacy training for all local authority and NHS employees.</li> <li>• Promote active travel by employees and residents by taking a whole system approach to physical activity.</li> <li>• Reduce the environmental impact of business travel through supporting staff, providers and residents to work flexibly, and make changes to the way in which they work, use services and commute.</li> </ul> <p><b>Screening</b></p> <p>We are committed to improving screening rates and focus on reducing inequalities and varying uptake performance across the Borough.</p> <ul style="list-style-type: none"> <li>• The CCG, Public Health, the GM SIT team and Cancer Research UK will work with practice-level data to focus on the poorest performing practices developing interventions to improve uptake.</li> <li>• We will actively engage with partners working with our BAME and faith backgrounds communities to identify and address barriers to particular screening tests or vaccinations.</li> <li>• We will develop programmes to ensure that our residents with Learning Disabilities are supported in accessing both immunisation and screening programmes.</li> </ul>
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	<p><b>Antimicrobial Resistance</b></p> <p>The risk of, and long term harm from, increasing levels of anti-microbial resistance is very real, and across Trafford our GPs are working hard to reduce the number of prescriptions for antibiotics that they prescribe. Balanced against this is the need to ensure that antibiotics are prescribed appropriately and quickly where sepsis is suspected.</p> <p>Trafford is a low frequency prescriber of antibiotics overall in GM, however is a large user of broad spectrum antibiotics such as; Cefalexin, Co-Amoxiclav and Quinolones.</p> <p>To support a reduction in these antibiotics the two GP prescribing Leads are currently undertaking practice visits to discuss with practices; their current prescribing performance, audit of prescribing that has been completed by the medicines optimisation team, update practices on the recently updated prescribing guidance, provide practices with support tools to reduce inappropriate prescribing alongside conversations with patients. These visits are specifically designed to be peer led giving clinicians the chance to discuss with their peers any issues/concerns as well as sharing good practice.</p> <p>The monitoring of antimicrobial prescribing is part of CCG Improvement &amp; Assessment Framework as well as the CCGs Prescribing Quality Standards with practices having direct access to their prescribing data via Tableau. This allows practices to monitor their own performance within their own network and across Trafford. This data is reviewed regularly by the Medicines Optimisation team to review progress against action plans and forms part of the monthly report to Tactical Delivery Group.</p>
<p><b>A Strong Start in Life for Children and Young People</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>In line with our system priorities, all children and young people in Trafford will have a fair start. Our ambitions are being designed in partnership Examples of priorities we are working on over the next year are:</p> <ul style="list-style-type: none"> <li>• A Children’s Improvement Programme launched in response to recent OFSTED inspection which is delivered in partnership and with strong leadership which is committed to improving services.</li> </ul> <p>Focus on prevention – e.g. developed an Early Help Strategy and Commissioning Strategy.</p> <ul style="list-style-type: none"> <li>• Education Strategy, including schools.</li> <li>• Local Transformation Plan for Children’s Mental Health.</li> </ul>

<b>Maternity</b>	<p>In the context of commissioning Trafford CCG is not the lead commissioner for Maternity services at MFT - this is our partner commissioner Manchester Health Care Commission. Trafford is represented on the Local Maternity System Board by MHCC but does attend the GM Children's &amp; Maternity Commissioning Consortium.</p> <p>The NHS Long Term Plan sets out our system ambition for maternity and neonatal services:</p> <ul style="list-style-type: none"> <li>• 50% reduction in stillbirth/neonatal mortality by 2025 through the Saving Babies Lives Care Bundle which incorporates 5 elements - reducing smoking in pregnancy; foetal growth restriction; foetal growth movement; effective foetal monitoring during labour; reducing pre-term births.</li> <li>• Continuity of carer teams - by March 2021 most women will receive continuity of care (from 20% in 2019).</li> <li>• Improve access/quality of peri-natal mental health care for mothers, partners and children.</li> <li>• Improve access to post-natal physiotherapy to support women recover from birth.</li> <li>• Redesign/expand neonatal critical care services.</li> </ul> <p>Better Births – Improving outcomes of maternity services in England.</p> <p>With our partner Commissioner we will aim to improve quality and performance as follows</p> <p>Maternity and neonatal services safety</p> <ul style="list-style-type: none"> <li>• Stillbirth rate will be reduced.</li> <li>• Rate of neonatal mortality</li> <li>• Rate of hypoxic brain injury will reduce.</li> <li>• Reduction in the number of babies separated from their mothers</li> </ul> <p>Experience of &amp; Choice in Maternity care</p> <ul style="list-style-type: none"> <li>• Increase % of women having positive experience of care</li> <li>• Increased % of women confirming choice in maternity services</li> </ul> <p>Continuity of care</p> <ul style="list-style-type: none"> <li>• Continuity of carer performance target achieved</li> <li>• Improved performance of women's experience of maternity services</li> </ul> <p>Smoking in pregnancy</p> <ul style="list-style-type: none"> <li>• Improve performance in reducing number of women smoking at time of delivery</li> <li>• Reduced stillbirths</li> </ul>
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<p><b>Learning Disability and Autism</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>We are committed to working in partnership as a health and social care system to deliver our own local strategic vision for Learning Disabilities as described within our response to the 100 Day Challenge given by Greater Manchester Health and Social Care Partnership and delivered via the Trafford Learning Disability Partnership Board to ensure its relevance to our local population. The health components of this vision align to the NHS Long Term Plan and offer a model of sustainable health and social care services ( statutory and voluntary) to meet the needs of those with a Learning Disability across the lifespan by:</p> <ul style="list-style-type: none"> <li>• Improving childhood experiences.</li> <li>• Improving preparation for adulthood.</li> <li>• Providing high quality core secondary learning disability services that focus on the reduction of health inequalities.</li> <li>• Working with primary care to improve uptake of annual health checks and cancer screening programmes and a range of health facilitation activities.</li> <li>• Maintaining Trafford's good performance against Transforming Care targets by effectively managing dynamic registers of risk and the Care and Treatment Review processes to avoid unnecessary hospital admissions and to make sure that those which are necessary operate under the Equality Act by making appropriate adjustments, are well managed, deliver a coherent treatment plan, use least restrictive practices and adhere to guidance.</li> </ul> <p>The following in year projects underpin Trafford's strategic approach to learning disability:</p> <ul style="list-style-type: none"> <li>• Retender of supported living.</li> <li>• Plan for Reintegration of Community LD Team/S75 review.</li> <li>• Increase shared lives provision.</li> <li>• Strategic Housing Priorities.</li> <li>• Better health- Increased Annual Health Checks.</li> <li>• Belonging not isolation.</li> <li>• Connected communities- review VCSE contracts and grants</li> </ul>
<p><b>Cardiovascular Disease</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>The CCG will be working closely with the primary care networks to develop a plan to support the delivery of the early detection and prevention aspects of the LTP. A review of current referral patterns is underway to identify particular areas of need with a view to developing agreed pathways across primary care, community and secondary care; with a focus on those treated for high risk condition.</p>



<b>Stroke Care</b>	<p>System leaders are working towards the model and LCO transformation described in our Locality Plan.</p> <p>Trafford commissioned services are in line with the GM Stroke Model which was developed when services were reconfigured across STP and across individual locality boundaries. Further improvements in stroke care are driven by the GM Operational Delivery Network (ODN) and the GM Health and Care Partnership Theme 3: Standardisation of Acute and Specialist Care Programme. This programme has plans in place to develop stroke services further, in line with the LTP requirements. These have translated into local plans for Trafford with a transformational project to integrate ESD services and existing Community Neuro Rehab Service in line with requirement.</p>
<b>Diabetes</b>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>The CCG has developed an end-to-end diabetes pathway based on successful implementation of an enhanced Hub within a single practice; this work will be evaluated and a plan for expansion is in development. A review of existing structured education provision is being undertaken with the support of public health. Further work to take place in 19/20 across Trafford neighbourhoods to support increase in delivery of 3 treatment targets and reduce variation in care</p>
<b>Respiratory Disease</b>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>The CCG will be undertaking a review of current service provision and pathways with TLCO and MFT in order to identify gaps and develop a joint delivery plan and agreed pathway. As part of this work the CCG will undertake a review of existing pulmonary rehab provision with a view to optimising and potentially expanding existing provision.</p>
<b>Genomics</b>	<p>System leaders are working towards the model described in our Locality Plan.</p> <p>Delivery of the Long Term Plan ambitions for genomics will be supported by the new national genomic medicine service, which will consolidate existing infrastructure into seven Genomic Laboratory Hubs (GLH) working with clinical genetics and NHS Genomic medicine centres in alignment with the Cancer Alliances and pathology networks. This will provide patients with consistent and equitable access to testing in line with the new national genomic test directory. The North West GLH has been formed and is operating at Manchester Royal Infirmary with all genomic sequencing scheduled to be conducted from there by April 2020.</p>

<p><b>Giving NHS Staff the Backing they Need</b></p>	<p>System leaders are working towards the model described in our Locality Plan.</p> <ol style="list-style-type: none"> <li>1. System leadership culture: improving and developing system leadership and encouraging a culture that incorporate Trafford’s Locality vision and values. Working together with our system HR and Organisational Development leads, we will develop a locality leadership offer that can be rolled out across the locality.</li> <li>2. Address workplace shortages: grow our own talent &amp; retain skills which include working together to develop and deliver strategies to address particular hard to fill roles, attracting in particular with young people and, graduates into health &amp; social care roles and maximising the Trafford Social Care Academy.</li> <li>3. Making Trafford the best place to work – Our Employment offer: we have adopted the GM Employment Charter and our ambition is for one workforce across the locality starting with a talent pipeline that includes liaising with our Schools, providing good work experience placements and high quality apprenticeships across the system. We will promote equality of opportunity through embedding our WRES and equality standards as well as acknowledging and supporting the unpaid workforce, this includes strategies for how we support our carers and maximise our volunteers. We have incorporated a continuous service commitment across health and local authority organisations and will continue to consider other options for cross organisational employment strategies.</li> <li>4. System design: a new operating model for the workforce– through efficient workforce planning, create new roles and career pathways, ensuring the health and well-being of our workforce is at the centre of all we do</li> <li>5. Delivering 21st Century care –we will realise this ambition aligned to enabling a digital ready workforce with access to 21st century systems as part of our transformation plans.</li> </ol>
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<p><b>Using taxpayers' investment to maximum effect</b></p>	<p>The CCG Long Term Plan demonstrates the CCG's ability to deploy both its financial and workforce resources to deliver the commitments of the Long Term Plan, and also to deliver on the financial tests set out as follows;</p> <p><b>Test 1 The need to return to financial balance;</b></p> <p>The CCG is planning to meet its financial improvement as set out by NHS England in relation to the Long Term Plan requirements. The delivery of this financial improvement trajectory will ensure that the CCG delivers transformation efficiencies and reduces its annual deficits each year. By the end of 23/24 the CCG will retain its historical deficit and plans will need to be put in place during 24/25 to address this.</p> <p><b>Test 2 The need to deliver cash-releasing productivity growth of at least 1.1% per annum</b></p> <p>The minimum cash releasing efficiency target is 1.1% per annum, however for those organisations in deficit there is requirement to deliver at least an additional 0.5%. The CCG is planning to deliver efficiency target of a maximum of 3.25% per annum which will reduce to 1.1% in the final year, and also reinvest a proportion of the savings into front line care.</p> <p><b>Test 3, The need to maximise efficiencies and support reduction in the growth of demand for care;</b></p> <p>The CCG plans to meet this test are described in Section 9. NHS 10 Year Long Term Plan of the Locality Plan under these headings;</p> <ul style="list-style-type: none"> <li>- Planned Care: Transformed 'Out of Hospital' Care and Fully Integrated Community-based Care</li> <li>- Urgent Care: Reducing Pressure on Emergency Hospital Services</li> <li>- Digital: Delivering digitally enabled care across the NHS and digitally enabling primary care and outpatient care.</li> </ul> <p>The CCG plans to work with the locality partners to refine the financial modelling linked to these delivery plans.</p> <p><b>Test 4 Reducing variation across the health system in service provision and address health inequalities within our local population;</b></p> <p>Targeted funding will be made available on a fair share basis for specific programmes such as cutting smoking; reducing obesity, limit alcohol-related A&amp;E admissions; and to lower air pollution. This currently sits outside of the CCG locality funding.</p> <p><b>Test 5 to make better use of capital investment and our existing assets to drive transformation.</b></p> <p>The CCG plan includes capital investment for digital enablement for Primary Care Services. Further detail of these plans will be worked up in collaboration with the Primary Care locality partners.</p>
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<b>Delivering further progress on care quality and outcomes</b>	System leaders are working towards the model described in our Locality Plan. We have woven the progress on care quality and outcomes into the sections above.
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## 10. Appendix

The table below indicated the various local and regional strategies, plans and case studies which are referenced throughout this document, providing further detail to supporting sections as referenced below:

Title	Link/Attachment
Locality Plan – Plan on a Page	 Trafford Together - NHS Logo.pdf
Carers Strategy	<a href="https://www.trafford.gov.uk/about-your-council/children-families-and-wellbeing/docs/Trafford-Carers-Friends-and-Family-Strategy.pdf">https://www.trafford.gov.uk/about-your-council/children-families-and-wellbeing/docs/Trafford-Carers-Friends-and-Family-Strategy.pdf</a>
Supported Housing Strategy	<a href="https://www.trafford.gov.uk/about-your-council/strategies-plans-and-policies/housing-strategy/Housing-Policies-Strategies-Data.aspx">https://www.trafford.gov.uk/about-your-council/strategies-plans-and-policies/housing-strategy/Housing-Policies-Strategies-Data.aspx</a>
Empty Homes Strategy 2019 – 2024	<a href="https://www.trafford.gov.uk/about-your-council/strategies-plans-and-policies/housing-strategy/Housing-Policies-Strategies-Data.aspx">https://www.trafford.gov.uk/about-your-council/strategies-plans-and-policies/housing-strategy/Housing-Policies-Strategies-Data.aspx</a>
Learning Disability Strategy	<a href="https://democratic.trafford.gov.uk/documents/s12036/Draft%20Trafford%20Learning%20Disability%20Strategy%20v3.pdf">https://democratic.trafford.gov.uk/documents/s12036/Draft%20Trafford%20Learning%20Disability%20Strategy%20v3.pdf</a>
Workforce Strategy – Plan on a Page	 TRAFFORD TOGETHER WORKFOI
Case Studies	 Ciaran's Story.docx  Zara's Story.docx  Oliver's Story.docx
LTP Implementation Framework	<a href="https://www.longtermplan.nhs.uk/publication/implementation-framework/">https://www.longtermplan.nhs.uk/publication/implementation-framework/</a>
Senior Responsibility Officers	 Locality Plan SROs.pptx

## 11. Glossary

Below is a long list of abbreviations / acronyms we have used within this report

Abbreviations / Acronyms	
LTP	Long Term Plan
GMHSCP	Greater Manchester Health and Social Care Partnership
GM	Greater Manchester
CCG	Clinical Commissioning Group
LCO	Local Care Organisation
TLCO	Trafford Local Care Organisation
LCA	Local Care Alliance
TLCA	Trafford Local Care Alliance
LWAH	Living Well at Home
NHS LTP	National Health Service Long Term Plan
EMIS	Clinical IT system
EPR	Electronic Patient Records
FYFWMH	Five Year Forward View Mental Health