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AGENDA PAPERS FOR

HEALTH AND WELLBEING BOARD MEETING

Date: Friday, 20 April 2018

Time: 9.30 a.m.

Place: Limelight, 1 St. Brides Way, Old Trafford, Manchester, M16 9NW.

	A G E N D A	PART I	Pages
1.	**ATTENDANCES**		
	To note attendances, including officers, and any apologies for absence.		
2.	**MINUTES**		1 - 8
	To receive and, if so determined, to approve as a correct record the Minutes of the meeting held on 2 February 2018.		
3.	**DECLARATIONS OF INTEREST**		
	Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4.	**UPDATES FROM SUB BOARDS**		9 - 26
	To receive updates from the Start Well, Live Well, and Age Well Boards as along with an update from the Mental Health Partnership.		
5.	**POSITION STATEMENT ON E-CIGARETTES**		27 - 28
	To receive a report from the Interim Director of Public Health.		
6.	**TRANSFORMATION BID UPDATE**		
	To receive a presentation from the Change Director for Trafford Council and Trafford CCG.		
7.	**INTEGRATION AND LCO DEVELOPMENT UPDATE**		29 - 36

To receive a presentation from the Trafford Integrated Network Director for Pennine Care NHS Foundation Trust and Trafford Council.

8. **CQC ACTION PLAN UPDATE** 37 - 114

To receive the latest CQC action plan from the Corporate Director of Children, Families and Wellbeing.

9. **ONE TRAFFORD RESPONSE UPDATE AND WORKFORCE DEVELOPMENT**

To receive a presentation from the Head of Partnerships and Communities.

10. **WORK AND HEALTH EARLY HELP PROGRAMME** 115 - 144

To receive a report from the Head of Partnerships and Communities.

11. **FEEDBACK ON THE PHYSICAL ACTIVITY LAUNCH** Verbal Report

To receive a verbal update from the Sports & Physical Activity Relationship Manager.

12. **KEY MESSAGES**

To consider the key messages from the meeting.

13. **URGENT BUSINESS (IF ANY)**

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

THERESA GRANT
Chief Executive

Membership of the Committee

B. Levy, Councillor J. Lamb (Chairman), M. Colledge (Vice-Chairman), Councillor S.K. Anstee, J. Colbert, C. Daly, H. Fairfield, Dr. M. Jarvis, Councillor J. Lloyd, E. Roaf, M. Whetton, A. Worthington, K. Ahmed, D. Eaton, Councillor J. Harding, W. Miller, P. Nkwenti, R. Spearing, C. Ward, M. Bailey, M. Roe, C. Davidson and M. Noble.

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

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This agenda was issued on **Thursday, 12 April 2018** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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HEALTH AND WELLBEING BOARD

2 FEBRUARY 2018

PRESENT

Councillor J. Lamb (in the Chair).
Councillor S.K. Anstee, J. Colbert, H. Fairfield, Dr. M. Jarvis, Councillor J. Lloyd, E. Roaf, Councillor M. Whetton, Councillor J. Harding, P. Nkwenti, R. Spearing, M. Bailey, T. Butt, and C. Davidson.

In attendance

Kerry Purnell	Head of Partnerships and Communities
Sue Downey	Superintendent, GMP (substitute for Ben Levy)
Paula Lee	Strategic Lead for the West Area Family Support Team
Tom Haworth	Physical Activity and Sports Relationship Manager
Sarah Grant	Senior Partnerships and Communities Officer
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from B. Levy, M. Colledge, C. Daly, A. Worthington, K. Ahmed, D. Eaton, W. Miller, C. Ward and M. Roe.

29. MINUTES

RESOLVED: That the minutes of the meeting held 5 October 2017 be agreed as an accurate record and signed by the Chairman.

30. DECLARATIONS OF INTEREST

The following declarations of personal interest were made;

- Councillor Mrs Lloyd in relation to her position on the board of the Trafford Domestic Abuse service.

31. PROGRAMME MANAGEMENT OF BOARD PRIORITIES

The Interim Director of Public Health updated the Board on progress that had been made towards the Board's priorities. Smoking rates had reduced from 19% to 12.5% across the Trafford population. There was still concern about the rates among routine and manual workers where the smoking rates were 28%. This was to be tackled both by tackling the acceptability of smoking within this group, and also by ensuring that this population had good access to support to stop smoking . People who suffer from mental health issues also had much higher rate of smoking and would also be a focus for improvement.

The rate of adults drinking above the recommended daily allowance was 28% which had seen little improvement. The Board were told that the main issue when

battling against alcohol abuse was availability which made it difficult to challenge at a local level. It was hoped that a national increase in the price of alcohol by the unit could be achieved through lobbying, and that this would reduce the consumption of alcohol, especially by heavy drinkers. On physical activity, the Interim Director of Public Health informed the Board that teenagers in Trafford were highly inactive and that ways to encourage them to be more active needed to be found. The Head of Partnerships and Communities added that the latest figures from the schools daily mile initiative showed Trafford to be way ahead of the national average, although few schools did undertake this on a daily basis.

Following the update a number of questions were asked about the robustness of data used and the level of smoking amongst those suffering from Mental Health Issues. The Interim Director of Public Health responded that the data used was the most up-to-date data available. The smoking sub group were conducting a piece of work to drill down further into the data held to provide a deeper analysis for the Board using GP records to cross check information.

With regards to the issues faced by people suffering from mental health problems both the Public Health Team and Trafford CCG were aware of the poor health outcomes of this group. A Trafford Consultant in Public Health and the Lead Commissioner Mental Health and Learning Disability for Trafford CCG were working with Greater Manchester Mental Health NHS Foundation Trust on improving these outcomes, and on ensuring that people with mental health issues were supported to improve their physical health.

The Chairman of the Trafford CCG Public Reference and Advisory Panel (PRAP) asked how the proposed changes were to be made and specifically how the mind-sets' of the highest risk groups were to be challenged. The Interim Director of Public Health informed the Board that Trafford were going to hire staff trained in behaviour change. These new positions would be targeted at the populations where the largest impact could be made. In addition to this there was to be a digital support offer for those who prefer to access services online with the overall aim to create a holistic approach to stop smoking services across Trafford.

RESOLVED:

1) That the update be noted.
2) That the Tobacco Steering Group are to drill down in to available data using GP records

32. UPDATE FROM THEMATIC GROUPS; START WELL, LIVE WELL, AGE WELL, AND THE MENTAL HEALTH PARTNERSHIP

The Interim Director for Public Health reminded the Board that at the last meeting the five priorities of the Board had been described and since that meeting Trafford had been performing well in those areas. However, it had been found that by focusing solely upon the 5 priorities the Board had lost sight of the whole life course approach. In order to redress the balance three sub groups had been created. Each of the sub groups were chaired by an Executive Member and focused upon a different area of the life course. It was hoped that the mental

health sub group set up by the Lead Commissioner Mental Health and Learning Disability for Trafford CCG would be the fourth strand interacting with the other groups.

The CEO for Wythenshawe Hospital asked for clarity on the sub groups' roles and asked that a maternity representative from MFT be on the starting well sub group. The Interim Director of Public Health responded that representatives from MFT would be welcomed and that the Terms of Reference had been circulated with the agenda. The Trafford Integrated Network Director informed the Board that he had not received an invitation to join the subgroups but would be interested in doing so. The Senior Partnerships Officer said that an invite should have been sent out and that she would look into it after the meeting.

The Chairman of the Trafford Joint Safeguarding Board enquired as to what the linkages between the sub groups and other boards, partnerships, and organisations were. The interim Director of Public Health responded that this was something that needed to be focused upon and which she would need to meet with the Chairman of the Joint Safeguarding Board to discuss. The Interim Director of Public Health noted that some members of the subgroups sat on a number of other Boards and Partnerships and she wanted to look at maximising the effectiveness of those links.

The Chairman of Trafford's Health Scrutiny Committee informed the Board that a piece of Task and finish group work on social isolation was being conducted by Trafford's Scrutiny Committees. The work had shown that social isolation was an issue for people across the whole life course. As such the Chairman of Trafford's Health Scrutiny Committee proposed that social isolation be a theme across all three subgroups.

The Chairman of PRAP asked whether providers and the 4th Sector were represented on the sub groups. The Interim Director of Public Health responded that the 4th Sector already had representation and, for example, Age UK and Trafford Carers Centre had been invited to join the Age Well Board. The Corporate Director of CFW informed the Board that Trafford were setting up a Trafford Care Managers forum and that an invitation should be extended to that forum's members.

The Executive Member for Children's services noted that there was only one Councillor on each group and he thought that greater councillor representation was needed. The Interim Director of Public Health stated that it had already been put forward that Shadow Executive Members were to be invited to sit on the subgroups in addition to the Executive Members and the Board supported the proposal.

RESOLVED:

1) That the update be noted.
2) That a Maternity representative from MFT be added to the Start Well Board Membership.
3) That the Trafford Integrated Network Director to confirm Pennine Care representation at the relevant sub groups.

4) That Social Isolation to be included across all three sub boards as a theme.
5) That the Head of Partnerships and Communities, the Interim Director of Public Health, and the Chairman of Trafford's Joint Safeguarding Board look at common membership between sub Boards, Safeguarding and Prevention to ensure effective communication
6) That additional VCSE and provider representation to be considered for all three Sub Groups.

33. CQC REPORT

The Corporate Director for CFW gave a brief overview of the Local System Review of Trafford which had been conducted by the Care Quality Commission (CQC), the subsequent report, and Trafford Action Plan. The Action Plan had been submitted to the CQC for feedback and as of the meeting none had been received, which Trafford were taking as a positive sign. The Action Plan which had been circulated with the agenda\a had to be updated with feedback which had been received from the Trafford Integrated Network Director and the Chairman of the Healthy Trafford Partnership. Once the Action Plan has been agreed and signed off Trafford was to obtain pledges from all partners as to their participation in the completion of the plan.

The Trafford Integrated Network Director informed the Board that since the review there had already been a rapid improvement in services across the Borough. This improvement had been achieved because Trafford wad already aware of problems with urgent care prior to the CQC review and had a number of plans underway at the time of the review. Since the review took place Trafford had made a number of key appointments which had enabled these plans and the subsequent improvement. One aspect of these improvements was the improvement of the urgent care pathway and the Trafford Integrated Network Director invited Board Members to visit the urgent care control room at Medway.

Since the review there had been a significant reduction of Delayed Transfers of Care (DToCs) by 12%. Despite that improvement Trafford was still far above the national 3% target set for DToC. The Trafford Integrated Network Director explained that there had been an increase in spend which had led to these improvements but that the return had exceeded the investment made.

The Clinical Director, Trafford CCG informed the Board that there had been a positive shift in the approach of the DToC Board since the review. The DToC Board were no longer focusing solely upon delayed patients but instead were discussing medically optimised patients; how to identify them, and planning their discharges. The next stage for that board would be to introduce procedures to plan for patients discharge from the point of admission.

The Chief Executive of Wythenshawe Hospital agreed with the Trafford Integrated Network Director that there had been an improvement in performance following the appointment of the Integrated Discharge Team Manager. However, there was

still a large amount of work that needed to be done as there were still a large number of beds being taken up by patients who should no longer be in hospital.

Clinical Director, Trafford CCG informed the Board that Trafford CCG were in the process of establishing a new team of GPs who would be entirely focused upon working with care homes to reduce the number of admissions from that area of the population. The Transformation Bid funds that Trafford had been awarded as part of the Greater Manchester Devolution had a large level of investment focused upon primary and community care which would further help to prevent the need for admissions across the population of Trafford and reduce the pressure upon the secondary care services.

The Chairman of PRAP raised that the report noted the underperformance of the Trafford Co-ordination Centre and asked how key it was to the plans for prevention within Trafford. The Clinical Director, Trafford CCG responded that Trafford CCG were in the process of recommissioning the TCC so there was a lot that could not be covered at the meeting. Discussions were ongoing as to how the TCC could be developed in order to deliver what services needed but nothing had been agreed. The Chairman informed Board members that Trafford CCG had extended an invitation for them to visit the TCC control room so that they can see it in practice.

The Chairman told the Board that he was to meet with the Leader of the Council and the Chairman of Trafford's Health Scrutiny Committee in order to review the plan and look at how they can all aid in its delivery.

RESOLVED:

1) That the update be noted.
2) That Board Members are invited to visit the urgent care control room at Medway.
3) That the Chairman of the Board meet with the Leader of the Council and the Chairman of Trafford's Health Scrutiny Committee to consider how to support the delivery of the action plan.

34. DELAYED NON URGENT HOSPITAL PROCEDURES

The Clinical Director, Trafford CCG informed the Board of the financial position of Trafford CCG and the need to find significant savings within the 2017/18 financial year. In order to achieve these savings various options have been considered with one of these being to delay non urgent procedures to the National Target of 17 weeks. By delaying these procedures it would move the financial burden for a large number of procedures into the following year.

The Executive Member for Children's Services asked whether moving the financial burden to the following year through such a strategy was a valid financial strategy. The Clinical Director, Trafford CCG responded that by doing this Trafford CCG had avoided going into special measures during the 2017/18 financial year. The

Clinical Director, Trafford CCG informed the Board that similar strategies had been implemented in other areas around the Country.

The Shadow Executive Member for Wellbeing asked whether there were any medical disadvantages to the increased delay. The Clinical Director, Trafford CCG answered that it was unknown as there had been no research done into the effects of that length of increased delay. As the increase was still within NHS guidelines 17 weeks was still a medically safe length of delay.

RESOLVED:

1) That the update be noted.

35. INTEGRATION UPDATE

The Corporate Director of CFW went through the presentation that had been provided by the Change Director for Trafford Council and Trafford CCG. The Presentation covered the feedback received from the staff consultation, the timelines for the integration, the proposed structure of the integrated organisation, and the next steps of the integration. The Corporate Director of CFW explained that the single leadership structure had been agreed by the Chief Executive of NHS England and that the Chief Executive Officer of Trafford Council was undergoing training for the new joint role.

When shown the structure for the integrated organisation the Board's attention was drawn to three posts in particular which had been circled in red. These positions were; Joint Chief Finance Officer, Interim Corporate Commissioning Director, and Medical Director. Those positions had been highlighted as they all needed to be recruited to whereas the other positions all had someone in post. The Corporate Director informed the Board that her own position was to change so that there would no longer be any commissioning as part of her role.

At the end of the presentation the Board discussed how they would work with the new organisation. The Interim Director for Public Health stated that the integration of Trafford Council and Trafford CCG gave the Health and Wellbeing Board an opportunity to focus solely upon the wider determinates of health. As Health and Social Care would be more the focus of the Trafford Health Scrutiny Committee and the Health and Social Care Partnership.

A number of questions were asked by Board Members which included whether due diligence had been conducted and the roles of specific committees, partnerships, and boards. The Corporate Director responded to the Board's questions stating that the vacant positions would be filled then due diligences would be carried out and that a lot of work was still to be conducted as to the roles of all the boards, committees, and partnerships with the new organisation, including the role of the Health and Wellbeing Board.

RESOLVED:

1) That the update be noted.

36. WIDER REFORM ACTION/INVESTMENT PLAN DEVELOPMENT

The Head of Partnerships & Communities delivered a presentation to the Board on the Trafford Public Service Reform. The presentation covered the transformation strands, the reform challenges, the reform action plan, the reform investment plan, and the next steps in Trafford's Public Service Reform. The Head of Partnerships & Communities offered to bring case studies to a future Board meeting to help Members to relate the strategic programme to the support offered to families.

The Head of Partnerships & Communities explained that £1.4M in funding had been put aside by the DCLG to help deliver the troubled families agenda. In order to access this funding Trafford had to demonstrate to Greater Manchester how they would use the money to implement the Troubled Families agenda within Trafford. The investment plan for Trafford had been submitted to Greater Manchester and good feedback had been received.

The Chairman asked what would happen if Grater Manchester were not satisfied by the investment plan and denied Trafford the access to the funds. The Head of Partnerships & Communities responded that the funding could not be used for anything else as it was money designated for Trafford by the DCLG. The submission of Trafford's investment plan for the funding to GM was an additional level of assurance to guarantee that the funding would be used correctly by Trafford.

The Trafford Integrated Network Director agreed that the reform was the right thing to do but highlighted that the plans were designed with predicted levels of demand and need. In order that the services were to be fit for purpose Trafford would need to review the levels of actual demand and need to ensure that any changes would be captured and accounted for.

RESOLVED:

1) That the update be noted.
2) That Public Service Reform case studies be brought to a future HWB meeting.

37. NEW PHYSICAL ACTIVITY STRATEGY AND LAUNCH OF THE VISION

The Physical Activity and Sports Relationship Manager delivered a presentation which updated the Board on the Sports and Physical Activity Strategy. The presentation covered the strategic landscape and how the sports and physical activity partnership had changed their approach to a whole system approach focused upon engaging people throughout the life course. The presentation listed three priorities; to have active people, active places, and to be enablers who removed barriers.

The presentation then covered how the priorities were to be achieved. The Active People priority was to be covered by engaging people with support tailored to four stages of life (Start Well, Develop Well, Live Well, Age Well). The Active Places priority was to be achieved by offering places where people could go to take part

in physical activities e.g. leisure centres and gyms and also by ensuring Trafford had active spaces e.g. parks and sports pitches where people could partake in casual activities such as walking. The final priority of Enabling Change was to be achieved through a combination of leadership and collaboration, digital interventions, social media and marketing, and investment.

Following the presentation the Board Members asked a number of questions including; why the strategy focused on four stages of life rather than three, what support was being provided to enable behaviour change, and why the strategy did not cover improvements to leisure facilities and the development of UA92. The Physical Activity and Sports Relationship Manager gave detailed responses to the Board's questions and Members were satisfied with the answers received.

RESOLVED:

1) That the update be noted.

38. KEY MESSAGES

The Interim Director of Public Health stated that the key message for Board Members to take from the meeting was the positive impact that increasing physical activity would have on the health of people within the borough.

The meeting commenced at 9.30 am and finished at 11.55 am

TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **20th April 2018**
Report for: **Information / Discussion**
Report of: **Eleanor Roaf, Public Health and Ric Taylor, CCG**

Report Title

Update on the Health and Wellbeing Board sub boards

Purpose

To update the Board on the progress of the four sub boards (Start Well, Live Well, Age Well and the Mental Health Partnership) and to highlight discussions for the Health and Wellbeing Board to consider

Recommendations

To note the information within the report and progress discussions

Contact person for access to background papers and further information:

Name: Eleanor Roaf, 912 1201

1. Start Well Board

2. Live Well Board

3. Age Well Board

4. Mental Health Partnership Board (MHPB)

Two meetings of the Mental Health Partnership Board have taken place to-date. Details of the objectives of the Board can be found in the supplementary update document, as well as more detailed information on the projects below.

i) Mental Health Strategy

At the most recent meeting, attendees discussed the development of an Integrated Mental Health Strategy for Trafford. A draft vision and key aims of the strategy were shared with the group and a small working group has been established to develop an interactive data visualization of the strategy with Trafford's Data and Innovation Lab.

ii) Primary Care Mental Health and Wellbeing Service (PCMHWS)

The service will identify gaps in provision between primary and secondary services. An essential part of the role of the PCMHWS is the clear and exact identification of cohorts who will benefit from this service. It will be a practical service and not just sign posting, with a focus on prevention i.e. assisting those in need before a mental health crisis develops. The aim is for 'feet on the ground' by July 2018 as a start, to look at registers and develop intelligence.

iii) Progress on the MHPB's priorities

- Primary Care Mental Health and Wellbeing Service – group is established and will report to MHPB at each meeting.
- Children and Young Persons Service (CYPS) and Children and Adolescent Mental Health Service (CAMHS) – Bo White (TMBC) heads existing group which is to link into the MHPB.
- Improving Access to Psychological Therapies (IAPT) – A new Task and Finish Group is to be chaired by Ric Taylor (TCCG) initially. Aim will be to address performance deficit and re-establish clinical leadership across whole Trafford IAPT pathway.
- Out of Area Placements (OAPs) – Existing group chaired by GMMH to report to MHPB via Lil Handy (TCCG). Ric Taylor to oversee work to negotiate a risk shared with GMMH to reduce overall expenditure on OAPs and exceptional packages of care.
- Patient & Citizen Forum – Ric Taylor/Sarah Grant (TMBC)/ Dan Shelton (THRIVE)/Jean Rose (HEALTHWATCH) to convene to develop a final proposal for approval at next MHPB meeting on 29/05/18.

iv) Asks of the Health & Wellbeing Board

The Board identified a new cohort of people who may place additional demands on mental health services in Trafford: students living in Trafford and attending UA92.

The Board would like to ask a representative of the Health & Wellbeing Board to liaise with UA92 about the level of mental health services they will be providing internally to students. The Board would like to offer advice on the most appropriate services required and work in partnership to avoid duplication.

Ageing well minutes 15/02/18 4:00-5:30pm Meeting room 9, Trafford Town Hall

Attendees: Stephen Anstee; Eleanor Roaf; Deb Gent; Judith Lloyd; Kate Hardman; Ann-Marie Jones; James Gray; Heather Fairfield; Gavin William; Vimi Jhatakia

1) **Welcome, introductions and apologies:** all introductions were made. Apologies were received from Cllr Harding, Sarah Grant & Diane Eaton
2) **Scope and purpose of board:**
   The purpose of the board is to provide a forum for agreeing and progressing partnership work relating to aspects of ageing well. It will operate as a sub-Board of the Health and Wellbeing Board, giving a governance structure to this work.
   Work to be overseen by the Board will include wider population pieces of work that meet the following criteria:
   a) Are they 'important' for people of Trafford?
   b) Are people of Trafford already undertaking this work, and/ or is there an identified need to do this?
   c) How does it tie in with GM agenda?
   d) Does it require a multi-agency approach?

   The aim of this group is to provide a focus and oversight of the work, ensuring that interdependencies are recognised.
   Membership: It was noted that consideration should be given to including the residential and homecare sectors in the group, as well as the Housing Trust. The CCG clinical lead will be Liz Clarke.

3) **Key areas:**
   Four or five areas of work have been identified as fitting well with the purpose of the Board. These are falls; frailty; dementia, End of life, and Age Friendly Trafford.

   Age friendly Trafford: as part of the GM Plan, areas are required to develop locality Age Friendly Plans. GM has training modules on age friendly plans, covering 8 main areas, as set by the World Health Organisation: community support & health services, respect &social inclusion, employment & volunteerism, housing, social participation, transportation, communications & information and outdoor spaces & buildings.

   It was agreed that the development of the local plan would come under the remit of the Ageing Well Board. Deb Gent will lead on this for Trafford, DG & ER are to pull up a workshop for age friendly groups and have sessions for all. This is to look at what other GM members are doing? Which issues resonate in Trafford now and in the future? What message do we want to give to Trafford?

   Action: KH to circulate data on demographics to support this work

DG and ER to set up a half day workshop to discuss and agree the priorities for and focus of Trafford's Age Friendly Plan

a) **Dementia:** There is a dementia strategy in place which was produced in 2016 by the Dementia steering group. At a GM level there is work undertaken by Dementia united with 5 main streams: prevent well; diagnose well; live well; support well and dying well. There was a discussion as to whether the Strategy could be taken to the next HWBB for sign off, but it was agreed that there needs to be further work done on this and that it should come to the Ageing Well Board for discussion and sign off, including the development of an implementation plan.
Action: To ask the Dementia Steering Group to work up the strategy and implementation plan and report back to the Board
Falls & Frailty: The board decided that falls and frailty should be linked. There is an existing falls and bone Health multiagency strategy, agreed in 2015, with work streams relating to prevention; rehabilitation; and services. Some work has been undertaken to implement this and this has recently been reinvigorated. Brooks Kenny from the CCG is leading the work on developing more robust pathways for preventing and managing falls and reducing falls risk, and a workshop is planned for 23rd February. The response of care homes to falls was discussed and HF agreed to share data regarding 999 calls from nursing homes

b) **End of life**: The CCG, together with partner agencies, are working on the End of Life pathway, in response to the high numbers of Trafford residents who are not able to die in their preferred place. Workshops have been organised and. Gavin Williams provided some information from the Airedale Vanguard which focuses on end of life, and is described more fully in the Appendix to these notes.

4) Cross cutting themes:
The potential for **improved technology** to support independent living was discussed, and Deb Gent to do work around housing and technology, thoughts on how we can introduce this into a home.
The negative impact of **social Isolation** was discussed and while loneliness and social isolation can be a factor across all age bands, physical infirmity or bereavement may make it more acute for older people. Addressing social isolation should be considered across all the work streams above.

5) User and Carer engagement: It was agreed that we need to have a robust method of gaining user and carer input to the Board. ER enquired about having an annual event similar to the Tameside model where organisational leads are asked to feedback on their services over the last year, to an audience of older people, The service users are invited to question the leaders and comment on the feedback, before then working together to produce a list of priority actions for the following year. It was agreed that this would be given further consideration, including questions on logistics and management of expectations.

6) Any other business: There was no other business to discuss

7) **Date of next meeting:** TBC in mid/late April, but will take the form of a half day workshop to start the development of the Trafford Age Friendly Plan

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Live Well Board minutes 19/02/18 9:30-11:00am Meeting room 9, Trafford Town Hall

Attendees: Cllr J Lamb; Julie Hotchkiss; Adrian Bates; Kate Hardman; Sam Mansfield; Vimi Jhatakia; Matthew Gardiner; Jean Rose; Angela Hunter; Ric Taylor; Dan Shelton; Nidi Etim; Jo Cherret

1) **Welcome, introductions and apologies**: Apologies from Eleanor Roaf, Deb Gent, Sarah Grant

2) **Health and Wellbeing Board (HWB) governance structures and role of this sub-Board:** Cllr Lamb outlined the purpose of the 3 life course themed Boards and the Mental Health Partnership under the HWB. Matthew Gardiner queried where loneliness fits into these boards. It was discussed that the Age Well board will lead on loneliness. Jo Cherrat enquired where nutrition would fit in. Julie Hotchkiss stated that the priorities were the 5 decided by the HWBB in 2016, which didn't include nutrition, partly because it is such a wide area and difficult to make impact at the local level. They would be reviewed in 2019.
The role of the sub-board was discussed generally within the meeting, Cllr Lamb stressed that it was to be strategic, but could go into more detail than the HWB meetings.

3) **Health and Wellbeing Strategy on a page:**

Trafford Health and Wellbeing Strategy 2(

HWB identified priorities, Public Health have reduced it to something more manageable with emphasis to giving children a good start to life. The strategy acknowledges that the wider environment sets the foundation and influences individual lifestyle choices which ultimately influence health. How does this work through the life course of the resident?
This year's Public Health work plan particularly this year focusing on:

- To reduce smoking for people with severe mental health issues.
- To reduce alcohol consumption and influence powers locally with licensing.
- With physical activity to promote exercise widely, for instance within the Stretford Masterplan.
- Target areas where poor uptake of screening using the existing cancer champions.

Matthew Gardiner made reference to urban design and placing emphasis on the Carrington housing development. Carrington is the largest brownfield site within Trafford. It was discussed that Public Health should have an input to the planning. Jo Cherret stated that this was a once in a lifetime opportunity and perhaps there was potential to improve facilities and access for neighbouring Partington. Councillor Lamb referred to the discussions that had been had with the developer at Limelight and felt that it was worth testing out what the developer had to say. Ric Taylor added that the discussions had to be had early enough and to focus on the areas we felt were most important.
Action: Councillor Lamb/Public Health to think about ways of engagement, possibly as per the discussions that had been used with Limelight.

4) **Latest Health and Wellbeing Outcomes and Performance:** Kate Hardman informed the board that the overall smoking figures had shown a decline however the prevalence was still high in routine and manual workers and the gap between them and the rest of the population

is increasing. The smoking figures for people with severe mental health issues are high. A question was asked about the age profile of smoking prevalence, Julie Hotchkiss said that we know that it declines with age as more and more people quit (or die early!). There was a desire for more local data, a greater granularity which could allow local targets, for this and alcohol. Trafford's alcohol figures were high in some indicators, and especially so considering the social makeup of the borough. Julie Hotchkiss described the Communities in Charge of Alcohol (CICA) project, targeting an area of high alcohol-related harm for the recruitment of alcohol champions. It was going to be Partington, but as quite a small neighbourhood was proving difficult to recruit enough champions, so it was moved to Altrincham, where there is more scope to address drinking establishments.
The figures for physical activity are similar to the national average. Cllr Lamb thought that averaged figures hid what was happening at the small area, e.g. wards, and we need to ensure that the operational groups were addressing this.
Childhood obesity was of concern everywhere, but highest in deprived areas. Matthew Gardiner queried this as North of the borough as he had heard that there were more children are underweight in Clifford ward, Old Trafford. Kate Hardman said she didn't think so but would check [*note – post meeting the numbers were checked. There are very few children in the underweight category and no higher rate in the North*.] The figures for cancer are in the national average range, but there are still over 500 new cases of cancer per year which had factors which were preventable. The observation was made that people aged 20 – 35 years working in the offices in the borough seem to make poor lifestyle choices, and no wonder when they were in low level jobs, high debt, etc, Jo Cherret thought posed a problem for the companies too.
Trafford has a low suicide rate, but people with severe mental illness are 5 times more likely to have a premature death (under 75 years).
in Gorse Hill, but couldn't enough people interested there, so now rolled out wider.

Action: Kate Hardman to drill down on figures in specific areas of Trafford so that we can establish if interventions are needed in target areas. Kate Hardman to provide data for children's weight in the ward of Clifford to see if they indicate the children are underweight. Kate Hardman to work on mapping data from HWBB to align with this group.
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5) **Terms of Reference and Membership:**


Live Well Board
Terms of Reference v

The board discussed the need for targets for this Board. It was also discussed if the purpose is to look at areas that the HWBB cannot. This Board has no powers "to ensure a strategic approach" – Cllr Lamb responded that the role was to have strategic oversight**Action**: Julie Hotchkiss to review and amend the ToR.

6) **Existing operational groups relevant to this domain:**
Julie Hotchkiss tabled the sub-structure diagram.


Trafford Live Well
operational groups.dc

7) **How this Board will operate – discussion and next steps:**

The board discussed setting targets, Julie Hotchkiss said that the HWBB has targets on a dashboard and we should think about aligning targets regarding the 5 public health priorities. Ric Taylor added that the NHS has very clear targets, therefore the targets needed to align, but add local geography. The Board wanted to see the issues mapped, so they could identify barriers. The role of this sub group is to understand the data at a much more meaningful level and then engage, for instance should this Board engage with Stonger Communities. Adrian Bates asked if the 5 priority groups should report up to this Board, and would this Board set back challenges to them?
Matthew Gardiner asked how this Board related to Greater Manchester and shouldn't it look to the wider world for inspiration?
Etim described her project on worklessness in the over 50s – it had started The question was asked if we want to focus on 1 priority.
It was suggested that we have standing item on the "Wow factor" happening elsewhere, something to energise the meeting. Also somewhere to hear the residents' voice.

Quarterly meetings, to be about 4 weeks before the Health and Wellbeing Board so that issues can be fed upwards if necessary.
Next date TBC

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MENTAL HEALTH PARTNERSHIP BOARD

UPDATE FOR THE HEALTH & WELLBEING BOARD

03.04.2018

1. Frequency of Meetings

1.1 The Trafford Mental Health Partnership Board (MHPB) meets bi-monthly to align with the Health and Wellbeing Board (HWB) for reporting purposes

1.2 Two meetings have taken place to-date.

2. Terms of Reference

2.1 To provide leadership, oversight and partnership working to improve mental health and wellbeing service delivery in Trafford in line with national and local strategy and policy

2.2 To develop and monitor delivery of a Mental Health Commissioning Strategy and action plan for Trafford with a clear aim of this becoming an all age strategy at the earliest opportunity

2.3 To ensure that commissioners and providers meet the identified priorities within the Mental Health Commissioning Strategy and the required assurance standards in relation to quality, cost effectiveness, availability and access

2.4 To regularly report on progress to the Trafford Health and Well Being Board (via the *Live Well* sub group) and the Clinical Committee of NHSTCCG.

3. Range of Organisations in Attendance

3.1 The membership of the MHPB includes representatives from the following bodies:

3.1.1. Trafford CCG
3.1.2. Trafford MBC
3.1.3. Public Health Trafford
3.1.4. GMMH NHS FT
3.1.5. Pennine Care NHS FT
3.1.6. Primary Care
3.1.7. 3rd Sector
3.1.8. Healthwatch
3.1.9. Cheshire & Wirral Partnership
3.1.10. Any other body by Invitation

4. Topics Covered

4.1 An Integrated Mental Health Strategy for Trafford

4.1.1. The group agreed in principle that the strategy should as far as possible bring together existing work streams and plans and build on this to identify gaps etc.

4.1.2 A slide presentation was shared with the group of the mental health strategy for Trafford, including the Vision, a Mental Illness and Wellbeing description and Key Aims of the Strategy. This was for critique and feedback and suggestions were welcomed.

A Mental Health Strategy For Trafforc

4.2 Primary Care Mental Health and Wellbeing Service (PCMHWS) development update

4.2.1 A presentation was shared with the group which included the Vision, Scope, Progress, Timescales, Gaps and Strategic Alignment of the PCMHWS.

2018 03 27 PCMHWS MHPB presentation.p|

4.2.2 It was noted that there is already a good acute secondary mental health service in existence in Trafford and that part of the vision is to identify gaps in provision between primary and secondary services.

4.2.3 An essential part of the role of the PCMHWS is the clear and exact identification of cohorts who will benefit from this service. It will be a practical service and not just sign posting, with a focus on prevention, i.e. assisting those in need before a mental health crisis develops.

4.2.4 The aim is for 'feet on the ground' by July 2018 as a start, to look at registers and develop intelligence.

5. Key work streams going forward (Task and Finish Groups)

5.1 Primary Care Mental Health and Wellbeing Service – group is established and will report to MHPB at each meeting.

5.2 Children and Young Persons Service (CYPS) and Children and Adolescent Mental Health Service (CAMHS) – Bo White (TMBC) heads existing group which is to link into the MHPB.

5.3 Improving Access to Psychological Therapies (IAPT) – A new Task and Finish Group is to be chaired by Ric Taylor (TCCG) initially. Aim will be to address performance deficit and re-establish clinical leadership across whole Trafford IAPT pathway.

5.4 Out of Area Placements (OAPs) - Existing group chaired by GMMH to report to MHPB via Lil Handy (TCCG). Ric Taylor to oversee work to negotiate a risk shared with GMMH to reduce overall expenditure on OAPs and exceptional packages of care.

5.5 Patient & Citizen Forum – Ric Taylor/Sarah Grant (TMBC)/ Dan Shelton (THRIVE)/Jean Rose (HEALTHWATCH) to convene to develop a final proposal for approval at next MHPB meeting on 29/05/18.

Report Prepared by:

Ric Taylor – Strategic Lead Commissioner Mental Health, NHS Trafford CCG

Karen Goodale - Commissioning Team Administrator Mental Health & Learning Disability

4 April 2018

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Minutes of the Start Well Board
2nd March 2018, 10-11:30am,
Meeting Room 9, Trafford Town Hall

Attendees: Cllr M Whetton, (chair); Helen Gollins; Jo Gibson; Kate Hardman; Bo White; Vimi Jhatakia; Karen Samples; Anna Bond; Kath Murphy; Anne Day; Sarah Grant; Jenny Hunt

1. Welcome, introductions and apologies

Apologies were received from Emma Thompson, Ric Taylor, Alison Milne, Jane O'Keefe, Richard Spearing and Anita Kiernan

2. Health and Wellbeing Board (HWB) governance structures and role of the Start Well Board

The HWB plan on a page was shared with the group.

Trafford Health and Wellbeing Strategy 2(

CllrW described the purpose of the Board, and that it would provide strategic overview and consolidate all the work currently happening across Trafford for the life stage 0-19 years, 0-25 years for children and young people with SEND. The Start Well Board will report into the Health and Wellbeing Board. It will also ensure that it receives updates from GM representatives in order to support engagement in this wider agenda.

The plan is to partition this life stage to ensure it is manageable, the board will have further sub-boards;

- a maternity sub-board will be established,
- the Early Years Strategic Forum is providing strategic oversight for 0-5 years, Karen Samples is the chair of this Forum and a member of the group.
- the SEND Board will provide updates.
- although there is lots of activity for 6-19 years, (up to 25 years for SEND) across Trafford there is no one strategic group where this is considered. The board needs to determine how to meet this governance gap.

It was noted that Karen Samples also chairs the SEND Board and will ensure the Start Well Board receives updates from this Forum.

Karen Samples described the role of the Early Years Strategic Forum including the range of membership from education, early year's providers, pre-school, teachers and PVI providers. The objective of the Forum is to improve and reduce inequalities in school readiness across the Borough. The action plan will be circulated to the group.

CllrW asked how Trafford performs for school readiness. KS confirmed Trafford is achieving highest in northwest, well above national average.

JH described the One Trafford Response (OTR) programme. Adopting a holistic approach, it embraces evidence from the Stronger Families programme and offers the family specific key workers. OTR is currently being piloted in the Stretford area.

HG described the Stronger Start Pathway which was introduced in October 2017. It is essentially an Early Years, Early Help Health Visitor lead pathway. There are specific criteria for referral on to the pathway. There are 68 families currently on the pathway predominately from the North Locality.

KM described the new maternity services arrangements. The Board agreed that better oversight of maternity services was required.

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Actions:

- HG to work with Ric Taylor and KM to establish a Maternity Sub-Board
- HG to request an updated version of GM's Children's and Young People's Health and Wellbeing Strategy and circulate this to the group.
- KS to circulate the Early Years Strategic Forum Plan to the group via VJ.

3. Existing operational groups relevant to this domain

Agenda item 2 consisted of much of the content of this agenda item.

Action: HG and SG to map relevant groups and Boards and share this with the Sub-Board at the next meeting to identify any gaps.

Health and Wellbeing Board

The Start Well Sub-Board is accountable to the Health and Wellbeing Board, (HWB). The HWB has an overarching objective to improve and reduce inequalities in healthy life expectancy in Trafford. The HWB has 5 priorities which will contribute to achieving this objective:

a) To improve cancer prevention and screening
b) To reduce the impact of poor mental health
c) To reduce physical inactivity
d) To reduce the number of people who smoke or use tobacco
e) To reduce harms from alcohol

The Annual Public Health Report 2017 focussed on Children and Young People, aligning the priorities to this life stage. It focused on; adverse childhood experiences, promoting physical activity, reducing the impact of second hand smoke amongst other issues.

SG talked about the Sports Partnerships and inviting Tom Howarth, Communities and Partnerships Team to future meetings.

AB asked about school nutrition, SG informed the Sub-Board there is a GM nutrition programme established. Trafford are currently mapping nutrition in primary schools.

The group discussed the impact and accessibility of energy drinks..

Alcohol intake was raised and the sale of alcohol to young people. VJ informed the board that these issues had also been raised at the LiveWell and AgeWell Boards.

Actions:

- CllrW to formally raise with Cllr Lamb, Chair of the HWB concerns about licencing of alcohol and fast food premises, requesting that this is raised for discussion at the next Board.
- KS, SG and HG to meet to discuss school nutrition, including evidence of harm of energy drinks and develop a way forward with schools. Plan to be presented at next sub-board.

4. Maternity, Child and Young Peoples Outcomes and Performance

KH presented health needs of this life stage to the Sub-Board, (presentation attached). Concerns were raised about physical inactivity and hospital admissions.

HG, BW, and KH are working with Zoe Melon, CCG Performance Analyst to develop a children's dashboard. If available this will be shared with the Sub-Board at the next meeting.

Start Well H&WB sub-Board_020318.pı

Actions:

- KH to review hospital admissions, including activity at different sites.
- HG, KH and BW to progress and share the children's dashboard at the next meeting if available.

5. Terms of Reference and Membership

Actions:

- final version of the TORs to be circulated to the group for agreement.
- CllrW to invite Cllr Baugh to join the Sub-Board.
- Paula Lee, Interim Strategic Lead – West Locality, Trafford Division and Fiona Murray, CEO, Trafford Youth Trust to be invited to the Sub-Board.

6. How this Board will operate – discussion and next steps

- A priority setting exercise needs to be completed. HG and KH to review the data and identify a set of priorities. These will be shared with members and a meeting will be arranged prior to the HWB to discuss further.
- A meeting following the HWB can focus on the development of a work plan.

Actions:

- VJ to set up a priorities setting meeting prior to the HWB in April.
- VJ to set up a formal Sub-Board meeting following the HWB.
- HG and KH to review data and share possible priorities with the sub-board in preparation for the prioritisation meeting.

Action Log

Action	Lead
Established a Maternity Sub-Board.	HG, Ric Taylor, KM
Updated version of GM's Children's and Young People's Health and Wellbeing Strategy circulated this to the group.	HG
Early Years Strategic Forum Plan circulated to the group.	KS, VJ
Map relevant groups and Boards and share this with the Sub-Board at the next meeting to identify any gaps.	HG, SG
Formally raise with Cllr Lamb, Chair of the HWB concerns about licencing of alcohol and fast food premises, requesting that this is raised for discussion at the next Board.	Cllr W
Meeting to discuss school nutrition, including evidence of harm of energy drinks and develop a way forward with schools. Plan to be presented at next sub-board.	KS, SG and HG
Review of hospital admissions, including activity at different sites.	KH
Progress and share the children's dashboard at the next meeting if available.	HG, KH and BW
Final version of the TORs to be circulated to the group for agreement.	VJ
Cllr Baugh invited to join the Sub-Board.	Cllr W
Paula Lee, Interim Strategic Lead – West Locality, Trafford Division and Fiona Murray, CEO, Trafford Youth Trust to be invited to the Sub-Board.	HG
Review data and share possible priorities with the sub-board in preparation for the prioritisation meeting.	HG and KH
Next meeting planned for following the HWB.	VJ

TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **20th April 2018**
Report for: **Information / Discussion**
Report of: **Julie Hotchkiss, Public Health**

Report Title

Trafford Council and Trafford CCG Position Statement on E-cigarettes

Purpose

Position statement on E-cigarettes for consideration and discussion

Recommendations

To note the information within the report and progress discussions

Contact person for access to background papers and further information:

Name: Eleanor Roaf, 912 1201

When putting together the following position statement, we have been mindful of the need to balance individual and population impacts offered by e-cigarettes.

E-cigarettes are now the most popular aid to quitting smoking used nationwide. Current evidence suggests whilst not completely risk-free they are 95% less harmful than tobacco cigarettes as they do not produce harmful products of combustion such as tar and carbon monoxide. They do still contain the highly-addictive nicotine, which produces cardiovascular effects such as increased heart rate, so they are not completely safe, but safer than tobacco cigarettes. For the addicted tobacco smoker switching to e-cigarettes can be considered harm reduction in the same way that a heroin user might switch to methadone. However it is important that the e-cigarette smoker (or vaper) does not occasionally smoke a tobacco cigarette, they must be tobacco-free to get the health benefits.

Since 2000, smoking rates in the UK and Trafford have been dropping, but smoking levels in workers employed in routine and manual work, and those with long-term mental health problems remain stubbornly high, which contributes to our health inequalities. We know that one in two smokers will die from their habit, with long term harm caused to many others, and costing the NHS billions every year. We must strive to help smokers in these target groups be given the best chance they have to reduce and quit tobacco smoking which may include use of e-cigarettes as support.

Perceptions are changing - the proportion of the adult population who believe that e-cigarettes were as harmful, or more harmful than cigarettes, has quadrupled in the

from 2013 to 2017, to nearly 27%. Therefore it is important to disseminate factual information to correct this erroneous belief, and to encourage people to move from smoking to vaping.

In terms of population health, the smoking ban in public places and other restrictions have effectively "de-normalised" smoking – it is now seen by many people as undesirable and anti-social to smoke near other people. The ban is almost entirely enforced through public/social pressure on smokers to refrain from smoking in enclosed areas; there is little other enforcement required. Therefore we need to take great care not to "re-normalise" smoking by treating e-cigarettes differently to tobacco cigarettes in terms of where smoking or vaping is allowed, as this could reduce the effectiveness of the ban: people might find it difficult to challenge smokers if vaping is allowed.

We also have a duty to protect children and young people from smoking related harm. We must therefore ensure that e-cigarettes are not taken up by young people who may find them an attractive option, because they are less anti-social, and less harmful than cigarettes. Once addicted to nicotine, a person remains addicted and will seek it from available sources – which might be tobacco – thus creating new smokers. This would be a tragedy after our successes in reducing the uptake of smoking by young people with the latest data showing that only 7% of 15 year olds were regular smokers. We must take care not to undermine our population-wide health in our attempts at harm reduction with individuals.

Free NHS stop smoking support:

- Web-based support at https://quitnow.smokefree.nhs.uk. This has information, quizzes and tips to help support quitting smoking.
- Telephone support by to a trained, expert adviser on you can call the free Smokefree National Helpline 0300 123 1044. Lines are open Monday to Friday 9am to 8pm and Saturday and Sunday 11am to 4pm.
- Face-to-face help and support including nicotine replacement therapy (NRT) is available from most of the pharmacies in Trafford.
- Most GPs and practice nurses can also support quit attempts including prescribing drugs to reduce the craving.

[1] Annual Smokefree GB survey 2017, commissioned by Action on Smoking and Health (ASH), conducted by You gov http://ash.org.uk/download/use-of-e-cigarettes-among-adults-in-great-britain-2017/

Trafford Local Care Alliance

Richard Spearing
Integrated Network Director (Pennine Care and Trafford Council)
Interim Chair Trafford LCA

Trafford map

Integrated organisation (TCCG and TMBC)

Intelligent strategic commissioning

"Together with residents we will support and improve the health and wellbeing of the people of Trafford"

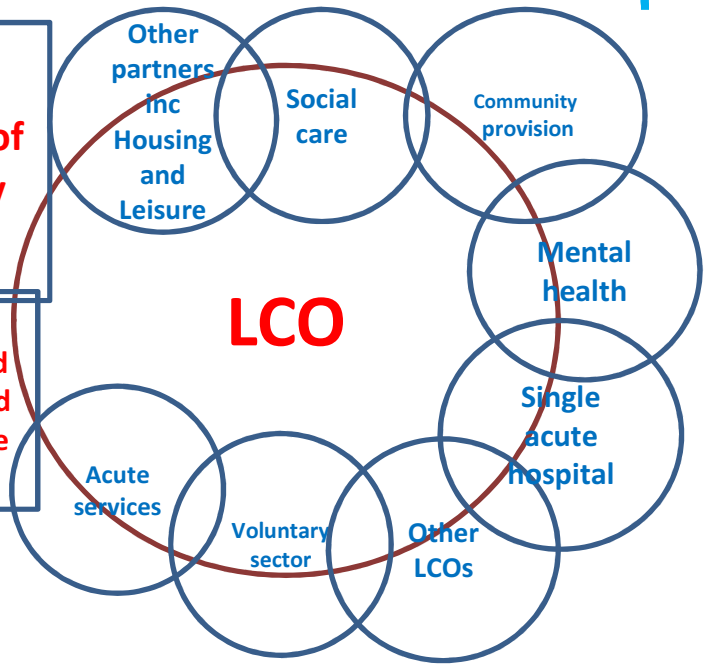
New models of care

TCC

Care complex

New models of primary care

Integrated health and social care



Pre-requisites	IT	Experience & engagement	Workforce	Estates	Finance including transitional funding	OD and values

TRAFFORD COUNCIL

NHS Trafford Clinical Commissioning Group

Key GM Building Blocks

- Commissioning Reform
- Outcomes Framework
- Build on 30,000 – 50,000 populations
- Pace, scale and ambition
- Delivery through the GM Framework

GM Framework

Enable conditions to be managed at home and in the community.	-Radical reductions in demand -Extend beyond primary care at scale -Incorporate some acute specialists - Provide more accessible UC services in the community - Provide in reach services to other settings
Secure the contributions of the full range of public service partners to providing early help and prevention	-Connect H&C reform with supporting adults to connect to economic opportunity. -Connecting wider PBI and a full range of partners to max' health benefit. - Incorporate housing provision
Support individuals & communities to take more control over their own health	-Utilising full capacity and assets of local community. -Empowering people and local communities- voluntary sector input.
Take full responsibility for the management of the health & wellbeing of a defined population	-Robust governance and leadership. -Lists of registered patients for the population, serving a size ~200,000 -Expanded community based MDT's -Risk stratification and electronic records -New type of capitated contract & budget .

Key GM checkpoints

- Positive feedback from GM Team visit
- Agreeing and settling on their neighbourhood geographies between the local authority and local NHS
- Agreeing their model for 30-50,000 populations - including permissions and accountabilities down to neighbourhood team level.
- Defining the operating model for integrated neighbourhood teams (INTs) and working arrangements.
- Connecting the INT's into the wider LCA
- Establishing a single leadership/management structure for the LCA and SCF with integrated provider and commissioner board functions.
- Pooling of budgets (some range from 'pooled', 'aligned' to 'in view'), and establishing integrated commissioning arrangements.
- Translating the transformation into a number of core programmes.
- Extending the integration into wider public services and the VCSE sector.
- Early investment of time and resource into support programmes for organisational development for front line staff and teams to build relationships, trust and a deeper appreciation of roles as a key enabler towards culture shift and accelerating local progress.

Current position

- CCG led stakeholder meetings over the last 6 months
- MOU agreed in principle between: Trafford Council, Pennine Care, Manchester Foundation Trust, Greater Manchester Mental Health, Thrive
- Richard Spearing supported by all partners as Interim Chair
- Programme Manager: Kelly Stephenson
- Key work programmes: Urgent Care, Nursing and Residential Homes Team, Primary Care Mental Health Team, Social Prescribing / Community Navigators
- Agree Programme and delivery for 2018/19

Future State?

- Successful alliance arrangements will ultimately go beyond co-location and partnership working to mimic a single organisation with single working arrangements and a single management structure.
- Legal Alliance Provider Agreement which includes the governance framework for decision making and the delivery of business cases in the transition period. The Agreement sets out a collaborative and integrated way of working, underpinned by clear leadership, responsibilities and accountabilities.
- Where this LCO theme is most advanced and works well is in those localities that have a clear and robust governance and decision making structures, with a single leadership/management team established across both the Single Commissioning Function and the LCO with an overarching Partnership Board function which enables providers and commissioners to work together in an integrated manner to deliver improved outcomes for their population.

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CARE QUALITY COMMISSION SYSTEM REVIEW OF DELAYED TRANSFERS OF CARE 2017

TRAFFORD SYSTEM ACTION PLAN

OCTOBER 2017- OCTOBER 2018

Background

Following the publication of the Care Quality Commission (CQC) Local Review of Health & Social Care Services in Trafford report on 18th December, 2017 (link:), this Action Plan has been developed in response to the issues highlighted in order to enable all partners to play their part in driving forward improvement in outcomes for the Trafford population of older people.

The joint action plan will be the mechanism by which partners are held to account, through the new governance structure, by the Health and Wellbeing Board for improving performance and ensuring effective monitoring and evaluation.

This joint action plan takes account of and cross-references the following plans that have been developed by partners:

Transfers of care plan 2017
Winter Plan 2017
Better Care Fund Plan 2017-18
Trafford Locality Plan 2016
Trafford Transformation bid 2017
All Age Health and Social Care Business Plan 2017-18

Partners are committed to system wide reform as expressed in the Trafford Locality Plan and work is well underway to implement the big ideas detailed in the Trafford Transformation Funding Bid. These include the Urgent Care project, the integration of the Council and the CCG into one new organisation, and the Trafford Local Care Organisation, the delivery model that we see as the future way of working in Trafford.

Trafford's plan for reform is ambitious as is its desire to improve performance around transfers of care. This plan tries to describe all relevant work required to improve that performance and as such cross-references areas of work that are already underway and subject to close monitoring.

Post-CQC the Trafford system has continued to make significant improvement in reducing delayed transfers of care.
The system delivered significant improvement in November and December, and the 'Home for Christmas' campaign engaged the workforce and partners in achieving great performance in the run up to Christmas.

Our performance to ……..is represented here…….below:

Trafford is required to achieve the 3.3% target by the end of March 2018.

*add latest graph

The issues highlighted within the report have been reviewed and themed under the following headings:-

- Maintaining well-being in usual place of residence
- Crisis management: Preparation for winter & urgent care
- Step down, return to usual place of residence and/or admission to a new place of residence
- Challenge and scrutiny
- Market management/commissioning
- Intelligence and evaluation

This Action Plan has been developed by the system as follows:

Trafford Council
Trafford Clinical Commissioning Group
Manchester University NHS Foundation Trust
Pennine Care Community NHS FT
Salford Royal NHS Foundation Trust
Healthwatch Trafford
Trafford Health and Wellbeing Board

1. Maintaining the wellbeing of a person in usual place of residence

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
1.1	Implement transfers of care plan and develop evaluation and performance metrics (this includes compliance with the High Impact Changes model) See APPENDIX 1	JC CW	October 2017	October 2018	Noted in full in the plan in Appendix 1 – to be updated monthly
1.2	Implement Primary Care/Care Home MDT project	CW	January 2018		Project goes live from 19.1.18 with 6 care homes and will continue to be rolled out cross Trafford over the next 3 months as new staff come on stream. Model has been developed as an integrated service offer between existing providers including Pennine Care, NMOPC and Mastercall with opportunities for further support through the voluntary sector.
1.3	Clarify investment via GM H&SC Partnership Transformation Programme into primary care	JC CW	January 2018	January 2018	
1.4	Engage VCS/Third Sector in discharge and planning processes at an earlier stage	KA & KP	November 2017	ongoing	
1.5	Refresh Seven Day Services Plan	DE RS MB	February 2018	April 2018	
1.6	Develop a transformation model for support at home underpinned by a new contractual framework	KA	April 2018		- GM care at home work concluded and reported to GM H&SC partnership - Pilots underway in Partington and Sale to be evaluated at agreed point
1.7	Review impact of support at home prototypes	KA/UM	August 2018		- In keeping with timescales above
1.8	Develop improvement	KA/MM	February		- Adult Safeguarding Board briefed and supportive

	programme for nursing and residential care		2018		- Providers engaged and registered managers network agreed with support from Skills for Care
1.9	Develop comprehensive stakeholder & public engagement programme and strategy	CW TG	December 2017		- Engagement workshops underway - Existing work with Thrive to agree future model
2.0	Ensure new model of primary care addresses improvement required	Dr NG			- Implementation of the MDT commences 19.1.18 and the Primary Care Organisation has a formalised Advisory Board in place though a MoU. Clinical pharmacist recruitment has been successful with commencement on 1.2.18.

2. Crisis management & urgent care

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
2.1	Implement Winter Plan – see APPENDIX 2	CW JC RS MB	October 2017	March 2018	Winter plan implemented, Cold Debrief to be undertaken early February 2018
2.2	Prepare and agree Easter plan	As above	March 2018	April 2018	In development
2.3	Primary Care prevention schemes for UTI and respiratory conditions (preventable admissions) to be considered	ER Dr NG	February 2018		Respiratory T&F group established looking at 'quick wins' to support admission avoidance, in partnership with PCO and community services provider. MDT incorporates an acute visiting element to manage exacerbations of LTC symptoms, acute infections and falls. Clinical review of respiratory pathway with MFT scheduled for Jan 18 to inform admission avoidance pathway in primary care.
2.4	Primary Care access and availability to be reviewed	Dr MJ	February 2018		Additional primary care access supported through winter resilience monies has been secured with go live date of 1.2.18. Full extended access model has been developed through the GP Fed with go live date 3.4.18 with provision through 4 neighbourhood hubs including Sat and Sun opening.
2.5	Engage VCS/Third Sector in Winter Plan	KA	October 2017		As per actions in section 1.
2.6	Ensure all acute providers have accurate and timely information relating to local services – TCC to be considered as the delivery vehicle	DE SR SM	February 2018		• Issued through the winter plan and regularly updated

2.7	Reablement/Care at Home capacity to be reviewed and developed	KA SB	May 2018	July 2018	
2.8	Rapid implementation of single hospital discharge team at MFT Wythenshawe site with MCC	DE	Jan 2018	January 2019	In place
2.9	Early discharge planning to be improved	MB	February 2018		Underway through Integrated Discharge Team
3.0	Escalation channels and reporting to be made clear to all staff	MI	February 2018		This will be part of all escalation plans for clarity on roles and responsibilities. It will remain all system leaders role to ensure that each aspect of the system is contributing. This will be escalated to GM if there remain outstanding issues.

3. Step Down and return to normal place of residence

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
3.1	Discharge summaries and information sharing with community providers to be improved	MB DE	March 2018	April 2018	- Control hub established and up and running since November 2017 - Information sharing flowing more easily across providers via the control hub
3.2	Learning from critical incidents to be routinely shared with clear feedback to all professionals	TBC	January 2018		Discussed with Trafford Safeguarding Adults Board, processes and protocols to be considered by the Board and the relevant sub-group
3.3	Personalisation and personal health budgets to be more routinely considered	MM	January 2018	Ongoing	
3.4	1.1 Roll out of positive outcome for preventing admissions and reducing LOS for frail older people from Wythenshawe Hospital into Trafford General Hospital	Sally Briggs, Divisional Medical Director, Unscheduled Care	December 2017	November 2018	Over the last 3 years the Complex Care team based at Wythenshawe hospital have developed a well-recognised frailty service. This now operates seven days a week on AMU, as well as five days a week in the Emergency Department. There is also a robust orthogeriatric and surgical liaison service five days a week and discharge to assess beds. The service benefits from a continuous improvement approach and there is currently a plan to develop a separate frailty unit so that both the current AMU and ED services would merge to provide robust 7 day cover. Following the merger and creation of MFT there is now a desire to improve all sites to this standard, providing identification of frailty and access to timely comprehensive geriatric assessment. The Wythenshawe, Trafford and MRI teams have already met to discuss the setting of standards for their services and a further workshop is planned for

					February 2018. A key aim of the workshop is to identify which areas of frailty to prioritise as each site will have different cohorts of patients e.g. orthogeriatrics may be key for Trafford, whilst frailty support for surgical patients at MRI might be the more urgent need. Further aims of the workshop will include identification and sharing of resources and expertise and methodology for continuous development over the longer term.
3.5	Operational policies in place at Opal House should be reviewed to ensure they are not placing additional burdens on the wider system	Lauren Wentworth, Clinical Director	December 2017	April 2018	An audit is taking place to review appropriateness of patients transferred from OPAL House to the Emergency Department. The SOP will be reviewed to consider options for management of acutely unwell patients at OPAL House. The areas for consideration will be: 1. The admission criteria – depending on the outcome of the audit, it might be that patients with any outstanding medical should no longer be transferred to OPAL House. However this will be assessed against the risk of the benefits of early transfer for patients. 2. Medical staffing model – This is currently a therapy/nursing led unit with Clinical Fellow input 9-5 Monday to Friday. Out of hours medical cover is via GoToDoc and not by the hospital on call teams.
3.6	Review of Ascot House Intermediate Care facility	RS	February 2018		Routine review of capacity and flow is in place on a daily basis through the control hub and the daily monitoring report

4. Challenge and scrutiny

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
4.1	Aging well strategy, Dementia strategy, frailty strategy and falls strategy to be concluded and implemented	ER Cllr John Lamb	February 2018	July 2018	All strategies have been in development for some time and are progressing well. GM dementia work underway in Trafford
4.2	H&WB Aging Well group to be established	ER	February 2018		In hand
4.3	BCF reporting to include detailed analysis of urgent care performance system wide	JG TC	March 2018		The H&WB actions will also take account of this
4.4	Health Scrutiny Committee challenge function to be strengthened	JC Cllr Joanne Harding	January 2018	February 2018	Meeting planned in the diary accordingly.
4.5	Ensure Trafford has a clear role in the GM partnership and can draw on appropriate support where required	TG/CW			• Part of the Urgent Care network and support received via the GM urgent care approach. • Trafford input into the GM Transformation Board to share learning from others across GM • CCG CO part of the GM wide CCG CO group and CCG Association to ensure shared learning is received
4.6	Review role of the VCS/Third Sector in the H&WB Board sub-groups with a view to strengthening engagement	ER Cllr JL	Ongoing		• Progress underway to confirm vision/statement of intent of working with VCSE as an equal partner in the engagement of commissioning plans across Trafford. CCG (Rebecca Demaine), TC (Adrian Bates) and Thrive Trafford (Chris Hart on behalf of all VCSE in Trafford) to put in place additional infrastructure so that there is an effective two-way engagement between the public sector and VCSE on commissioning and delivery.
4.7	Ensure LCO development takes account of all relevant contracting and business continuity issues	CW JC			• Broad outcomes and design principles agreed for the LCO. Originating partners established a working group to determine operating model, service content and support to put in place shadow form Trafford LCO from

					1 April 2018. Likely to commence with MDT services and build in phases over the next three years. • All services (bar specialised) included, all age and all providers including VCSE, community, social care, primary care, mental health and acute.

5. Market management/commissioning

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
5.1	System wide response to social care market and domiciliary care capacity to be developed and agreed	KA RD AB	March 2018	June 2018	- GM Care at Home workstream which Jill Colbert has led on in 2017 - Early discussions with Manchester CC regarding joint procurement of homecare
5.2	Construct a procurement model that engages service users in the process of selecting service providers/new service design	KA AB	June 2018		- Strong dynamic procurement framework in place
5.3	Agree routine reporting to Joint Commissioning Board on provider performance	RD KA	February 2018		- JCB sub group to be established to agree joint commissioning plan for 18/19 and workpplan for reporting provider performance.
5.4	Ensure all providers are making accessible information available to carers and residents to enable easy navigation through services	TBC			- The optimisation of the TCC to be considered as the vehicle to do this

6. Intelligence and evaluation (including Quality Assurance)

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
6.1	Develop a clear performance dashboard to report to H&WB the Joint Commissioning Board and Scrutiny Committee	IT PF MI			This will be a key role for the new CCG and Council integrated organisation. The new Joint Committee will need to ensure there is oversight on progress to adequately support the HWB.
6.2	CEC referral and activity data to be improved	RS	March 2018		
6.3	Accelerated work on single case records/case summaries for all providers to view on an individual basis	Integrated IT lead (to be announced)			- Optimisation of the TCC to be considered here
6.4	Develop improvement programme for nursing and residential care	KA/MM	February 2018		- Presentation to the Adult Safeguarding Board - Engagement with providers and agreement to support a registered managers network. Chair identified and funding agreed.

APPENDIX 1

Trafford Transfers of Care Plan

Version 8.0

1. Introduction

As part of the refresh of the urgent care responses in Trafford, referenced in the Trafford 2020 plan, Trafford recognises that although significant work has been achieved over the last 2 years where we have seen a 50% reduction of delayed transfers of care, substantial challenges still exist to achieve the 3.3% target. This Transfer of Care Plan is a live plan which will be reviewed and updated by the Trafford Urgent Care Board on a regular basis. We will also engage with all our main Acute providers and with the Greater Manchester Mental Health NHS Foundation Trust regarding the implementation of the plan.

Over the next five years, the urgent and emergency care system, which supports residents of Trafford, needs to make radical changes to drive up efficiencies and reduce the numbers of people who are admitted to hospital, when they could be better cared for in the community.

In order to achieve this, both Trafford CCG and Trafford Council believe that it is essential to engage with patients and families to transform the urgent and emergency care pathway from end to end in line with Greater Manchester standards. By adopting this system wide approach together with the creation of this joint plan, our organisations believe that we can create a sustainable solution, not only to support people to stay at home but also to ensure that they spend the minimum amount of time in a hospital setting.

In keeping with Better Care Fund (BCF) requirements, Trafford Council, Trafford CCG and providers are working together to meet National Condition 4 (NC4) of the Better Care Fund. NC4 states that all areas should implement the High Impact Change Model for managing transfers of care to support system-wide improvements. As such, this plan uses the eight system changes which will have the greatest impact on reduced delayed discharge. Trafford CCG and Trafford Council have worked together to create this single plan, built on a foundation of close working, undertaking development workshops , understanding issues and barriers and recognising that all parts of the system have a part to play to keep delayed transfers of care to a minimum. By working together, and by developing this plan for Trafford, our organisations recognise that there is no single solution; rather there are several key projects which will need to be developed in order to effect change.

This document seeks to describe our joint plan for Trafford and the *'High Impact Change Model'* framework has been adopted as a framework to this end. Additionally, this plan has been drawn together with reference to the following national documents:

- Monthly Delayed Transfers of Care Situation Reports: Definitions and Guidance (NHS England, Oct 2015)

- NICE Guidelines [NG27]: Transition between inpatient hospital settings and community or care home settings for adults with social care needs (*NICE, December 2015*);

- High Impact Change Model – Managing Transfers of Care *(LGA, ADASS, TDA, NHS England, Monitor, December 2015*)

- Integration and Better Care Fund Policy Framework 2017 to 2019 (Department for Communities and Local Government and Department of Health, March 2017)

- Integration and Better Care Fund planning requirements for 2017-19 (*NHS England, July 2017*)

- NHS England: Urgent and Emergency Care Delivery Plan, April 2017

- Greater Manchester Health and Social Care Partnership, ratified the following policies at the Strategic Partnership Board on the 28th of July 2017;

    - Trusted Assessment
    - Patient Choice
    - Discharge to Assess

2. Our vision for older people in Trafford

"A sustainable health and social care system which aims to help older people be healthy, independent and enjoy living in Trafford."

Strategic aims:

- Older People should be able to stay at home, to support people to remain healthy and independent as long as possible, close to family until the day they die.

- Older people and their families should have access to good quality information and have increased skills and confidence to better manage any health conditions they have at home
- Older people should have access to high quality and personalised health care when needed
- **Older people should only be admitted to hospital when hospital is the only setting able to meet their health needs and at these times should expect that their stay is the shortest time needed for their treatment**
- **Older people using health and social care services are safe from harm**
- Older people should have access to high quality services. Dignity and respect remain key both for the older person and their carer. Investing in, protecting and supporting the ageing population and those who care for them are essential prerequisites for the wellbeing of our ageing society.

The voluntary sector and community groups should be key in supporting older people at the interface of health and social care

The two strategic aims highlighted (in bold) are the focus of this plan.

In order to deliver the vision of ***'Older people should only be admitted to hospital when hospital is the only setting able to meet their health needs and at these times should expect that their stay is the shortest time needed for their*** **treatment'** and **'Older people using health and social care services are safe from harm '** we will enact the strategic aims of**:**

- Further develop admission avoidance solutions linking GP activity to community responses
- Use risk stratification tools and the Trafford Coordination Centre (TCC)to further identify residents at risk of admission
- Develop early discharge planning in the acute sector
- Develop systems to monitor patient flow

- Further develop multi-disciplinary/multi-agency discharge teams including the voluntary and community sector
- Embed Home first/discharge to assess practice
- Develop seven day services
- Embed Trusted Assessors
- Develop focus on patient choice and ensure implementation
- Further enhance health in Care home

3. Accountability and governance

The Trafford Urgent Care Board is co-chaired by the Associate Director of Commissioning Trafford CCG and the Director of All Age Commissioning at TMBC. As such, the Board provides the practical arrangements to deliver the vision and strategic objectives and the assurance, capacity and resilience. Trafford Urgent Care Board monitors and reviews the Urgent Care project plan within agree project tolerances of budget, time and quality. If additional capacity and resilience are needed this will be escalated to the BCF steering group which ensures that BCF meets the national condition of reducing DTOCs.

The Trafford Urgent Care Board will report into the Manchester Urgent Care Transformation and Delivery Board, whose chair represents Manchester and Trafford at the Greater Manchester UEC Board.

4. Patient Engagement and Participation

Our organisations work collaboratively with local people to hold conversations which enable us to adjust and develop services according to local need. A plethora of actions take place to engage with local people and whilst these are not always transfers of care specific, the components which make up the plan, such as home care and care home placements, are a fundamental part of the discussions. Below are some examples of where we have engaged with local people.

4.1 The Council has developed engagement techniques through the Trafford Partnership structures to work with providers, partners and communities. Working in partnership with its commissioned VCSE infrastructure support provider, Thrive Trafford, we have established a VCSE Strategic Forum, that brings together larger VCSE providers (such as Age UK and Citizens Advice) with commissioners and other public service representatives, to explore key issues together, building positive relationships which will foster more effective contract delivery and create a space for coproduction and collaboration. There have been sessions on health and social care integration, isolation of older people and community cohesion. Its work in involving the VCSE sector at the earliest stage of development of our place-based working model proved particularly successful, engaging the sector in shaping plans and defining their role in these new ways of working.

Our Locality working programme bridges the gap between public services and communities, through a programme of work that empowers resident action through funding and support, and brings people that live and work in a place together as equals to build relationships, share ideas and create change. Our Locality partnership events have been on a range of topics, covering environment, safety, health and wellbeing. We have seen positive action emerge from them, such as health walks from GP surgeries and a new social isolation project delivered by the fire service. As part of the Trafford Vision 2031 we are undertaking a large community engagement programme in Carrington and Partington, empowering local residents to lead the engagement with people who live and work in the area, to develop a long-term vision which reflects their opportunities and challenges and shapes the health and social care offer of the future.

Trafford Council has used the Working Together for Change (WTfC) process to review the home care service. WTfC identified what is working well for people, what is not working so well and what might need to change for the future. The process helped us to shape the new Care at Home vision to provide the things people want and need in ways that make sense to them.

Additionally, the Joint Quality Team use engagement with residents and families to gain views to enable improved service delivery.

4.2 Trafford Talks Health events

NHS Trafford CCG commenced a series of interactive public events to kick-start conversation with the Trafford population around health priorities for Trafford. The events were co-designed with Healthwatch Trafford and were arranged for each of the neighbourhoods of Trafford (North, South, Central and West)

Public events were held as follows:

3 July 2017: 1pm-3pm at Broomwood Centre, Timperley (South)

4 July 2017: 6pm-8pm at Trafford CCG HQ, Sale (Central)

1 Aug 2017: 10-12.15 at St Matthews Hall, Stretford (North)

2 Aug 201: 6pm-8.15pm at Urmston Library, Urmston (West)

Trafford CCG also had a stall at a 'One Health' community marketplace hosted by Partington Family Practice in Partington on 13 September.

4.3 PEACH – Patient Experience and Continuing Healthcare

There isn't currently a standard measure to collect people's experience of Continuing Healthcare (CHC) and hence the impact on DToCs in England. Anyone over the age of 18 who has a complex medical condition and substantial/ongoing care needs may be eligible for NHS Continuing Healthcare.

A project to develop patient experience measures for adult Continuing Healthcare was awarded by NHS England to Tameside and Glossop CCG. The project is called PEACH which stands for Patient Experience and Continuing Healthcare.

Trafford CCG has worked with Tameside and Glossop CCG to extend the pilot to include Trafford, to hear about experiences of our CHC process and care provision and how we can improve ways of asking for feedback.

Trafford CCG and Patient Experience Matters have made a significant contribution to the compilation of these surveys to enhance usability. It has been confirmed that the changes that have been made will be taken forward as part of the PEACH Toolkit.

4.4 Public Reference and Advisory Panel (PRAP)

Trafford CCG's PRAP is a committee of local people established to represent the views of the Trafford population. Membership is sought from each of the different localities in Trafford (North, South, Central and West) and from various third sector/voluntary groups in Trafford, including Healthwatch.

The panel of volunteers meet monthly to discuss feedback and inform CCG programmes of work. This assurance group reports directly to the CCG Governing Body.

The panel is now in its third year and continues to grow in confidence to question, challenge and ultimately influence CCG commissioning plans and decisions.

PRAP representation is truly valued and we have extended PRAP involvement to other CCG meetings, including: Cancer Local Implementation Group; Locally Commissioned Services Group; Quality Walkaround Visits and Trafford Co-ordination Centre Implementation Board

4.5 Provider Quality Walkrounds

A quality walk around is a snapshot of how a service is performing on that day. It also captures how a service presents regarding: kindness, compassion, dignity and respect.

A walk around plan is shared with those who would undertake the walkaround several days prior to the visit to provide some background to the venue they were due to visit and will outline any current issues that would useful to check whilst on the

walkaround. Those undertaking the walkaround will often liaise with complaints and patient experience colleagues to check if any issues are raised with them around the service to be visited.

Dependent on the service, those involved in quality walkarounds could include: clinical audit nurse, chief nurse, pharmacists, commissioning managers, GPs and also members of Trafford CCG's PRAP.

Walkaround	Timeframe
➢ Ascot House	➢ Q3 16/17
➢ Trafford General UC Centre and MI Units	➢ Q1 17/18
➢ Community Enhanced Care Service	➢ Q1 17/18
➢ Wythenshawe F7 frail elderly/A7 Respiratory	➢ Q1 17/18
➢ Wythenshawe A1 vascular/A3 orthopaedics	➢ Q2 17/18
➢ Opal House	➢ Q2 17/18
➢ Patch 1 District Nursing	➢ Q2 17/18

Following on from the walkaround, a draft report will be produced with key suggestions for improvement. This will be shared with the provider for their comments and an action plan developed jointly.

4.6 Partners

We recognise the valuable contribution our partners make to inform the development and delivery of our local plans, eg, Healthwatch and the Carers Centre. The CCG and Local Authority hold regular contract development meetings with providers e.g. Pennine Care Foundation Trust and homecare providers. We also hold a series of engagement events with providers e.g. annual engagement event with Homecare providers as part of winter resilience planning.

5. Situational Analysis

For the purposes of this Transfer of Care Plan, the table below provides a snapshot of activity at Manchester University NHS Foundation Trust (UHSM – Wythenshawe) for August+ 2017 and outlines the reasons for delayed transfers for both social care and NHS services in Trafford. We recognise that there will be seasonal variations and the data will be regularly monitored by the Trafford Urgent Care Board.

August 2017 – Manchester University NHS Foundation Trust (UHSM – Wythenshawe) Source; UHSM daily DTOC invalidated data

Reason For Delay		Number of bed days lost	% of total delays
A	Awaiting Completion of Assessment	8	1%
B	Awaiting Public Funding	64	8.4%
C	Awaiting Further Non-Acute NHS Care	12	1.6%
Di	Awaiting Residential Home Placement	66	8.6%
Dii	Awaiting Nursing Home Placement	131	17.1%
E	Awaiting Care Package in Own Home	331	43.3%
F	Awaiting Community Equipment and Adaptations	23	3%
G	Patient or Family choice	130	17%
H	Disputes	0	0
I	Awaiting Resolution of Housing Issues	0	0

Those delays classed as 'further Non acute NHS care' are delays in the main attributed to Intermediate Care at Ascot House. These will have been experienced when beds were full or delay in assessment/ transfer. The current criteria for intermediate care at Ascot House should keep these to a minimum.

The current criteria for the council funded step down-step out beds is intended to minimise the number of bed days lost due to 'Awaiting care package in own home'. It is also intended to utilise these beds to support a model of 'residential discharge to assess' by December 2017.

If the discharge to assess criteria and model were achieved it would target those who would contribute to the following delay reasons, however whether 9 beds is sufficient to meet the homecare **and** discharge to assess demand is yet to be quantified;

- Awaiting residential home placement
- Patient/ family choice
- public funding

The Patient/ family choice delays are attributed to both residential and nursing home (a rough estimate 50/50). Ascot House would only be able to influence the residential home delays due to its current CQC registration. In addition, the support of the Acute providers will be needed to implement the Greater Manchester Choice Policy.

In regards to community equipment and adaptations these delays are resolved quicker whilst the patient is on the hospital site and before they become a delay.

The largest number of delays for Trafford residents at Wythenshawe Hospital (UHSM) is due to the availability of homecare packages. The next largest cause of delays are reported as waits for nursing home placements and patients/family choice. This is reflected across both acute trusts – Manchester University NHS Foundation Trust and Salford Royal NHS Foundation Trust.
The tables below show the DTOC position for Manchester University NHS Foundation Trust for all their patients (irrespective of residents). This indicates the level of improvement required to deliver the DTOC target of 3.3%

DTOC Trajectory Analysis - 2017-18
16 October 2017

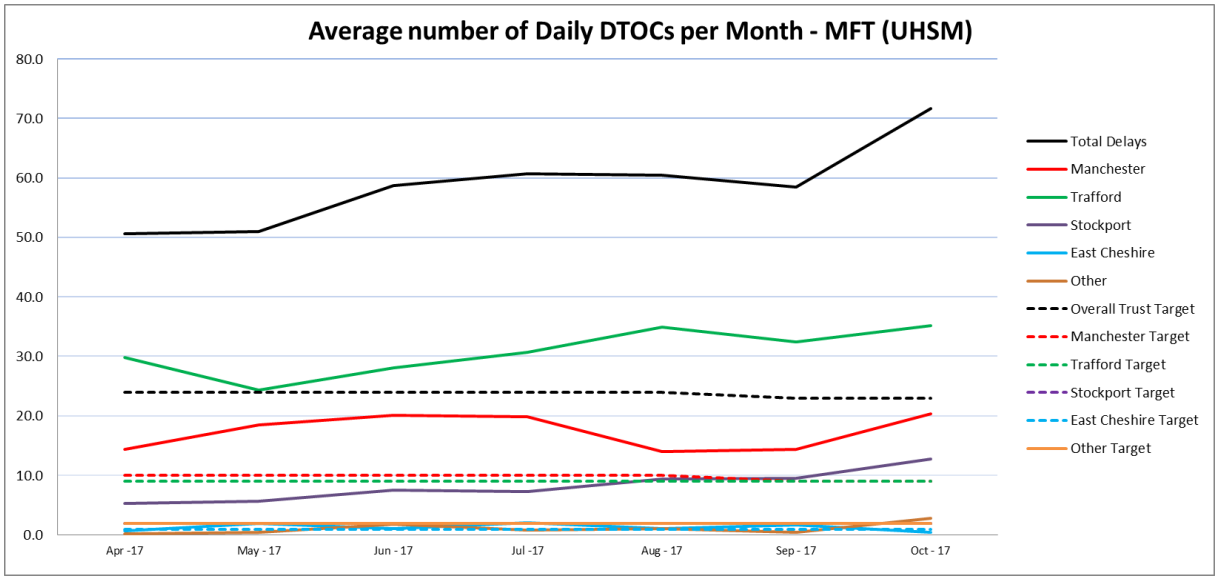
MFT (UHSM)	Description	April -17 Actual	May-17 Actual	Jun-17 Actual	Jul-17 Actual	Aug-17 Actual	Sep-17 Actual	Oct-17 Actual	Revised Monthly Target
	Average DTOCs Per Day	50.6	51.0	58.7	60.8	60.5	58.5	71.7	23.7
	Average Occupied Beds per Day	733	733	745	745	745	718	718	718
	% DTOC Rate	6.9%	7.0%	7.9%	8.2%	8.1%	8.1%	10.0%	3.3%

MFT (CMFT)	Description	April -17 Actual	May-17 Actual	Jun-17 Actual	Jul-17 Actual	Aug-17 Actual	Sep-17 Actual	Oct-17 Actual	Revised Monthly Target
	Average DTOCs Per Day	33.8	31.1	34.7	29.3	34.9	30.4	32.2	35.0
	Average Occupied Beds per Day	1,105	1,105	1,118	1,118	1,118	1,062	1,062	1,062
	% DTOC Rate	3.1%	2.8%	3.1%	2.6%	3.1%	2.9%	3.0%	3.3%

(Note: The 718 figure for UHSM and 1062 CMFT is based on the KH03 return which calculates quarterly the number of occupied beds and therefore this figure is used as the denominator for calculating the 3.3% target.)

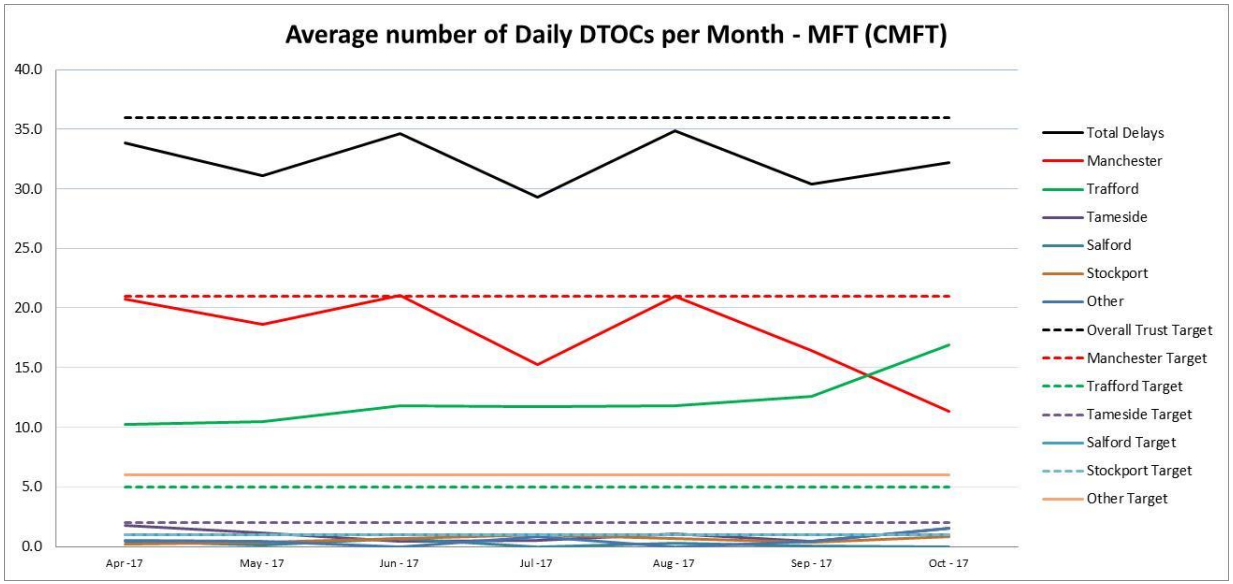
The Graph below shows the number of daily DTOCs for Trafford residents at Manchester University NHS Foundation Trust (UHSM – Wythenshawe) against the target.

Source; NHS England published Stats to end of August 2017, unvalidated local data (to 16/10/2017)



The Graph below shows the number of daily DTOCs for Trafford residents at Manchester University NHS Foundation Trust (CMFT – MRI & Trafford General Hospital) against the target.

Source; NHS England published Stats to end of August 2017, unvalidated local data (to 16/10/2017)


Average number of Daily DTOCs per Month - MFT (CMFT)
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Apr -17
May - 17
Jun - 17
Jul -17
Aug - 17
Sep - 17
Oct - 17
Total Delays
Manchester
Trafford
Tameside
Salford
Stockport
Other
Overall Trust Target
Manchester Target
Trafford Target
Tameside Target
Salford Target
Stockport Target
Other Target

6. Trafford Transfers of Care Plan

The table below cross references each of the Programme Objectives against each of the reportable reasons for DTOC.

DTOC Key										
	A	A) Completion of assessment	**C**	C) Further non acute NHS care (including intermediate care, rehabilitation etc)	**Dii**	D) Care Home placement - ii) Nursing Home	**F**	F) Community Equipment/adaptions	**H**	H) Disputes
	B	B) Public Funding	**Di**	D) Care Home placement - i) Residential Home	**E**	E) Care package in own home	**G**	G) Patient or family choice	**I**	I) Housing - patients not covered by NHS and Community Care Act

Programme Objectives	**Projects and Progress**	**Time scale**	**Exec Lead**	**Mgmt Lead**	**Impact of DTOC** **(See Key pg 13)**	**RAG** **(As of Sept,17)**
1. Early Discharge Planning						
An integrated community health and social care team plan early discharges for all elective patient admissions.	1a. Elective discharge planning for hip and knees at UHSM **14.11.2017**-Discussions underway, J Kelly to map requirements as to what is needed on wards. Social Worker to be involved in Pre-Ops	Sept'18	D Eaton	D Walsh/D McNicoll/IDT Manager	B, F	
Robust systems support the development of plans for the management and discharge of all emergency and unscheduled patient admissions, with EDD set within 48 hours.	1b. Integrated discharge team at UHSM, Salford and TGH – **14.11.2017**- Teams in place, live tracker to be installed in control room. M Jarvis to contact C Watts to audit if patient passport is in use.	Jan'18	D Eaton	D Walsh/L Lyons	A	

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Sept,17)
2. Systems To Monitor Patient Flow						
Robust patient flow systems and models are in place to support integrated teams and clinical decision makers to identify and manage problems and prevent bottlenecks 24/7	2a. Community flow manager recruitment **14.11.2017** – Recruited start date 21.11.2017 Line manager to be identified - D Walsh	Oct'17	D Eaton	D Walsh/M Albiston	Maximise capacity throughout the system	
Transfers of care are planned around the individual and patient flow systems allow capacity to be automatically increased where demand (admissions) increases.	2b. GM Discharge pathway mapping project (complete mapping against process and identify gaps) **14.11.2017** – Mapping workshop arranged 16.11.2017 2c. Identify resources to meet increased demand (GM-Transformation Fund Bid) 14.11.2017 – Resources to be identified at workshop 16.11.2017	Nov'17	T Cartmell	D Walsh D Peace S Morton	Maximise capacity throughout the system	

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Sept,17)
3. Multidisciplinary/agency Discharge Teams						
All discharge planning promotes a coordinated discharge to assess approach, through integrated MDTs, that is based upon joint assessment and discharge pathways, processes and protocols.	a. Discharge to assess project (To develop an agreed model and identify additional necessary capacity) **14.11.2017** – Timescale to be brought forward to end November 2017 b. Procure discharge to assess nursing/ EMI bed(s) **14.11.2017** – Possible beds Manchester or Salford K Ahmed to follow up with J Hughes or escalate to C Elliott c. To identify agreed SW/DNL capacity required (GM – Transformation Fund Bid) d. Training and development requirement for GPs in MDT **14.11.2017** No timescale at present	Nov 17	K Ahmed	S Morton D Pease S Morton D Pease M Albiston M Jarvis	Di, Dii, G	

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Sept,17)
Integrated discharge MDTs have shared and agreed responsibilities, they include the third sector in discharge planning and they provide special arrangements for complex discharges.	e. Integrated discharge team at UHSM, SRFT, TGH (as per table section 1) **14.11.2017** – In place	Jan 18	D Eaton	D Walsh/IDT Lead	A,G	
	f. Role of Trusted Assessors agreed and implemented for specific tasks eg funding decisions social care/CHC (As per table section 7)	Jan 18	D Eaton	D Walsh/D McNicol	A,G	
	g. Co-design of new model for Voluntary Sector home from hospital (As per table section 7)	March 18	K Ahmed	A Brown	E,I,G	
4. Home First Discharge to assess						
Patients always return home for assessment and reablement, where possible, after being deemed medically ready for discharge and are supported fully by integrated care and support teams.	a. Discharge to Assess Project (As per table section 3) b. Increase in SAMS capacity procured – ongoing **14.11.2017** – 6 people recruited, Sale area. Meeting on Monday with new provider. c. Develop capacity in Homecare market. **14.11.2017** – On-going-	Jan'17 Jan 17 Ongoing Jan 17	K Ahmed K Ahmed K Ahmed D Eaton	S Morton D Gent D Gent D Walsh	Di, Dii, G E E E	

	possible 2 new providers. d. Develop single-handed care to provide more market capacity **14.11.2017** – Potential models being worked up. Business Case will be needed					
Where discharge home is not possible, step down beds will be utilised for assessment and additional care and support, where this is required.	e. Ascot House Step down beds **14.11.2017** – Being Utilised although a couple of blockages.	Nov'17	K Ahmed	D Gent Sue Burrell	E	
Care homes accept previous residents trusting Trust /ASC staff assessment and always carry out new assessments within 24 hours	f. New framework for nursing and residential homes **14.11.2017** Contract currently with solicitor. Meeting to be arranged with K Ahmed and Merry-Fair Price for Care	April'18	K Ahmed	D Gent J O'Donoghue	Di, Dii	

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Sept,17)
5. Seven Day Services						
Patients receive seamless care provision that includes assessment and restart of care (within 24 hours) regardless of the time of day or week.	a. 7 day social worker and DN liaison provision for assessments at UHSM	In Place	D Eaton	D Walsh	A, E	
Sustainable staffing rotas and new contracts are in place to deliver person centred seven day discharge to assess services.	b. 7 day social worker and DN liaison provision for assessments at UHSM (As above)	In Place	D Eaton	D Walsh	A, E	
6. Trusted assessors						
Single integrated assessments, carried out across the system, can directly access jointly pooled resources and funding (without separate organisational sign off) and are 'trusted' and accepted by all care providers within the system. In Trafford we expect this to include acceptance by core agencies eg CCG and TMBC	a. Implementation of Trusted Assessor policy within Trusts 24/7 b. Trusted Assessor trial project with Salford for CHC cases **14.11.2017** Monthly meetings in place. Monitor impact. D Pease to pick up with Jacquie Coulton and Dinah	Sept'17 Nov'17	D Eaton M Moore	M Albiston D Pease	A, E A, Dii	

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Sept,17)
7. Focus on Choice						
Staff understand choice and can discuss discharge proactively, including the active involvement of patients and relatives at the point of admission.	a. Full Implementation of the choice policy including senior ownership of eviction process at each Trust	Sept'17	K Ahmed D Eaton S Morton C Watts CMFT lead	Acute Trust leads	G	
8. Enhancing Health in Care Homes						
Care homes integrated into the whole health and social care community and primary care support	a. MDT for Care Homes; NMOC work, reliant on GM Transformation Fund bid	Jan 18	R Demaine	T Cartmell	Admission Avoidance	
	b. Scope Red Bag transfer System	Nov 17	M Leslee	New Commissioning Manager	Admission Avoidance	
There is no variation in the flow of people from care homes into hospital during the week	c. ATT Plus project **14.11.2017** Decommissioning	Oct'17	T Cartmell	S Morton	Admission Avoidance	
Care home CQC ratings reflect high quality care	d. Implement Enhanced Health in Care Homes quality framework. **14.11.2017** – NHSE Vanguard work to build into MDT standards	Jan 18	M Moore	M Leslee	Di, Dii, G	
	e. Project to increase registered management capacity	April 18	K Ahmed/M Moore	J O'Donoghue	Di, Dii, G	

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Sept,17)
9 Development of home care market						
There is a high quality home care market in place with sufficient, flexible capacity to meet local need.	a. GM transformational work stream for Support at Home Project	Sept18	J Colbert	K Ahmed	E	
	b. Partington Pilot active	Nov 17	K Ahmed	D Gent	E	
10. Development of the TCC						
The TCC reviews and supports those at greatest need and prevents unnecessary hospital admissions by supporting primary care and linking to appropriate services	a. TCC development project (including increase of service users based on risk and facilitating discharge/preventing readmission) b. Link to Community Enhance Care (CEC) c. Creation of a Urgent Care hub which will provide a central point for the utilisation of commissioned services.	Dec'17	T Cartmell M Jarvis	T Weedall	Admission Avoidance	

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Sept,17)
11. Development of Intermediate Care Services						
Increasing the utilisation of Intermediate Care (Ascot House) services in Trafford and reducing delays within the unit to ensure effective and timely response and efficient flow	a. Clinical model and pathway developed reviewed and confirmed b. The business model arrangements to reflect service model	Dec 17	R Demaine	S Morton	C	
12. Public Funding decision making						
To ensure decisions for public funding are made appropriately and timely to avoid DTOC	a. CHC funding decisions b. Social Care funding decisions	Nov 17 Nov 17	M Moore D Eaton	Sally Kass/ Debra Peace TBC	B B	
13. CQC action plan						
To identify any actions from the CQC review of the health and social care system which are relevant to the Urgent Care Board.	a. Action Plan to be developed	TBC	J Colbert	K Ahmed T Cartmell	A, Di, Dii, E, G	

7. Trafford Trajectory for DToCs

The table below summarises the projects detailed in Section 6, their mobilisation dates and the delayed transfer of care (DTOC) reason which they have an impact on;

	Reason for delay	% of delays in Q1&Q2 2017	Mobilisation dates of deliverables						
			Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A	Awaiting Completion of Assessment	1%	6a	2a	2b - 2d, 6b		1b, 2c, 2d, 3e - f		3g
B	Awaiting Public Funding	5%			12a & b				
C	Awaiting Further Non-Acute NHS Care	2%				11a & b			
Di	Awaiting Residential Home Placement	11%	8d				4a - d		
Dii	Awaiting Nursing Home Placement	16%	8d		6b		4a - d		
E	Awaiting Care Package in Own Home	43%			4e, 9b	7b	4a - d		
F	Awaiting Community Equipment and Adaptations	2%	1a						
G	Patient or Family choice	20%	7a, 8d		6b		3a - f, 4a - d		3g
H	Disputes								
I	Awaiting Resolution of Housing Issues	0%							
		Note: admission avoidance and/or deliverables to be mobilised after 31st Mar 18 are omitted from the above							

Based the delivery of these projects Trafford have estimated the following trajectory to achieving the 3.3% DTOC target (based on the number of individuals reported as delayed on a given day). The table below details the current DTOC performance by site (MUFT & SRFT) against the Trafford trajectory.

	Trafford DTOC trajectory to achieve 3.3% in year Current month performance to 30/10/2017												
	Baseline*	Oct-17		Nov-17		Dec-17		Jan-18		Feb-18		Mar-18	
		Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual
Average month end number of reportable DTOCs at MFT: UHSM	30*	*30*	37	*30*		*30*		*30*		*15*		*9*	
Average month end number of reportable DTOCs at MFT: CMFT	13*	*13*	18	*13*		*13*		*13*		*7*		*5*	
Average month end number of reportable DTOCs at SRFT	2**	*2*	5 (27/10)	*2*		*2*		*2*		*2*		*2*	
* baseline average of Trafford DTOCs in Q1 and Q2 2017 ** Actual no. of delays end Sept 17													

At the end of March 2018, the target of nine delays at Manchester University NHS Foundation Trust (UHSM – Wythenshawe) are anticipated to be divided amongst the following reasons;

Reason For Delay		No. of individuals reported as DTOC
A	Awaiting Completion of Assessment	0
B	Awaiting Public Funding	0
C	Awaiting Further Non-Acute NHS Care	0
Di	Awaiting Residential Home Placement	0
Dii	Awaiting Nursing Home Placement	1
E	Awaiting Care Package in Own Home	8
F	Awaiting Community Equipment and Adaptations	0
G	Patient or Family choice	0
H	Disputes	0
I	Awaiting Resolution of Housing Issues	0

8. Enablers

Delivery of the above plan will support the achievement of 3.3% DTOC level for Trafford. However, there are additional enablers outside of the eight high impact change areas which will support delivery and these are identified below:

Programme Objectives	Project Dossier	Timescale	Exec Lead	Mgmt Lead
1. Escalation process				
There is a clear escalation policy and process in place in line with national OPEL reporting. Need to identify additional capacity i.e. additional community beds.	➢ Refresh escalation process and apply desk top testing pre winter'18	Nov'17	K Ahmed T Cartmell	S Morton
2. Performance dashboard				
There is clear data reporting in place in a single dashboard format which demonstrates the Trafford DTOC position on a daily basis	➢ Development of joint health and social care dashboard	Nov'17	K Ahmed T Cartmell	S Morton
3. Organisational development				
There is a clear plan, process and funding in place for organisations to develop capacity and capability to deliver the DTOC agenda	➢ TCC ➢ Health and social care integration ➢ Integrated commissioning function ➢ Care complex ➢ New models of care	April'18	C Ward T Grant	I Anderson K Ahmed R Demaine
4. Communication and engagement				
Excellent communication exists in our organisations to ensure that service users and providers understand the portfolio of services available to them	➢ Patient experience and engagement project ➢ Voluntary organisations ➢ TCC	Ongoing	M Moore A Schorah	L Collins K Ahmed D Eaton

9. Conclusion

Both Trafford CCG and Trafford Council recognise the significant challenges involved in reducing delayed transfers of care for Trafford residents. Joint working has enabled our organisations to develop a single joint credible plan to be managed via the joint Trafford Urgent Care Board. However, we do recognise the substantial challenges ahead, both national and local, seasonal variation coupled with the singular issues that impact on Trafford performance; such as high employment levels, the high numbers of self-funders, limited care home placements and the difficulties and challenges affecting the home care market. Nevertheless, our organisations are committed to developing sustainable solutions to topical issues and will work in partnership to offer high quality services to Trafford residents.

1. Appendix 2 Winter Plan 2017

DRAFT WORK IN PROGRESS: Trafford CCG & Trafford Council Provisional Winter Plan 2017/18 Across GM Acute Trust Sites v0.4

Performance

Performance Indicators (National & Local Indicators)

- % of all patients who spend 4hrs or less in A&E per acute site
- Reportable delayed transfers of care (acute & non acute beds) per acute site
- 12hr trolley waits in A&E per acute site
- Bed Occupancy Rates per acute site
- Community Bed capacity utilisation and LOS
- Community Admission avoidance

Key messages

- **UHSM:** Growth in attends and admissions from Trafford over 65s and growth in LoS for over 65s
- **CMFT:** Growth in attends and admissions
- **SRFT:** Growth in admissions and LoS
- Trafford homecare market capacity challenging
- Increase in Adult social care spend in Trafford
- 11 care homes in Trafford are rated as requires improvement or inadequate by CQC

Key Risks

- Workforce across health and social care ,
- Out of Hospital capacity; homecare, community services, intermediate care, care homes
- Increased activity across health and social care
- Bed capacity within the Acute Hospitals
- System fragility - Financial Sustainability

Trafford Initiatives to support Urgent Care

Primary Care;

- Primary Care focus on older patients via risk stratification, identification and intervention
- National directed enhanced service to avoid unplanned admissions for older people
- Locally commissioned service in place for care home residents
- Locally commissioned service to support residents in Ascot House
- Integrated care plans
- MDT meetings in practice for older people
- Development of a Trafford wide MDT model as a part of New Models of Primary Care
- Co-located general practice within Limelight Health and Well-being Centre

Trafford Coordination Centre;

- Through the use of a risk stratification tool the Trafford population with whom we can have the most positive influence is being identified. The TCC are working with the GPs to ensure a coordinated approach to their care management.
- Aims to reduce healthcare costs to the Trafford health and care system and provide more effective care to patients through a Care Co-ordination service.
- Staffed with nurse care co-ordinators representing a variety of medical specialties, including mental health, and seeks to develop strong supportive relationships with patients to signpost service users to new services.
- Supports older people with multiple or complex healthcare needs, those recovering from a stroke or fall, or people showing signs of frailty. Through regular telephone support the service helps patients stay safe and well at home and avoid unplanned hospital admissions and readmissions.
- Pilot to collocate a paramedic in TCC

TRAFFORD ADULT SOCIAL CARE GRANT 17/18

- Step down beds to be developed into D2A model; 9 beds Ascot House
- Home based Discharge to assess; Additional SAMs capacity
- Create new capacity in the home care market
- Price increases to providers – Market stabilisation
- Better care at Home new model; new in house reablement service
- Additional social worker and social care assessor capacity in Hospitals
- Quality assurance and improvement programme for care homes
- Asset based community capacity
- Additional residential/nursing packages

Acute Trusts;

- Better and more timely hand offs (A&E / Acute Physicians)
- Front Door clinical streaming
- Extension of WIC hours at MRI
- Bed Occupancy Level; utilisation of bed modelling tool
- GM policies; Trusted assessor, patient choice, discharge to assess
- Streamlined CHC process
- 7 day discharge

Community Services;

- Neighbourhood Community Enhanced Care teams; provide ongoing management for patients with a long-term condition, conditions associated with ageing or patients with complex needs requiring holistic assessment
- Urgent CEC service; for patients at risk of hospital admission without intervention.
- Single Point of Access for community services
- Ascot House; Intermediate Care and Bed based discharge to assess

North West Ambulance Service

- Alternative to Transfer scheme across Trafford delivered jointly with Mastercall
- ATT+ for Trafford Care homes
- Care home pilot ; NaRT tool
- Clinical Assessment (APAS) for NHS111 calls

Trafford TOC plan

Trafford Transfer of Care Plan

- Community Flow Manager post (December 2017)
- Discharge to Assess pathways; home, residential and nursing inc. EMI (Q3)
- Increasing capacity in the homecare market (ongoing)
- Primary Care and wider MDT support to Care Homes (Q4)
- New Model for Voluntary sector home from hospital service (April 17)
- Increase Registered Care Home Management capacity (April 2018)
- Enhanced Health in Care Homes Quality Framework

Trafford Additional Winter 2017/18 Schemes;

- Review of all current homecare packages <7 hours not reviewed in the last 12 months (October 2017); aim to reinvest homecare hours for new packages
- Flu Campaign launched (September 2017); covering community (staff), Nursing and Residential Homes (staff and residents)
- Infection Control (October 2017); Infection control lead working with each care home to increase IC awareness, tracking of infections and aim to plan a coordinated response to minimise closures where necessary.
- Establish a Trafford Urgent Care Control office (Mid December 2017 to end of March 2018); located in community and managed by Community flow manager, a central point of contact for Acute Trusts to coordinate community capacity
- Specific response to OPEL escalation level 2 and level 3 (in place now)
- Voluntary sector home from hospital service to support winter resilience (Nov 2017)

17/18 UC trajectories

A&E 4hr Performance (Actual Monthly colour coded & Trajectories) Source; NHS England NHS stats to end Sept. Local unvalidated data October)

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
UHSM - Monthly	94.6%	92.6%	90.1%	91.0%	89.4%	86.7%	88.2%	90.0%	90.0%	90.0%	90.0%	95.0%
UHSM - Cumulative	94.6%	93.6%	92.4%	92.1%	91.6%	90.8%	90.5%	90.3%	90.3%	90.2%	90.2%	90.6%
CMFT - Monthly	93.7%	93.6%	93.5%	94.7%	92.9%	92.3%	89.4%	91.1%	91.1%	90.0%	90.0%	95.0%
CMFT - Cumulative	93.7%	93.7%	93.6%	93.9%	93.7%	93.5%	93.1%	91.5%	91.4%	91.3%	91.2%	91.5%
SRFT - Monthly	89.9%	82.1%	83.7%	91.6%	93.0%	89.5%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
SRFT - Cumulative	89.9%	85.9%	85.2%	86.8%	88.0%	88.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

DTOC Performance Trajectories For All Delays

Source; NHS England NHS stats to end Aug. Local unvalidated data up to Sept)

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
UHSM - DTOC Rate	6.9%	7.0%	7.9%	8.2%	8.1%	8.1%
CMFT - DTOC Rate	3.1%	2.8%	3.1%	2.6%	3.1%	2.9%
SRFT - DTOC Rate	3.3%	4.6%	4.2%			

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Trafford Transfers of Care Plan

Version 11.0

06/02/2018

1. Introduction

As part of the refresh of the urgent care responses in Trafford, referenced in the Trafford 2020 plan, Trafford recognises that although significant work has been achieved over the last 2 years where we have seen a 50% reduction of delayed transfers of care, substantial challenges still exist to achieve the 3.3% target. This Transfer of Care Plan is a live plan which will be reviewed and updated by the Trafford Urgent Care Board on a regular basis. We will also engage with all our main Acute providers and with the Greater Manchester Mental Health NHS Foundation Trust regarding the implementation of the plan.

Over the next five years, the urgent and emergency care system, which supports residents of Trafford, needs to make radical changes to drive up efficiencies and reduce the numbers of people who are admitted to hospital, when they could be better cared for in the community.

In order to achieve this, both Trafford CCG and Trafford Council believe that it is essential to engage with patients and families to transform the urgent and emergency care pathway from end to end in line with Greater Manchester standards. By adopting this system wide approach together with the creation of this joint plan, our organisations believe that we can create a sustainable solution, not only to support people to stay at home but also to ensure that they spend the minimum amount of time in a hospital setting.

In keeping with Better Care Fund (BCF) requirements, Trafford Council, Trafford CCG and providers are working together to meet National Condition 4 (NC4) of the Better Care Fund. NC4 states that all areas should implement the High Impact Change Model for managing transfers of care to support system-wide improvements. As such, this plan uses the eight system changes which will have the greatest impact on reduced delayed discharge. Trafford CCG and Trafford Council have worked together to create this single plan, built on a foundation of close working, undertaking development workshops , understanding issues and barriers and recognising that all parts of the system have a part to play to keep delayed transfers of care to a minimum. By working together, and by developing this plan for Trafford, our organisations recognise that there is no single solution; rather there are several key projects which will need to be developed in order to effect change.

This document seeks to describe our joint plan for Trafford and the *'High Impact Change Model'* framework has been adopted as a framework to this end. Additionally, this plan has been drawn together with reference to the following national documents:

- Monthly Delayed Transfers of Care Situation Reports: Definitions and Guidance (NHS England, Oct 2015)

- NICE Guidelines [NG27]: Transition between inpatient hospital settings and community or care home settings for adults with social care needs (*NICE, December 2015*);

- High Impact Change Model – Managing Transfers of Care *(LGA, ADASS, TDA, NHS England, Monitor, December 2015*)

- Integration and Better Care Fund Policy Framework 2017 to 2019 (Department for Communities and Local Government and Department of Health, March 2017)

- Integration and Better Care Fund planning requirements for 2017-19 (*NHS England, July 2017*)

- NHS England: Urgent and Emergency Care Delivery Plan, April 2017

- Greater Manchester Health and Social Care Partnership, ratified the following policies at the Strategic Partnership Board on the 28th of July 2017;

    - Trusted Assessment
    - Patient Choice
    - Discharge to Assess

2. Our vision for older people in Trafford

"A sustainable health and social care system which aims to help older people be healthy, independent and enjoy living in Trafford."

Strategic aims:

- Older People should be able to stay at home, to support people to remain healthy and independent as long as possible, close to family until the day they die.
- Older people and their families should have access to good quality information and have increased skills and confidence to better manage any health conditions they have at home
- Older people should have access to high quality and personalised health care when needed
- **Older people should only be admitted to hospital when hospital is the only setting able to meet their health needs and at these times should expect that their stay is the shortest time needed for their treatment**
- **Older people using health and social care services are safe from harm**
- Older people should have access to high quality services. Dignity and respect remain key both for the older person and their carer. Investing in, protecting and supporting the ageing population and those who care for them are essential prerequisites for the wellbeing of our ageing society.

The voluntary sector and community groups should be key in supporting older people at the interface of health and social care

The two strategic aims highlighted (in bold) are the focus of this plan.

In order to deliver the vision of ***'Older people should only be admitted to hospital when hospital is the only setting able to meet their health needs and at these times should expect that their stay is the shortest time needed for their*** **treatment'** and **'Older people using health and social care services are safe from harm '** we will enact the strategic aims of**:**

- Further develop admission avoidance solutions linking GP activity to community responses
- Use risk stratification tools and the Trafford Coordination Centre (TCC)to further identify residents at risk of admission
- Develop early discharge planning in the acute sector
- Develop systems to monitor patient flow
- Further develop multi-disciplinary/multi-agency discharge teams including the voluntary and community sector
- Embed Home first/discharge to assess practice
- Develop seven day services
- Embed Trusted Assessors
- Develop focus on patient choice and ensure implementation
- Further enhance health in Care home

3. Accountability and governance

The Trafford Urgent Care Board is co-chaired by the Associate Director of Commissioning Trafford CCG and the Director of All Age Commissioning at TMBC. As such, the Board provides the practical arrangements to deliver the vision and strategic objectives and the assurance, capacity and resilience. Trafford Urgent Care Board monitors and reviews the Urgent Care project plan within agree project tolerances of budget, time and quality. If additional capacity and resilience are needed this will be escalated to the BCF steering group which ensures that BCF meets the national condition of reducing DTOCs.

The Trafford Urgent Care Board will report into the Manchester Urgent Care Transformation and Delivery Board, whose chair represents Manchester and Trafford at the Greater Manchester UEC Board.

4. Patient Engagement and Participation

Our organisations work collaboratively with local people to hold conversations which enable us to adjust and develop services according to local need. A plethora of actions take place to engage with local people and whilst these are not always transfers of care specific, the components which make up the plan, such as home care and care home placements, are a fundamental part of the discussions. Below are some examples of where we have engaged with local people.

4.1 The Council has developed engagement techniques through the Trafford Partnership structures to work with providers, partners and communities. Working in partnership with its commissioned VCSE infrastructure support provider, Thrive Trafford, we have established a VCSE Strategic Forum, that brings together larger VCSE providers (such as Age UK and Citizens Advice) with commissioners and other public service representatives, to explore key issues together, building positive relationships which will foster more effective contract delivery and create a space for coproduction and collaboration. There have been sessions on health and social care integration, isolation of older people and community cohesion. Its work in involving the VCSE sector at the earliest stage of development of our place-based working model proved particularly successful, engaging the sector in shaping plans and defining their role in these new ways of working.

Our Locality working programme bridges the gap between public services and communities, through a programme of work that empowers resident action through funding and support, and brings people that live and work in a place together as equals to build relationships, share ideas and create change. Our Locality partnership events have been on a range of topics, covering environment, safety, health and wellbeing. We have seen positive action emerge from them, such as health walks from GP surgeries and a new social isolation project delivered by the fire service. As part of the Trafford Vision 2031 we are undertaking a large community engagement programme in Carrington and Partington, empowering local residents to lead the engagement with people who live and work in the area, to develop a long-term vision which reflects their opportunities and challenges and shapes the health and social care offer of the future.

Trafford Council has used the Working Together for Change (WTfC) process to review the home care service. WTfC identified what is working well for people, what is not working so well and what might need to change for the future. The process helped us to shape the new Care at Home vision to provide the things people want and need in ways that make sense to them.

Additionally, the Joint Quality Team use engagement with residents and families to gain views to enable improved service delivery.

4.2 Trafford Talks Health events

NHS Trafford CCG commenced a series of interactive public events to kick-start conversation with the Trafford population around health priorities for Trafford. The events were co-designed with Healthwatch Trafford and were arranged for each of the neighbourhoods of Trafford (North, South, Central and West)

Public events were held as follows:

3 July 2017: 1pm-3pm at Broomwood Centre, Timperley (South)

4 July 2017: 6pm-8pm at Trafford CCG HQ, Sale (Central)

1 Aug 2017: 10-12.15 at St Matthews Hall, Stretford (North)

2 Aug 201: 6pm-8.15pm at Urmston Library, Urmston (West)

Trafford CCG also had a stall at a 'One Health' community marketplace hosted by Partington Family Practice in Partington on 13 September.

4.3 PEACH – Patient Experience and Continuing Healthcare

There isn't currently a standard measure to collect people's experience of Continuing Healthcare (CHC) and hence the impact on DToCs in England. Anyone over the age of 18 who has a complex medical condition and substantial/ongoing care needs may be eligible for NHS Continuing Healthcare.

A project to develop patient experience measures for adult Continuing Healthcare was awarded by NHS England to Tameside and Glossop CCG. The project is called PEACH which stands for Patient Experience and Continuing Healthcare.

Trafford CCG has worked with Tameside and Glossop CCG to extend the pilot to include Trafford, to hear about experiences of our CHC process and care provision and how we can improve ways of asking for feedback.

Trafford CCG and Patient Experience Matters have made a significant contribution to the compilation of these surveys to enhance usability. It has been confirmed that the changes that have been made will be taken forward as part of the PEACH Toolkit.

4.4 Public Reference and Advisory Panel (PRAP)

Trafford CCG's PRAP is a committee of local people established to represent the views of the Trafford population. Membership is sought from each of the different localities in Trafford (North, South, Central and West) and from various third sector/voluntary groups in Trafford, including Healthwatch.

The panel of volunteers meet monthly to discuss feedback and inform CCG programmes of work. This assurance group reports directly to the CCG Governing Body.

The panel is now in its third year and continues to grow in confidence to question, challenge and ultimately influence CCG commissioning plans and decisions.

PRAP representation is truly valued and we have extended PRAP involvement to other CCG meetings, including: Cancer Local Implementation Group; Locally Commissioned Services Group; Quality Walkaround Visits and Trafford Co-ordination Centre Implementation Board

4.5 Provider Quality Walkrounds

A quality walk around is a snapshot of how a service is performing on that day. It also captures how a service presents regarding: kindness, compassion, dignity and respect.

A walk around plan is shared with those who would undertake the walkaround several days prior to the visit to provide some background to the venue they were due to visit and will outline any current issues that would useful to check whilst on the walkaround. Those undertaking the walkaround will often liaise with complaints and patient experience colleagues to check if any issues are raised with them around the service to be visited.

Dependent on the service, those involved in quality walkarounds could include: clinical audit nurse, chief nurse, pharmacists, commissioning managers, GPs and also members of Trafford CCG's PRAP.

Walkaround	Timeframe
➢ Ascot House	➢ Q3 16/17
➢ Trafford General UC Centre and MI Units	➢ Q1 17/18
➢ Community Enhanced Care Service	➢ Q1 17/18
➢ Wythenshawe F7 frail elderly/A7 Respiratory	➢ Q1 17/18
➢ Wythenshawe A1 vascular/A3 orthopaedics	➢ Q2 17/18
➢ Opal House	➢ Q2 17/18
➢ Patch 1 District Nursing	➢ Q2 17/18

Following on from the walkaround, a draft report will be produced with key suggestions for improvement. This will be shared with the provider for their comments and an action plan developed jointly.

4.6 Partners

We recognise the valuable contribution our partners make to inform the development and delivery of our local plans, eg, Healthwatch and the Carers Centre. The CCG and Local Authority hold regular contract development meetings with providers e.g. Pennine Care Foundation Trust and homecare providers. We also hold a series of engagement events with providers e.g. annual engagement event with Homecare providers as part of winter resilience planning.

5. Situational Analysis

For the purposes of this Transfer of Care Plan, the table below provides a snapshot of activity at Manchester University NHS Foundation Trust (UHSM – Wythenshawe) for August+ 2017 and outlines the reasons for delayed transfers for both social care and NHS services in Trafford. We recognise that there will be seasonal variations and the data will be regularly monitored by the Trafford Urgent Care Board.

August 2017 – Manchester University NHS Foundation Trust (UHSM – Wythenshawe) Source; UHSM daily DTOC invalidated data

Reason For Delay		Number of bed days lost	% of total delays
A	Awaiting Completion of Assessment	8	1%
B	Awaiting Public Funding	64	8.4%
C	Awaiting Further Non-Acute NHS Care	12	1.6%
Di	Awaiting Residential Home Placement	66	8.6%
Dii	Awaiting Nursing Home Placement	131	17.1%
E	Awaiting Care Package in Own Home	331	43.3%
F	Awaiting Community Equipment and Adaptations	23	3%
G	Patient or Family choice	130	17%
H	Disputes	0	0
I	Awaiting Resolution of Housing Issues	0	0

Those delays classed as 'further Non acute NHS care' are delays in the main attributed to Intermediate Care at Ascot House. These will have been experienced when beds were full or delay in assessment/ transfer. The current criteria for intermediate care at Ascot House should keep these to a minimum.

The current criteria for the council funded step down-step out beds is intended to minimise the number of bed days lost due to 'Awaiting care package in own home'. It is also intended to utilise these beds to support a model of 'residential discharge to assess' by December 2017.

If the discharge to assess criteria and model were achieved it would target those who would contribute to the following delay reasons, however whether 9 beds is sufficient to meet the homecare **and** discharge to assess demand is yet to be quantified;

- Awaiting residential home placement
- Patient/ family choice
- public funding

The Patient/ family choice delays are attributed to both residential and nursing home (a rough estimate 50/50). Ascot House would only be able to influence the residential home delays due to its current CQC registration. In addition, the support of the Acute providers will be needed to implement the Greater Manchester Choice Policy.

In regards to community equipment and adaptations these delays are resolved quicker whilst the patient is on the hospital site and before they become a delay.

The largest number of delays for Trafford residents at Wythenshawe Hospital (UHSM) is due to the availability of homecare packages. The next largest cause of delays are reported as waits for nursing home placements and patients/family choice. This is reflected across both acute trusts – Manchester University NHS Foundation Trust and Salford Royal NHS Foundation Trust.

The tables below show the DTOC position for Manchester University NHS Foundation Trust for all their patients (irrespective of residents). This indicates the level of improvement required to deliver the DTOC target of 3.3%

DTOC Trajectory Analysis - 2017-18
16 October 2017

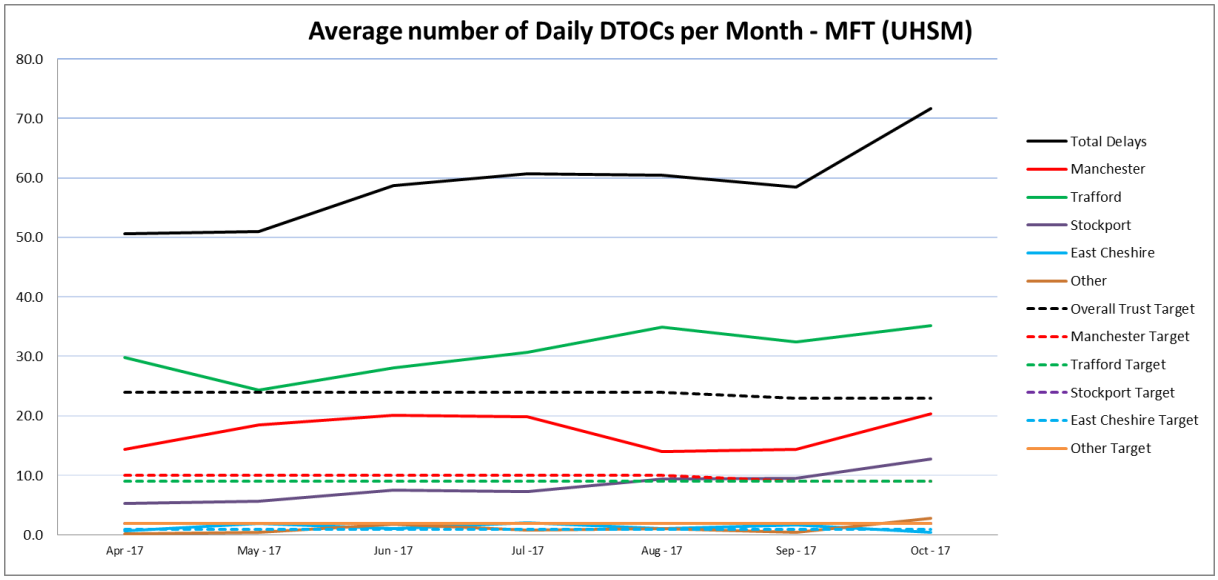
MFT (UHSM)	Description	April -17 Actual	May-17 Actual	Jun-17 Actual	Jul-17 Actual	Aug-17 Actual	Sep-17 Actual	Oct-17 Actual	Revised Monthly Target
	Average DTOCs Per Day	50.6	51.0	58.7	60.8	60.5	58.5	71.7	23.7
	Average Occupied Beds per Day	733	733	745	745	745	718	718	718
	% DTOC Rate	6.9%	7.0%	7.9%	8.2%	8.1%	8.1%	10.0%	3.3%

MFT (CMFT)	Description	April -17 Actual	May-17 Actual	Jun-17 Actual	Jul-17 Actual	Aug-17 Actual	Sep-17 Actual	Oct-17 Actual	Revised Monthly Target
	Average DTOCs Per Day	33.8	31.1	34.7	29.3	34.9	30.4	32.2	35.0
	Average Occupied Beds per Day	1,105	1,105	1,118	1,118	1,118	1,062	1,062	1,062
	% DTOC Rate	3.1%	2.8%	3.1%	2.6%	3.1%	2.9%	3.0%	3.3%

(Note: The 718 figure for UHSM and 1062 CMFT is based on the KH03 return which calculates quarterly the number of occupied beds and therefore this figure is used as the denominator for calculating the 3.3% target.)

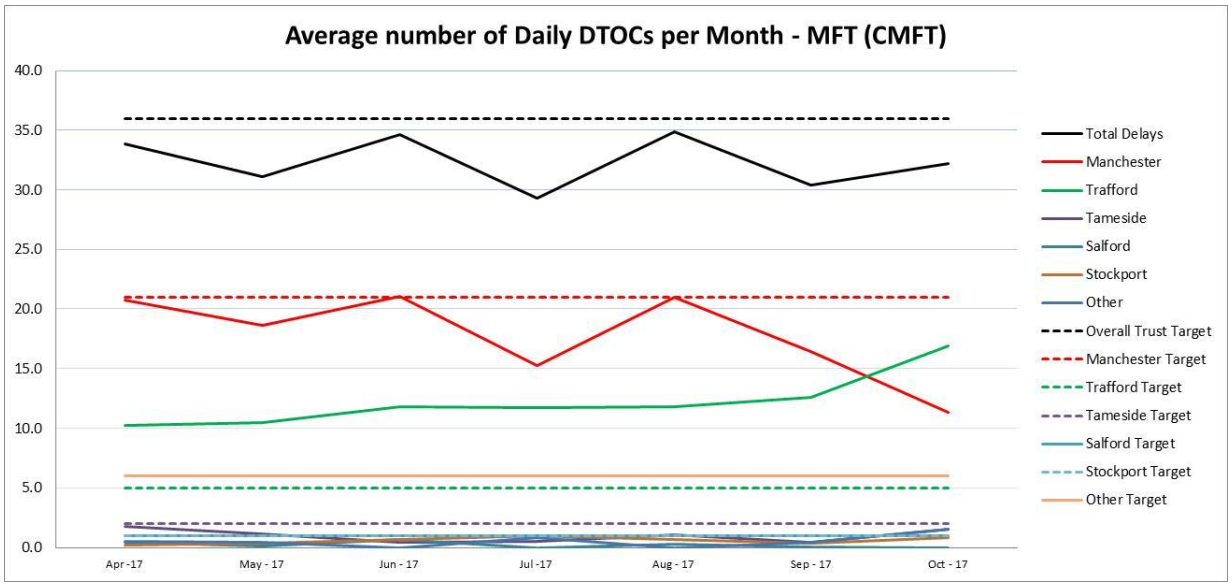
The Graph below shows the number of daily DTOCs for Trafford residents at Manchester University NHS Foundation Trust (UHSM – Wythenshawe) against the target.

Source; NHS England published Stats to end of August 2017, unvalidated local data (to 16/10/2017)



The Graph below shows the number of daily DTOCs for Trafford residents at Manchester University NHS Foundation Trust (CMFT – MRI & Trafford General Hospital) against the target.

Source; NHS England published Stats to end of August 2017, unvalidated local data (to 16/10/2017)



6. Trafford Transfers of Care Plan

The table below cross references each of the Programme Objectives against each of the reportable reasons for DTOC.

DTOC Key										
	A	A) Completion of assessment	**C**	C) Further non acute NHS care (including intermediate care, rehabilitation etc)	**Dii**	D) Care Home placement - ii) Nursing Home	**F**	F) Community Equipment/adaptions	**H**	H) Disputes
	B	B) Public Funding	**Di**	D) Care Home placement - i) Residential Home	**E**	E) Care package in own home	**G**	G) Patient or family choice	**I**	I) Housing - patients not covered by NHS and Community Care Act

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Jan,18)
1. Early Discharge Planning						
An integrated community health and social care team plan early discharges for all elective patient admissions.	1a. Elective discharge planning for hip and knees at UHSM New IDT manager commences at UHSM on 8th Jan. Social Worker to be involved in Pre-Ops	Sept'18	D Eaton	D Walsh/D McNicoll/IDT Manager	B, F	
Robust systems support the development of plans for the management and discharge of all emergency and unscheduled patient admissions, with EDD set within 48 hours.	1b. Integrated discharge team at UHSM, Salford and TGH – Full plan for patient track being developed for UHSM Length of stay group underway at	Jan'18	D Eaton	D Walsh/L Lyons	A	

	Trafford general (reduced to below 70 days) District nurse liaison approach agreed for Salford and Trafford general **06.02.2018** D2A team base agreed and cabling /Wi-Fi has been reviewed –to be fitted asap Separate D2A team to be established using ;- 1 senior practitioner 2 social workers 2 SCA Deputy Community flow manager 1 admin OT Supervision of Ascot and Hospital Senior practitioners to move to the control room					

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Jan,18)
2. Systems To Monitor Patient Flow						
Robust patient flow systems and models are in place to support integrated teams and clinical decision makers to identify and manage problems and prevent bottlenecks 24/7	2a. Community flow manager recruitment **09/01/2017**; Started in post 21/11/2017	Oct'17	D Eaton	D Walsh/M Albiston	Maximise capacity throughout the system	
Transfers of care are planned around the individual and patient flow systems allow capacity to be automatically increased where demand (admissions) increases.	2b. GM Discharge pathway mapping project (complete mapping against process and identify gaps) **09/01/2017;** Mapping workshop took place on 16.11.2017. Revised Discharge Pathway documentation circulated and in test throughout the system and all four acute sites. 2c. Identify resources to meet increased demand (GM-Transformation Fund Bid) **09/01/2017;** Additional out of hospital capacity commissioned for D2A beds from 27/11/17.	Nov'17	T Cartmell	D Walsh S Morton	Maximise capacity throughout the system	

	Urgent Care Control Room established in November 2017, is monitoring capacity and demand throughout the system and informing commissioning intentions. **06.02.2018** The numbers of beds is presenting a significant strain on community teams and delays in discharges. Commencing a review of data re Admissions , referrals to social care and package of care requirements The patterns to referrals to support the ability to flex resources.					

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Jan,18)
3. Multidisciplinary/agency Discharge Teams						
All discharge planning promotes a coordinated discharge to assess approach, through integrated MDTs, that is based upon joint assessment and discharge pathways, processes and protocols.	a. Discharge to assess project (To develop an agreed model and identify additional necessary capacity) **09/01/2017;** D2A beds commissioned from 27/11/2017. Admission criteria/spec letters etc.in use –review booked with homes this week Rehab /intermediate care process developed b. Procure discharge to assess nursing/ EMI bed(s) **09/01/2017;** 13 Nursing home beds commissioned including 2 EMI beds	Nov 17	K Ahmed	S Morton M Leslee J O'Donoghue S Morton M Leslee J O'Donoghue	Di, Dii, G	

	c. To identify agreed SW/DNL capacity required (GM – Transformation Fund Bid) **09/01/2017;** Interim community social work allocation process being monitored pending agency recruitment to track use of D2A beds and completion of social work assessments	**Nov 17**	K Ahmed	M Albiston		
	d. Training and development requirement for GPs in MDT **09/01/2017;** MDT due for initial rollout in late January.	**Jan 2018**	M Jarvis	J Telford		

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Jan,18)
Integrated discharge MDTs have shared and agreed responsibilities, they include the third sector in discharge planning and they provide special arrangements for complex discharges.	e. Integrated discharge team at UHSM, SRFT, TGH (as per table section 1) **09/01/2017;** Integrated discharge team at - UHSM - SALFORD - TGH Integrated manager started at UHSM on 8th Jan 18. Discussions commenced with Salford and Trafford general re Integrated on site management arrangements	Jan 18	D Eaton	D Walsh/IDT Lead	A,G	
	f. Role of Trusted Assessors agreed and implemented for specific tasks eg funding decisions social care/CHC (As per table section 7) **09/01/2017;** Trusted assessors in place at UHSM AMU /IMC However we Review the	Jan 18	D Eaton	D Walsh/D McNicol	A,G	

	Trusted Assessor role –due to D2A process -					
	g. Co-design of new model for Voluntary Sector home from hospital (As per table section 7)	March 18	K Ahmed	A Brown	E,I,G	

4. Home First Discharge to assess						
Patients always return home for assessment and reablement, where possible, after being deemed medically ready for discharge and are supported fully by integrated care and support teams.	a. Discharge to Assess Project (As per section 3)	Jan'17	K Ahmed	S Morton M Leslee J O'Donoghue	Di, Dii, G	
	b. Increase in SAMS capacity procured – ongoing **09/01/2017;**Streamlined assessment introduced and tracking in place Daily availability included in the daily tracking sheet through the urgent care control room. Clear line of sight on numbers per day and expected availability and those waiting has supported commissioning to prepare for extension of SAMS with anew provider . Discussions re expanding SAMS with one provider with potential start date in January	Jan 17	K Ahmed	D Gent	E	
	c. Develop capacity in Homecare market.	Ongoing	K Ahmed	D Gent	E	

	09/01/2017;On-going- New homecare provider sourced d. Develop single-handed care to provide more market capacity **09/01/2017;**Potential models being worked up. Business Case will be needed	Jan 17	D Eaton	D Walsh	E	
Where discharge home is not possible, step down beds will be utilised for assessment and additional care and support, where this is required.	e. Ascot House Step down beds **09/01/2017;**All beds know as discharge to assess. Patients requiring an interim 24 hour care placement will be processed through the D2A beds.	Nov'17	K Ahmed	D Gent Sue Burrell	E	
Care homes accept previous residents trusting Trust /ASC staff assessment and always carry out new assessments within 24 hours	f. New framework for nursing and residential homes **09/01/2017;**Contract currently with solicitor. Meeting to be arranged with K Ahmed and Merry-Fair Price for Care	April'18	K Ahmed	D Gent J O'Donoghue	Di, Dii	

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Jan 18)
5. Seven Day Services						
Patients receive seamless care provision that includes assessment and restart of care (within 24 hours) regardless of the time of day or week.	a. 7 day social worker and DN liaison provision for assessments at UHSM **09/01/2017;** 7 day SW/ DNL in place at UHSM/TGH and Salford	In Place	D Eaton	D Walsh	A, E	
Sustainable staffing rotas and new contracts are in place to deliver person centred seven day discharge to assess services.	b. 7 day social worker and DN liaison provision for assessments at UHSM (As above)	In Place	D Eaton	D Walsh	A, E	
6. Trusted assessors						
Single integrated assessments, carried out across the system, can directly access jointly pooled resources and funding (without separate organisational sign off) and are 'trusted' and accepted by all care providers within the system. In Trafford we expect this to include acceptance by core agencies eg CCG and TMBC	a. Implementation of Trusted Assessor policy within Trusts 24/7. See section 3f. b. Trusted Assessor trial project with Salford for CHC cases **14.11.2017** Monthly meetings in place. Monitor impact. Evaluation due January 2018. **06.02.2018** Trusted assessors in place at	Sept'17 Nov'17	D Eaton M Moore	M Albiston S Kass	A, E A, Dii	

	UHSM AMU /IMC However we Review the Trusted Assessor role – due to D2A process – to be looked within the workshop					

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Jan 18)
7. Focus on Choice						
Staff understand choice and can discuss discharge proactively, including the active involvement of patients and relatives at the point of admission.	a. Full Implementation of the choice policy including senior ownership of eviction process at each Trust **09/01/2017***;* Leaflets in redesign MCA processes been reiterated across all sites to ensure D2A options are used	Sept'17	K Ahmed D Eaton S Morton C Watts CMFT lead	Acute Trust leads	G	
8. Enhancing Health in Care Homes						
Care homes integrated into the whole health and social care community and primary care support	a. MDT for Care Homes; NMOC work, reliant on GM Transformation Fund bid **09/01/2017**; Pennine care, OOH Mastercall and CCG preparing implementation plans. First phase roll out planned by end January. Meadway office being prepared to accommodate care homes team initially	Jan 18	R Demaine	T Cartmell	Admission Avoidance	

	b. Scope Red Bag transfer System	Nov 17	M Leslee	New Commissioning Manager	Admission Avoidance	
There is no variation in the flow of people from care homes into hospital during the week	c. ATT Plus project **09/01/2017;** Service under review within OOH contract	Oct'17	T Cartmell	S Morton	Admission Avoidance	
Care home CQC ratings reflect high quality care	d. Implement Enhanced Health in Care Homes quality framework. **14.11.2017** – NHSE Vanguard work to build into MDT standards. Further review Jan 2018	Jan 18	M Moore	M Leslee	Di, Dii, G	
	e. Project to increase registered management capacity	April 18	K Ahmed/M Moore	J O'Donoghue	Di, Dii, G	
Programme Objectives	**Projects and Progress**	**Time scale**	**Exec Lead**	**Mgmt Lead**	**Impact of DTOC** **(See Key pg 13)**	**RAG** **(As of Jan 2018)**
9 Development of home care market						
There is a high quality home care market in place with sufficient, flexible capacity to meet local need.	a. GM transformational work stream for Support at Home Project	Sept18	J Colbert	K Ahmed	E	

	b. Partington Pilot active **09/01/2018**; pilot live in Partington and Sale	Nov 17	K Ahmed	D Gent	E	
10. Development of the TCC						
The TCC reviews and supports those at greatest need and prevents unnecessary hospital admissions by supporting primary care and linking to appropriate services	a. Deliver a Care Coordination service to 2,000 patients by April 2018, identified through a risk stratification tool. b. Discharge coordination service to prevent readmission 09/01/18; pilot underway with Wythenshawe site c. Agree referral protocols with Community Enhance Care (CEC) service d. Link TCC to Urgent Care control centre(the central point for the utilisation of commissioned services) 06/02/2018 The TCC reviews and supports those at greatest need and prevents	Jul 17 - Apr 18 Dec'17 Jan 18 Mar 18	T Cartmell M Jarvis	T Weedall	Admission Avoidance	

	unnecessary admissions by supporting primary care and linking to appropriate services TCC development Facilitate discharge/prevent admission—increase service users based on risk stratification tool to facilitate advanced planning with CEC- initial discussions held re how we can develop the model Referrals to CEC from risk stratification tool being tested					

Programme Objectives	Projects and Progress	Time scale	Exec Lead	Mgmt Lead	Impact of DTOC (See Key pg 13)	RAG (As of Jan 2018)
11. Development of Intermediate Care Services						
Increasing the utilisation of Intermediate Care (Ascot House) services in Trafford and reducing delays within the unit to ensure effective and timely response and efficient flow	a. Clinical model and pathway developed reviewed and confirmed b. The business model arrangements to reflect service model **09/01/2018;** Care at home taking dedicated step down from Ascot, CEC and MRI –working well and supporting flow New manager appointed in Care at home Electronic rota system being explored Pathway being reviewed further to develop trusted assessor /and three conversations as new senior prac started at Ascot house Pathway from CEC revised and working well with capacity available on a Monday to take step downs Available resource in community	Dec 17	R Demaine	S Morton D Eaton	C	

	showing successful improvements in community flow					
12. Public Funding decision making						
To ensure decisions for public funding are made appropriately and timely to avoid DTOC	a. CHC funding decisions b. Social Care funding decisions **09/01/2018;** All decisions up to £850 delegated to senior pracs on site in hospital teams being extended to include new IDT manager. New funding operating procedures written System changes completed Fast track decisions making in place for decisions above £850. Out of panel MH cases activated **06/02/2018** Mtg MH RAID service held –need a further session with GMMH to discuss completion of assessment process and out of panel decisions making and distribution to all acute sites	Nov 17 Nov 17	M Moore D Eaton	Sally Kass/ Debra Peace TBC	B B	

	Access to HOST out of hours added to Easter plan Trafford housing trust out of hours process added to Easter plan					
13. CQC action plan						
To identify any actions from the CQC review of the health and social care system which are relevant to the Urgent Care Board.	a. Action Plan to be developed **09/01/2018;** plan in development to be integrated on completion.	Jan 2018	J Colbert	K Ahmed T Cartmell	A, Di, Dii, E, G	

7. Trafford Trajectory for DToCs

The table below summarises the projects detailed in Section 6, their mobilisation dates and the delayed transfer of care (DTOC) reason which they have an impact on;

	Reason for delay	% of delays in Q1&Q2 2017	Mobilisation dates of deliverables						
			Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A	Awaiting Completion of Assessment	1%	6a	2a	2b - 2d, 6b		1b, 2c, 2d, 3e - f		3g
B	Awaiting Public Funding	5%			12a & b				
C	Awaiting Further Non-Acute NHS Care	2%				11a & b			
Di	Awaiting Residential Home Placement	11%	8d				4a - d		
Dii	Awaiting Nursing Home Placement	16%	8d		6b		4a - d		
E	Awaiting Care Package in Own Home	43%			4e, 9b	7b	4a - d		
F	Awaiting Community Equipment and Adaptations	2%	1a						
G	Patient or Family choice	20%	7a, 8d		6b		3a - f, 4a - d		3g
H	Disputes								
I	Awaiting Resolution of Housing Issues	0%							
		Note: admission avoidance and/or deliverables to be mobilised after 31st Mar 18 are omitted from the above							

Based the delivery of these projects Trafford have estimated the following trajectory to achieving the 3.3% DTOC target (based on the number of individuals reported as delayed on a given day). The table below details the current DTOC performance by site (MUFT & SRFT) against the Trafford trajectory.

	Trafford DTOC Trajectory to achieve 3.3% in year current month performance to 31/01/2018												
	Baseline	Oct 17		Nov 17		Dec 17		Jan 18		Feb 18		March 18	
		Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual
Average month end number of reportable DTOCS at MFT (UHSM)	30*	30	40	30	15	28	23	25	23	15		9	
Average month end number of reportable DTOCs at MFT (CMFT)	13*	13	19	13	13	10	9	8	5	7		5	
Average month end number of reportable DTOCS at SRFT	2**	12	3	2	1	2	2	2	4	2		2	

At the end of March 2018, the target of nine delays at Manchester University NHS Foundation Trust (UHSM – Wythenshawe) are anticipated to be divided amongst the following reasons;

Reason For Delay		No. of individuals reported as DTOC
A	Awaiting Completion of Assessment	0
B	Awaiting Public Funding	0
C	Awaiting Further Non-Acute NHS Care	0
Di	Awaiting Residential Home Placement	0
Dii	Awaiting Nursing Home Placement	1
E	Awaiting Care Package in Own Home	8
F	Awaiting Community Equipment and Adaptations	0
G	Patient or Family choice	0
H	Disputes	0
I	Awaiting Resolution of Housing Issues	0

8. Enablers

Delivery of the above plan will support the achievement of 3.3% DTOC level for Trafford. However, there are additional enablers outside of the eight high impact change areas which will support delivery and these are identified below:

Programme Objectives	Project Dossier	Timescale	Exec Lead	Mgmt Lead
1. Escalation process				
There is a clear escalation policy and process in place in line with national OPEL reporting. Need to identify additional capacity i.e. additional community beds.	➢ Refresh escalation process and apply desk top testing pre winter'18	Nov'17	K Ahmed T Cartmell	S Morton
2. Performance dashboard				
There is clear data reporting in place in a single dashboard format which demonstrates the Trafford DTOC position on a daily basis	➢ Development of joint health and social care dashboard	Nov'17	K Ahmed T Cartmell	S Morton
3. Organisational development				
There is a clear plan, process and funding in place for organisations to develop capacity and capability to deliver the DTOC agenda	➢ TCC ➢ Health and social care integration ➢ Integrated commissioning function ➢ Care complex ➢ New models of care	April'18	C Ward T Grant	I Anderson K Ahmed R Demaine
4. Communication and engagement				
Excellent communication exists in our organisations to ensure that service users and providers understand the portfolio of services available to them	➢ Patient experience and engagement project ➢ Voluntary organisations ➢ TCC	Ongoing	M Moore A Schorah	L Collins K Ahmed D Eaton

9. Conclusion

Both Trafford CCG and Trafford Council recognise the significant challenges involved in reducing delayed transfers of care for Trafford residents. Joint working has enabled our organisations to develop a single joint credible plan to be managed via the joint Trafford Urgent Care Board. However, we do recognise the substantial challenges ahead, both national and local, seasonal variation coupled with the singular issues that impact on Trafford performance; such as high employment levels, the high numbers of self-funders, limited care home placements and the difficulties and challenges affecting the home care market. Nevertheless, our organisations are committed to developing sustainable solutions to topical issues and will work in partnership to offer high quality services to Trafford residents.

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TRAFFORD PARTNERSHIP

Report to:	**Health and Wellbeing Board**
Date:	**20th April 2018**
Report for:	**Information**
Report of:	**Kerry Purnell, Head of Partnerships and Communities**

Report Title

GM Working Well Early Help Programme - Update

Purpose

To provide updated information on the activity for the 'GM Working Well Early Help' Programme which is being developed and progressed in Trafford and across GM

Recommendations

To note the information in the report and to ensure partners are committed to ensuring Trafford's readiness for the new service

Contact person for access to background papers and further information:

Name: Kerry Purnell Phone: 0161 912 2115

1. Update on the development of the GM Early Help service.

The purpose of the service is to work with residents who are off sick from work due to health reasons and at risk of falling out of the labour market and those recently unemployed with health conditions that might be a barrier to returning to work.

1.1 Funding update

The contract value for the service across GM is £6.5m. The funding for the Early Help service is coming from the following sources:-

- NHS Transformation Fund
- Work and Health Innovation Fund
- European Social Fund (for newly unemployed cohort)
- GM Reform Investment fund

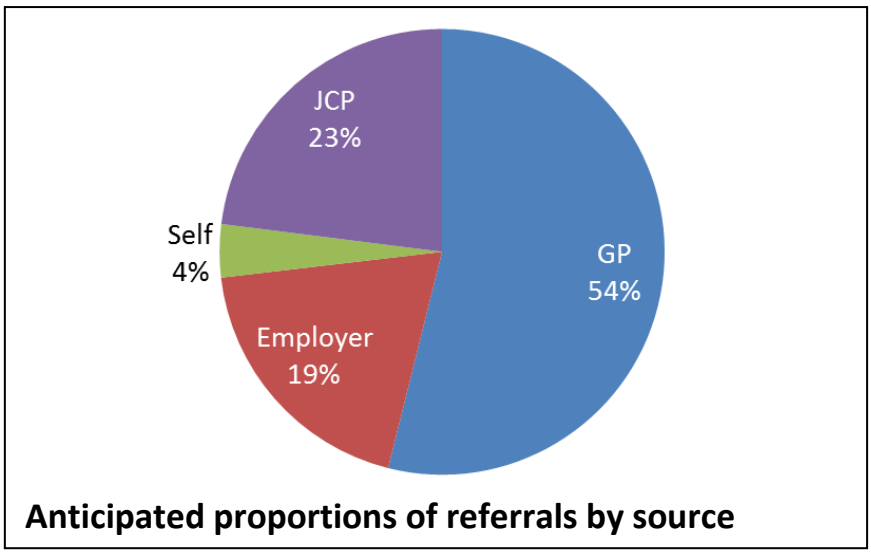
All have now been approved and subject to further scrutiny in April, funding has been secured.

Total payments made to the provider(s) will depend on the referral numbers to the programme and provider performance.

1.2 Specification development

A task group made up of representatives from each of the GM boroughs has been working on a specification for the new programme. Kerry Purnell and Nidi Etim were involved for Trafford. The key elements of the specification are:

- The contract will be delivered across all ten GM LAs (Local Authorities). Primarily this will be across 9 GP neighbourhood hubs/clusters for 'in-work' clients and in one locality in Job Centre Plus (JCP) offices for newly unemployed clients. The contract will run for three years from January 2019 with referrals being accepted for 30 months from contract date.
- There will be an anticipated 14,000 voluntary referrals over 3 years with referrals expected from GPs and other health practitioners; employers; JCP; and self-referrals.



Anticipated proportions of referrals by source

- The core components of the service will be: condition management, patient activation / motivation and self care advice; rapid access to MSK and mental health support; occupational health advice; HR and employment advice; careers advice and jobs brokerage; and support for psycho-social issues such as debt, housing, relationships etc.
- The final payment model will be agreed though the contracting process with the provider but the maximum fee per participant is anticipated to be between £450-600. The key components of the payment model are:-
    - Delivery fee c.15% of total contract value - based on achievement of minimum service standards including generation of referrals; payable quarterly in advance

- Attachment fee c.15% of total contract value- payable for every participant attached to the service with supporting evidence
- Outcome fee c.70% of total contract value - paid for every participant accessing the full service, paid on exit with supporting evidence. It is estimated that 80% of clients will receive the full service.

1.3 Procurement process

The procurement process for the new service has started. The first market engagement event took place on 7th February, with around 80 suppliers attending. This was followed by a speed dating event on the 5th March to allow potential providers and sub-contractors to meet and have discussions. Approximately 15 potential prime providers and over 60 potential sub-contractors have signed up.

All Local Authority Leads have been requested to sign a confidentiality agreement and inform the GM Programme Team of any potential conflicts of interest. As with previous rounds of Working Well, volunteers from the ten LAs will form an evaluation panel with members of the Programme Office. Any LAs potentially expressing an interest in bidding for the service will be excluded from this process. The timescales for the procurement process are as follows:-

Evaluation process	Confirmed dates
Evaluation of Supplier Assessment Questionnaire	From 29th May – 13th June
Moderation meeting for SAQ	Wednesday 13th June
Evaluation of Outline Solutions	From 24th July – 2nd August
Moderation meeting for Outline Solutions	Thursday 2nd August
Competitive Dialogue	From 10th September – 19th September
Final evaluation	From 22nd October – 2nd November
Final moderation	Friday 2nd November

It is anticipated that local GPs will be invited to take part in the competitive dialogue stage of the process.

STAR are leading the procurement process on behalf of GMCA. Kerry Purnell has volunteered to sit on the GM evaluation panel.

1.4 Ask and Offer documentation

All Local Authorities have been asked to produce an ask and offer document setting out what the services are in their area, how they can support the Provider and what the LA's key asks are of the Provider. These documents need to be complete by the 16th April and will be available on the Chest (the NW procurement portal) to potential bidders for the Early Help programme.

In addition to the LA Ask and Offer documents, a number of GM wide ask and offer documents are being produced. These include Ask and Offers around:-

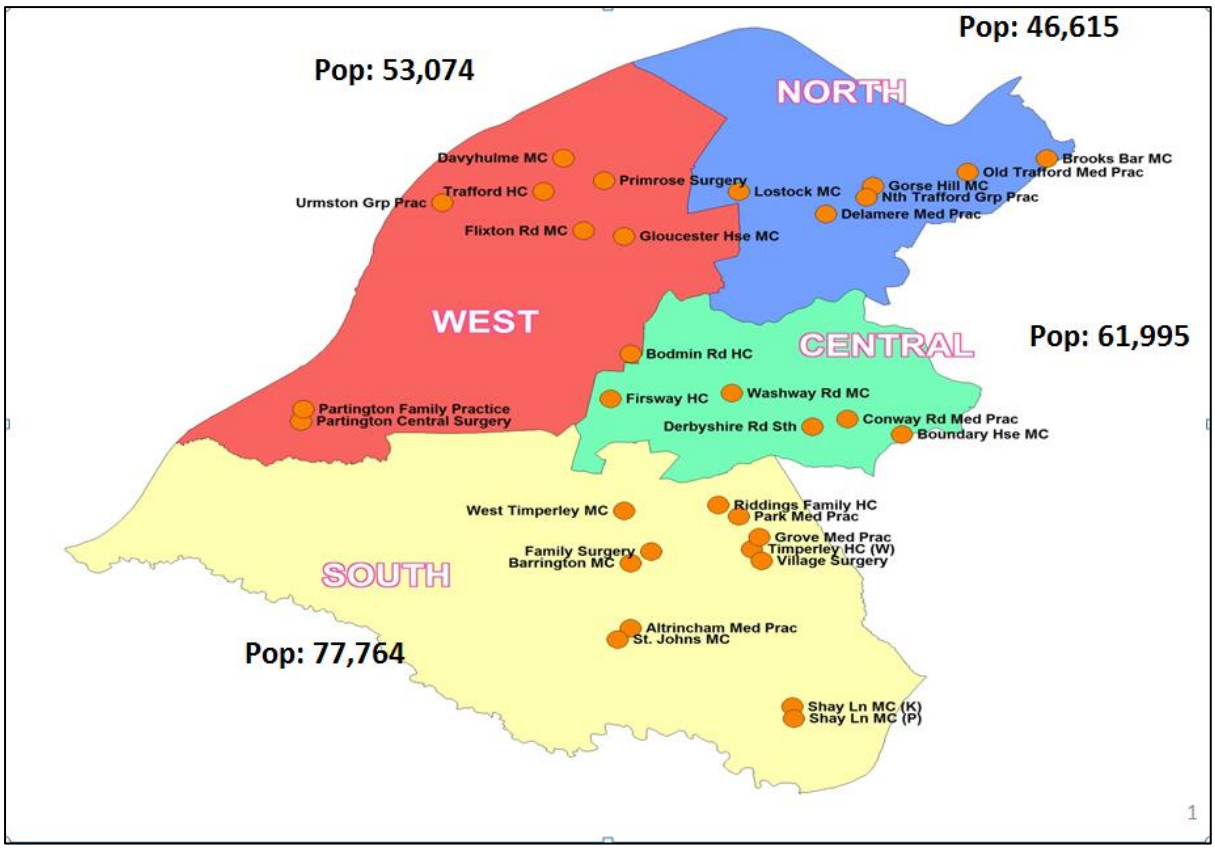
- Substance misuse
- Travel (TfGM)
- Leisure
- GM service Integration
- Skills
- Small Business Offer

2. Trafford update

2.1 GP engagement

Dr Mark Jarvis has secured agreement in principle that the five GP practices in the Central Neighbourhood will become involved in the programme. All GP practices in Trafford have recently signed up to a GP Company structure. Within the coming months, a GP Lead for each neighbourhood will be identified who will be able to represent the GPs in that cluster. It is anticipated that once identified, work will be done with the GP Lead for the Central area to help engage at a Practice level. However at this point there is no one GP to be able to speak to on behalf of the others in the neighbourhood, and discussions will be routed through the Clinical Director Mark Jarvis.

A map showing the potential participating practices is shown below:



2.2 Trafford's Ask and Offer

An Ask and Offer document has been produced for Trafford, and a final draft is attached at Appendix One. The document details:-

- Leadership and governance arrangements;
- Key contacts;
- Participating GP practices;
- Locality information e.g. demographic information, unemployment statistics and the local public service reform activities;
- Local service integration detailing what services are available in Trafford and how to access them;
- Opportunities for case conferencing with local services
- Co-location options for the new Provider. It is proposed that we will offer space either in the multi-agency integrated place based teams when these are fully up and running or in health and wellbeing hubs local to the relevant GP cluster.
- Local ask of the Provider including details of how we would like them to work with us and integrate at a local level.

3. Next steps for Trafford

The Trafford Ask and Offer document will go for formal approval and sign off to Theresa Grant, Chief Executive and Mark Jarvis, Clinical Director.

The Health and Wellbeing Board will be kept up to date as to progress on the development of the programme and the procurement process. Theresa Grant is Chair of the GM Programme Board and is expecting Trafford to be more than ready to adopt and champion the new service when it goes live next year. Continued and greater commitment from all partners is required over the next few months to ensure Trafford is ready to benefit from the new Working Well Early Help service.

4. Recommendations

The Health and Well Being Board are asked to acknowledge the contents of the Trafford Ask and Offer document and to note the progress report.

Kerry Purnell
6th April 2018

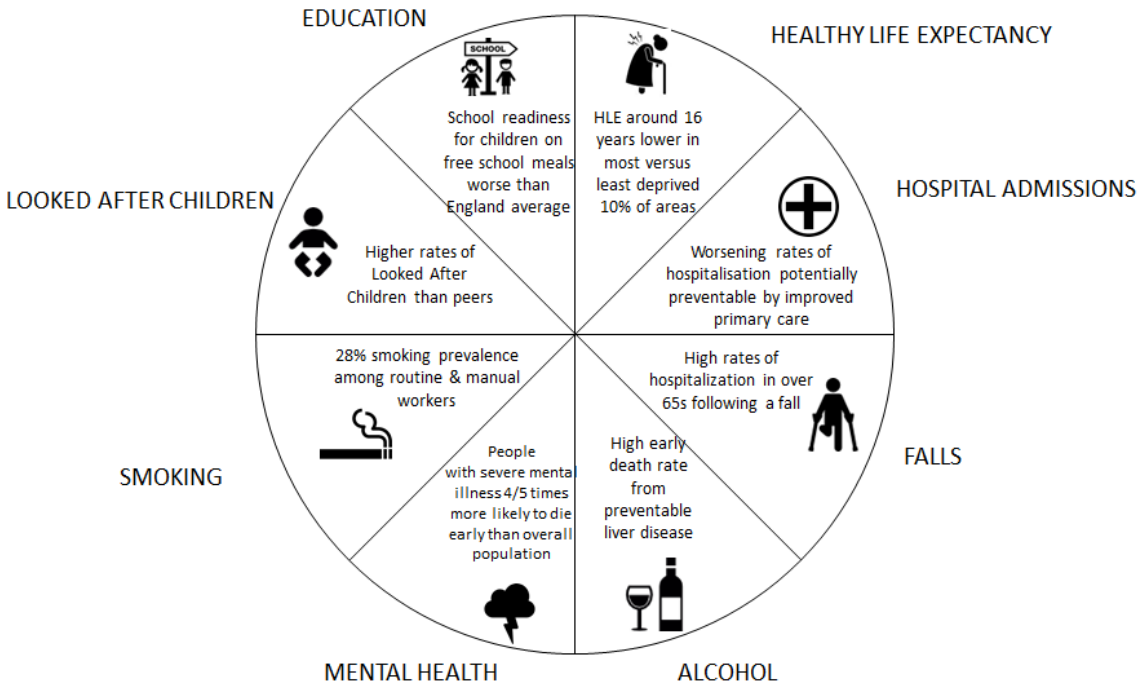
GM Working Well Early Help Locality Ask and Offer Template

Please provide details of your intended support for local integration with the Work & Health Programme provider (the 'Offer'), along with what you are locally seeking from the provider (the 'Ask').

1. Leadership, Governance and Key programme contacts in your Locality *Detail the local leadership and governance support that will be offered to the provider of GMWWEH. To include:* ▪ *Name and contact details for Local Lead support and Lead GP* ▪ *Local partnership arrangements for accessing services and considering performance management eg. Local steering group, integration Board*	The Trafford Locality Authority Leads are: Kerry Purnell, Head of Partnerships and Communities. Kerry.purnell@trafford.gov.uk Nidi Etim, Senior Strategic Growth Officer. Nidi.etim@trafford.gov.uk GP leads are: Dr Mark Jarvis, clinical lead Trafford CCG: mark.jarvis@nhs.net CCG lead is: Jason Bamford-Swift: j.bamford-swift@nhs.net The governance and leadership arrangements in Trafford for this programme are as follows: **Integrated Peer Support Group** Key workers across different organisations in Trafford working within our place based and early help delivery models including One Trafford Response, Stronger Families, Working Well, Work and Health, meet on a 6 weekly basis to address any barriers or challenges for particular cases and use peer support to progress cases. **Public Service Reform Operational Leads Group** The group is made up of commissioners and operational leads (Head of service level) from the public sector and providers. The group will have oversight of the Programme and the wider Reform agendas and can support the Provider in tackling any local barriers or issues. The Local leads will report any issues or challenges regarding performance here and if they cannot be resolved they will be escalated to the PSR Board. The group meets monthly. **PSR Board** The role of the Board is to ensure the successful delivery of the integrated Reform

	programme in Trafford and they are responsible for investment, decision making, strategy and risk. They oversee the delivery of the Working Well, Complex Dependency, Troubled Families, Transforming Justice and Rehabilitation and Health and Social Care Integration programmes. The PSR Board receives regular reports on programme performance and works to resolve any issues flagged up through the Operational Leads group. The Board is chaired by the Trafford Council Corporate Director for Transformation and meets bi-monthly. The Provider is not required to attend this meeting unless specifically invited, but will be asked to contribute information for reports to the Board. **Health and Well Being Board** The Health and Wellbeing Board has five overarching priorities: to reduce the impact of poor mental health, to reduce physical inactivity, to reduce the number of people who smoke or use tobacco, to reduce harms from alcohol and to improve cancer prevention and screening. In order to deliver these priorities, four sub Boards sit underneath the Health and Wellbeing Board which focus on residents' journey through life: Start Well, Live Well, Age Well and the Mental Health Partnership. The HWBB has been kept informed of the development of this programme, has delegated governance to the PSR Board but will continue to show a keen interested in the programmes delivery and evaluation.  WWEH Governance Arrangement Structu
2. Participating GP practices and partners ▪ *Identify all practices and other agreed referral sources in the locality*	Dr Mark Jarvis has secured agreement in principle that the 5 GP practices in the Central Neighbourhood will become involved in the programme. See information under section 3 below. All GP Practices in Trafford have recently signed up to a GP Company structure. Within the

	coming months a GP lead for each neighbourhood will be identified who will be able to 'represent' the GPs in that cluster. It is anticipated that once identified work will be done with the GP Lead for the Central area to help engage at a practice level. However this point there is no one GP able to speak on behalf of others in the neighbourhood and discussions will be routed through the CCG Clinical Lead, Mark Jarvis.
3. Locality information ▪ *Include relevant structures, demographic and links to other relevant information for the population eg. Prevalent industries and job roles* ▪ *identify prevalent local industry/SME base*	**<u>Trafford</u>** Trafford is relatively affluent with a wide range of social assets, high educational attainment, low crime rate, high proportion of good quality housing in many parts of the borough, high employment and an internationally recognised sporting infrastructure. Trafford's residents enjoy better than average health outcomes and life expectancy is high. However, there are still areas of the borough which are amongst the most deprived in England and have remained so in recent years. Our good overall outcomes have been achieved in the context of restricted funding from central government; Trafford Council and NHS Trafford CCG are amongst the lowest funded in England. Our outcomes also mask high levels of inequality in the borough, and some demonstrable areas of challenge which are presented in the diagram below. These poor outcomes lead to a position where, even though we are in the top third of local authorities on our Index of Multiple Deprivation (i.e. less deprived), we are in the bottom third on the health domain. Furthermore, demographic changes predicted by 2030 will increase our very young and very old populations, and reduce those of working age, leading to increased pressure on services. It is clear that a different solution is required to improve outcomes and drive down demand- leading to service provision that adapts and responds to the varying needs of Trafford's communities. Trafford's health and social care economy gap is £67.4m to 2021.



Trafford's Heath and Social Care Transformation Proposal can be found here:

Trafford Transformation Fund

Health & Wellbeing Board

The Health and Wellbeing Board has five overarching priorities:

- To reduce the impact of poor mental health,
- To reduce physical inactivity,
- To reduce the number of people who smoke or use tobacco,

- To reduce harms from alcohol and
- To improve cancer prevention and screening.

In order to deliver these priorities, four sub Boards sit underneath the Health and Wellbeing Board which focus on a residents' journey through life: Start Well, Live Well, Age Well and the Mental Health Partnership.

Trafford health and wellbeing strategy can be found here.


Trafford Health and Wellbeing Strategy.p

Ward profile link

Information relating to Trafford's wards can be found here.
http://www.infotrafford.org.uk/lab/portfolio/area-profiles

Early Help and Place Based Delivery model

As part of the GM programme for place based working Trafford committed to developing a place-based pilot by January 2017 and developing a roll out plan for the whole borough. At the outset of our integrated partnership PSR programme in February 2016 we agreed our vision for place based working as:
"Trafford will have 4 place based co-located multi-agency teams providing services in the area which cover the whole spectrum of need from early help to specialist services, to statutory (as appropriate)"

Trafford's approach is ambitious as the decision was to pilot across a whole locality and for it to align with the integration of our 4 community health and social care teams which have been developing over a period of time.

	We have committed to designing and testing and redesigning and re-testing a whole new way of operating that will affect how we all work together; as well as how we commission services henceforth, across sectors, putting our service users at the centre so as to improve outcomes for our residents and Trafford as a whole. By adopting this approach we intend to achieve the following outcomes:- • Close the inequalities gaps • Deflect and re-direct inappropriate demand/resource • Promote community resilience and self-reliance • Deliver a sustainable model that can be up-scaled across Trafford More detail can be found in the report embedded here:  Trafford Report to Reform Board Place b Our roll out of place based working and the basis of our Reform Investment Plan developed in early 2018 is as follows: **1. Whole System Redesign** Trafford is developing a redesign of frontline service delivery (The Trafford Way) which will incorporate and embed the methods and ethos of our Stronger Families approach. This will be delivered in the place and at scale across the whole borough and all partners. It will build on the foundations laid through our One Trafford Response (OTR) programme, whilst recognising that to roll OTR out at scale, is less about creating new and separate teams, but about achieving a whole system, whole scale cultural change in the way we all work. **2. Workforce and Leadership Development** To do this, a comprehensive workforce and leadership development programme is required to offer training, shadowing and upskilling opportunities to the existing Trafford workforce.

	This will equip staff from all agencies, including the VCSE, to provide whole family holistic case management at the earliest point in a service user's journey. The development programme will allow a period of culture and system change to ensure sustainability. It will result in more proactive case management of families whilst providing the opportunity for personal growth and building resilience in the individual or family. It will also provide a set of common values and understanding of Trafford the place and its 4 localities, for all of the approximated 5000 Trafford staff, as part of a generic induction programme and will ensure there are consistent standards for mandatory training such as Safeguarding and Domestic Abuse. It will also better equip leaders to manage in place, including systems leadership and matrix management. Trafford's Workforce and Leadership Programme will align with #LeadingGM. **3. Early Help Model and Place-Based Working** Through the following activities: • the expansion of our All Age Front Door to include early help referrals; • the expansion of our Early Help Panels; • the phased roll-out of our integrated place-based/neighbourhood working (One Trafford Response), firstly to the whole of the north locality and then the other 3 localities. Trafford will offer a more streamlined holistic approach to intervention providing service users who have complex issues with a keyworker; pulling in additional services to support bespoke intervention plans as required. The organisations which are and will be providing keyworkers or pulled resources (or both) to support the model work, across the breadth of the Reform programme. This includes Health and Social Care partners, Working Well and Work and Health providers, Offender Management, Housing and Homelessness alongside all our key statutory partners and critical VCSE commissioned services. These activities will allow us to test reform at more scale. Ultimately they will provide co-ordinated support to families and individuals earlier whether this is through effectively linking them to community and VCSE support or through our keyworker approach. The aim and impact is to de-escalate families and individuals in receipt of early help support to universal and community services, allowing them to live their lives well and better reach their potential

	and aspirations. **4. Community Navigators** To de-escalate the families we work with and to keep people in the 'well-adapted' bottom of our triangle of need in our OTR model, we need to better harness our strong and vibrant VCSE. We must ensure that all frontline staff at all levels know 'place' and recognise the assets in families, neighbourhoods and communities. Our learning from the OTR programme to date and from professional knowledge has identified current gaps. When people start to need support and this is available in their local community, some need a guiding hand to help connect them to local people and local services**.** Trafford will recruit and train volunteer "Community Navigators", to help families access VCSE or universal services before they require targeted intervention. They will also support professional keyworkers to help their clients better connect with their community, increase resilience and stabilise their situations. **Trafford's JSNA** Trafford's Joint Strategic Needs Assessment (JSNA) provides accessible information about the current and future needs of Trafford's population. Trafford's JSNA has been designed as an interactive online tool to ensure it is accessible to residents and business as well as organisations. Trafford's JSNA can be found online at http://www.infotrafford.org.uk/jsna **Economy** Trafford is one of the most economically competitive areas in the North of England with £7.1bn of economic output per annum. It is home to 14,000 businesses employing 163,000 people. Trafford has a highly skilled population with 52% educated to degree level or equivalent, 60% of residents working in managerial/ professional roles and some of the best schools in the country. Despite this strong overall performance, Trafford does have challenges with areas of

	deprivation such as Partington, Sale West and Old Trafford, where unemployment is higher than the average across Trafford and there are significant issues around health. Trafford has a strong Business, Financial and Professional Services (BFPS) sector, manufacturing sectors with particularly significant concentrations within Food and Drink Manufacturing and Advanced Manufacturing and a growing Creative and Digital sector. Logistics and Retail are also strong sectors with further potential for growth. Predicted jobs growth is an additional 5,100 jobs in Business Services, an additional 6,900 jobs in Professional Services, 1,800 in Creative Industries, 1,300 in Digital, 1,900 in Retail and 900 in Wholesale within Trafford over the next 20 years. Whilst there are relatively fewer new jobs within both Advanced Manufacturing and Food and Drink, there will be significant replacement demand within these sectors given the ageing of the workforce. Additionally Trafford Council's Commissioning and Strategic Growth teams are doing some work with employers in the care sector to address the shortage of staff in care roles, with over 300 care job vacancies at any one time in Trafford. There are over 30 Care providers on the Council's registered framework and a further 25 nursing and residential homes plus many more local companies not on the framework. Work is being piloted to provide targeted support using a place based approach. There is some interest in local care companies in being involved in the Early help service and the new provider will be asked to link into this work. The borough is home to the strategic employment site of Trafford Park, which is one of the largest and most successful industrial estates in Europe with 1,300 businesses employing 38,000 people across a diverse range of sectors including retail, manufacturing, digital/creative and wholesale. Trafford Park is recognised as a major strategic employment site for GM and an important asset. 99% of the businesses on Trafford Park are SMEs and would be a target market for the new service. Trafford has a dedicated SME Business Growth Adviser employed by Business Growth Hub and Trafford Council and the provider would be expected to work closely with the Adviser to identify and engage with SMEs in the area.

	Trafford is highly entrepreneurial, having 116 start-ups per 10,000 working age population in 2014, compared to 80.9 in GM and 85.4 in the UK. Despite the high level of start-ups, long-term survival rates in Trafford are lower than the national average. 62% of firms started in Trafford in 2004 were no longer active in 2013, equating to a 5 year survival rate of 38%. The UK 5 year survival rate is 41%, while GM is also higher at 39%. In part this could be related to the risk culture but more support could be given to assist businesses in the early stages. An aspect of this would be to include start-up businesses in the offer for the Early Help service. Trafford is both an importer and exporter of jobs. According to the 2011 census, 46.2% of the Trafford workforce live and work in Trafford; 50.3% work in Trafford but live in the NW and 3.5% work in Trafford but live outside of the NW. Travel to work in Trafford is helped by a highly accessible transport network, with access to the main North West motorways, the Manchester Metrolink which provides strong North-South connectivity through Altrincham, Sale, Stretford, and Old Trafford, and connections to Manchester Piccadilly and Manchester International Airport. The Trafford Park Metrolink extension started on site in 2017 and is scheduled to open by 2020 providing improved public transport access through Trafford Park. The proposed HS2 rail station serving Manchester Airport and planned for 2032 is located in Trafford. Trafford has ambitious plans for significant economic and housing growth with an extensive housing and employment development programme over the next 20 years. It will have a major role in the delivery of the Greater Manchester Spatial Framework (GMSF) and Greater Manchester's growth agenda. The Future Carrington site provides a unique opportunity for the creation of a flagship mixed use development that can meet housing and employment needs. In the long term (subject to GMSF) Carrington could provide over 7,500 new homes and 850,000 sq.m of employment space. Other opportunities for significant employment and housing growth include Trafford City (including Trafford Waters), Pomona/Cornbrook Hub (Manchester Waters), Davenport Green/Timperley Wedge and Trafford Wharfside. The Trafford Employment, Enterprise and Skills (TEES) partnership is a made up of partners

	including Trafford Council, DWP, Trafford College, employment and training providers, local housing associations and businesses. They deliver key employment and skills actions in Trafford with priorities to; increase the take-up of apprenticeships; support priority groups into employment, to address the skills gap in Trafford and ensure that the skills system meets local economic need. The group is chaired by Gareth Wilkins (Stretford Mall Shopping Centre Manager) and reports to the Trafford Partnership Inclusive Growth Board. Support to priority groups is coordinated through the Trafford Pledge, an employer pledge set up in 2013 in Partington to respond to rising long term youth unemployment in the area. Local businesses pledged their support to offer a young person: a job; an apprenticeship, work experience or practical support such as help with CVs, site visits or mock interview practice. The Trafford Pledge has now expanded to cover all priority groups and covers the whole of Trafford. To date over 1500 people have moved into employment and 98 people have gone into apprenticeships through the Trafford Pledge. Trafford's Economic and Housing Growth Framework provides more information http://www.investintrafford.com/BusinessSupport/Docs/Trafford-Economic-and-Housing-Growth-Framework.pdf **Unemployment** **Nomis information link – Unemployment figures for Trafford.** https://www.nomisweb.co.uk/ https://www.nomisweb.co.uk/reports/lmp/la/1946157089/report.aspx?town=trafford
4. Local Service Integration , initiatives and organisations e.g. health and wellbeing services, housing, skills, local business offer, ▪ *Describe how relevant services, initiatives and organisations will be integrated with the provider in your*	**Health and Social Care Integration** Trafford Council has a Section 75 Agreement with Pennine for the provision of community health services. At a place based neighbourhood level our health and social care services are integrated and led by an integrated leadership team jointly employed by Trafford Council and Pennine From 1st April 2018 Trafford Council and Trafford CCG will integrate into a single

Locality, e.g. expected linkages locally with health and wellbeing services; housing, debt, local business offer? How will providers access these aligned services?	organisational structure, with a single Chief Executive/Accountable Officer. The transition programme for this process will continue for at least the next 12 months. Trafford is working towards the development of a Local Care Alliance to co-ordinate the provision of health and social care in the borough and the formation of a Primary Care Organisation, an umbrella structure for GP practices and primary care. Further information can be found here:  Stakeholder Briefing - Transformation.pdf **Locality Working Framework** In Trafford we have a strong culture of working together, across public services and with communities. *Locality working* is a way to work collaboratively and innovatively to make best use of the assets we have in our local area. We are bringing people together, from individual residents, businesses, community and faith groups, councillors, community leaders and public sector bodies, to work in partnership, share resources and enable new ideas to develop, making full use of the physical and human assets, financial resources and community spirit that thrives within our localities. Our *locality working* framework builds community cohesion through its different strands: • Be Bold … Be the Difference - A borough-wide campaign to encourage residents to get involved in their local community, take action and make a difference, and to highlight the support that is available to them from agencies • Community Builders – front-line staff, managers and Ward Councillors have a key role in this campaign, acting as 'Community Builders', on the ground enabling residents to take action by signposting and connecting them to other local people and supporting services. • Community Grants – using a range of models and scale to allocate funding across the local community, from micro-grants to residents to larger grants to established community groups, encouraging local action

	• Locality Partnerships – acting as inclusive networks of people who live and work in a locality, they bring people together to share information and ideas, build relationships and create change (these will be a key vehicle for engaging residents and front-line staff in community cohesion) • Locality Projects – coproduced by services and communities, these innovative projects tackle strategic issues by pooling resources, doing things differently and using community assets, skills and resources. • Public Service Reform - Locality Working is intrinsically linked with other key strategic agendas, providing a practical way of delivering Early Help and Prevention, Place-based Integrated Delivery, Shaping Demand, Community Action and Voluntary, Community and Social Enterprise Sector Infrastructure Support. These have been brought together within our Building Strong Communities Strategy http://www.traffordpartnership.org/information-and-performance/Docs/building-Strong-Communities-v10.pdf . Public Service Reform will see fundamental changes to how services are delivered in localities and with communities, enabled by significant change in the workforce. **Housing Options Service Trafford offer (HOST)** • HOST@salford.gov.uk • 0161 912 2230 • 0300 218 2000 Provide housing and homeless advice One reception desk (Mon – Fri, 9-5pm, Wed 1-5pm) Waterside House, Sale Dedicated Trafford Home Search (THS) telephone line (Wednesday, Thursday, Friday 10.30-12.30pm and 1.30-4.00pm) General advice line **Homeless Legislation** From 3rd April 2018, Homelessness Legislation is changing and the new Homelessness Reduction Act (HRA) will come into force. The HRA will change the way Local Authorities work with homeless people that include:

- A new duty to Prevent homelessness for 56 days
- A new duty to Relieve homelessness (find secure accommodation for 6 months or more) for a further 56 days.
- Creating and monitoring individual Personal Housing Plans for all homeless applicants within the Prevention and Relief duties.
- Local connection and homeless intentionality will not be assessed until the Main Statutory Homelessness Duty. (Note - current statutory homelessness duty is not replaced by the HRA – it is now placed at the end of the process following attempts to 'prevent' and 'relieve' homelessness).

There will be a duty on certain public bodies to refer any client that they believe may be at risk of homelessness. A definitive list is not yet available but any referrals into the service should be made at the earliest point so that HOST can work with the family and agency to prevent/ relieve homelessness.

Trafford Leisure Offer

Trafford Leisure standard referral pathway is the 'Physical Activity Referral Scheme' - GP's are registered referral agents, however the referral programme accepts wider referrals and works in partnership with mental health teams, weight management services, physiotherapists etc.

Table below briefly describes each of the programs which are delivered:

Programme Type	Who is this programme suitable for	Description	Cost
Physical Activity Referral	Anyone who is *currently inactive* or who has been active in the past but due to ill health has become inactive.	8 weeks access to physical activity including Gym (personal programme	£20 for 8 weeks

	Examples of eligible conditions include high BMI, high blood pressure, diabetes, anxiety / depression	supplied), Swim, classes, walking, cycling	
Cancer Rehabilitation (pilot) *** Running from Stretford and Sale Leisure Centre*	Anyone who is undergoing treatment or recovering from cancer treatment in the past 6 months	12 week supported programme of exercise. Supported group sessions	FREE
Cardiac Rehabilitation (pilot) *** Running from Stretford and Sale Leisure Centre*	Patients who have long term heart conditions, heart disease or are recovering from a heart attack	12 week supported programme of exercise. Supported group sessions	FREE
Falls Prevention (available until 31/8/17) *** Running from GH Carnall and Altrincham Leisure Centre*	Patients who have fallen or who are at risk of falling	8 week supported programme including a weekly scheduled session at the Leisure Centre and tailored classes	FREE

Additional Trafford Leisure information

MoU Referral agents - Physical activity refe

Trafford Leisure-Referral form

Mental Health Support Available in Trafford.

Trafford CCG and Trafford Council commission a number of services to support adults and young people with mental health conditions, and many voluntary and community (VCSE) organisations provide direct and indirect/informal support.

This spread sheet lists the services available in Trafford including those which are commissioned and those delivered by the voluntary and community sector. The list also highlights services available specifically for young people.

IAPT services are included on the list; Self Help and Trafford Psychological Therapies Service offer talking therapies and an e-Therapy service. Residents can self-refer via phone or online, or can be referred by their GP or other health professional.

This database lists the services available in Trafford including those which are commissioned and those delivered by the voluntary and community sector. The list also highlights services available specifically for young people.

Mental Health MASTER 6 3 18.xlsx

MSK

Trafford Musculoskeletal (Physiotherapy) Services provides treatment for adults with musculoskeletal and orthopaedic conditions or injuries as well as chronic pain. Residents can contact their GP to be referred to the service.
More details can be found at https://www.penninecare.nhs.uk/your-services/service-directory/trafford/community-services/adult-therapies/trafford-musculoskeletal-physiotherapy-services/

Welfare Advice

Trafford Council fund a number of Information and advice services that deliver information and advice to Trafford residents across a range of areas such as health and social care, welfare and benefits, debt advice, housing, employment, leisure, education and consumer rights.

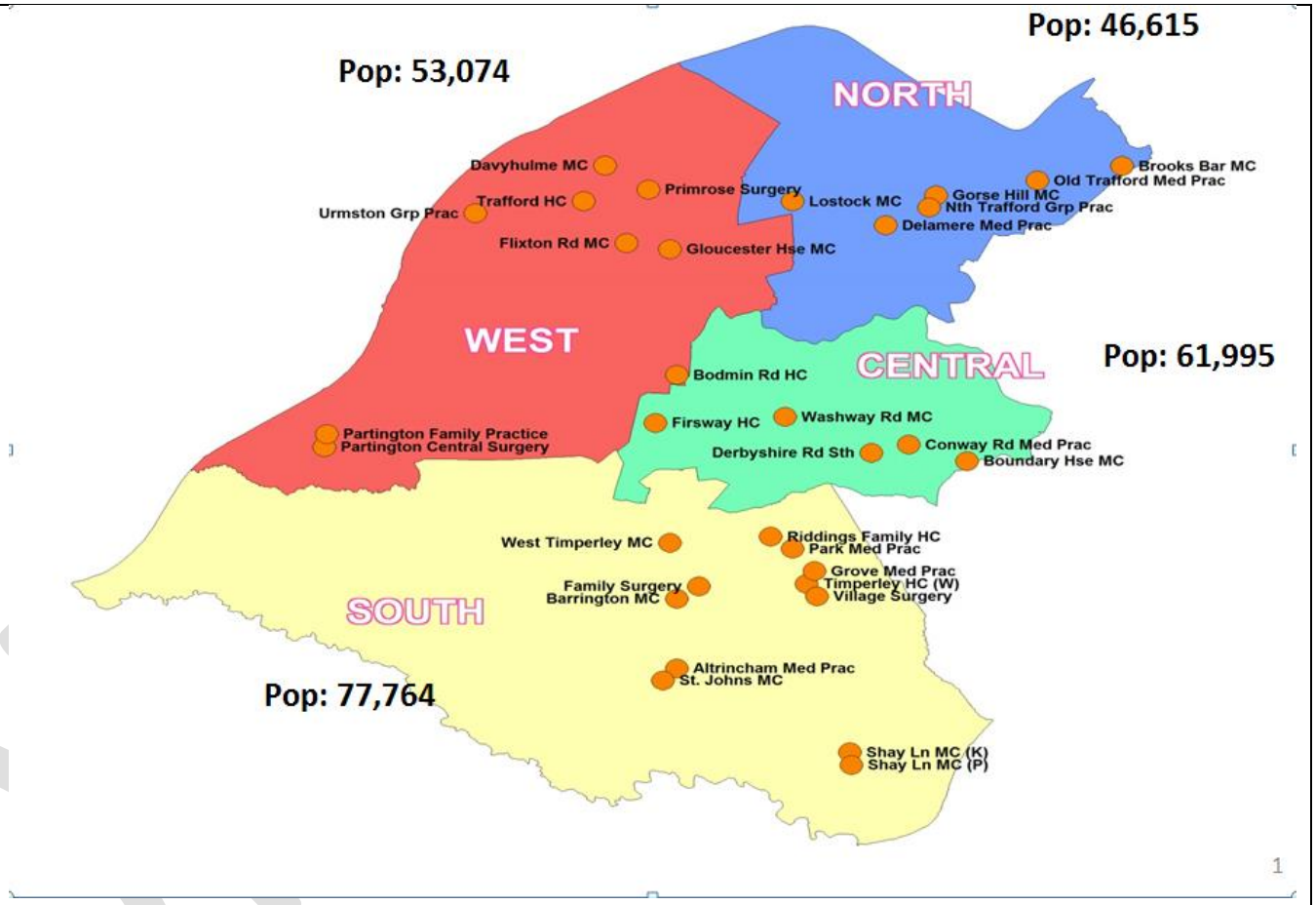
The following organisations are part of the information and advice partnership that is led by Citizens Advice Trafford.

Service Provider	Service description
Citizens Advice Trafford http://www.traffordcab.org.uk/	Generic Information and advice service available to all Trafford residents
Age UK Trafford https://www.ageuk.org.uk/trafford/	Information and advice services particularly focused on older people
Trafford Centre for Independent Living https://www.traffordcil.co.uk/	Information advice services particularly focused on disabled people
LMCP Care link http://www.lmcpcarelink.co.uk/	Information and advice services focused on BAME communities

In addition to the above there is also an internal Welfare Rights Service provided by the

	Council. Trafford Welfare Rights Service provides a comprehensive and specialist welfare benefits advice service to everybody who lives in the borough. This covers advice regarding any benefits and tax credits administered by the Department of Work and Pensions, HMRC, and the Local Authority **VCSE** There are many VCSE organisations in Trafford providing direct or indirect support for residents with health conditions as highlighted in the list of mental health services (see Excel data base above). The VCSE sector is supported by Thrive Trafford which is commissioned by Trafford Council and the Trafford Partnership to provide an infrastructure service for third sector organisations. Thrive Trafford website - http://www.thrivetrafford.org.uk/ Health and wellbeing programmes being developed in Trafford which will embrace the third sector include social prescribing and the appointment of community navigators to enable GPs and other primary care professionals to refer residents to a range of local, non-clinical services to improve their health and wellbeing; many of these services will be delivered in communities by the VCSE sector. In addition, we are exploring the potential of a volunteer service to accompany vulnerable residents to local groups and activities which will improve their wellbeing and reduce social isolation. VCSE representatives sit on Trafford's Inclusive Growth Board (IGB), Health and Wellbeing Board (HWBB) and Strong Communities Board (SCB). VCSE representatives will also be appointed to sit on each of the HWBB sub groups. Trafford's Service Directory provides a wide range of information on community activities, groups and services – www.trafforddirectory.co.uk

5. ***Case Conferencing and Co-case Management Offer*** ▪ *How will case conferencing and co-case management be supported in your area*	The Provider will be invited to work alongside the existing case conferencing and case management arrangements in our emerging place based model which take a whole family approach. The lo The Provider's key workers will be offered training as part of Trafford's whole workforce development programme. In cases where wider family issues are impacting upon the individual client's ability to improve their heath and return to work, key workers will be invited to attend case conferences and input into the whole family plan as relevant.
6. Co-Location e.g. GP practices, health centres, community centres, libraries etc. ▪ *Describe any co-location offer your Locality Authority will offer to the provider e.g. GP Practices, Health Services, public sector spaces.*	**Depends on delivery model, but would want co-location in the relevant NH where the clusters are.** Trafford will offer the Provider space in either the multi-agency integrated place based teams when these are fully up and running or in health and wellbeing hubs local to the relevant GP cluster (yet to be determined). The first 'place based team' is situated in the north of the borough. Options will be discussed with the Provider at a later stage. GP practices in Trafford use the EMIS information system. **GP Practices**



Registered List size – 31/12/18
Central 63,034
North 46, 150
South 78,554
West 53,844

	Trafford Health Profile at 2017. Trafford Health profile 2017.pdf
7. Local ask of the Provider (e.g. to attend workshops / meetings, to signpost to other services / initiatives) ▪ *Please outline specific asks of the provider that your Locality partnership would like to make*	We have the following asks of the Provider:- • To ensure that client consent is in place to help facilitate sharing of information and closer working from an early stage • To share information on client recording systems so that we can look at compatibility with the Council's Liquid Logic system and the Trafford Care Coordination integrated IT system • To share information about their own assessment tools and plans so that we can look to align where relevant • To carry out early checks to see if the client or household is known to services in Trafford. • To work with the Local Lead to input into induction training for new staff and to ensure that they have Key workers who are dedicated to Trafford so they can build up local knowledge and expertise. • To ensure that robust arrangements are put in place to ensure that staff absences and turnover are managed effectively so that there is no detrimental impact on service provision. • To commit to supporting multi-agency working in an integrated way. • To commit to work with us in an integrated way, ensuring that clients are supported to access services outside the Provider's own delivery function, and to link up with other complementary programmes running in Trafford. • To engage with the VCSE sector in Trafford, to create links and use the network to help access potential clients and to ensure that there is equal access to opportunities for work and health across all communities, including those hardest to reach and marginalised by working with existing networks.

	• To make use of the existing volunteering infrastructure through Thrive and to access volunteering opportunities to help develop skills leading into work or support the development of preventative health interventions. • To review any potential subcontracting and partnership delivery opportunities with the VCSE sector in Trafford, including as part of the supply chain. • To provide information on where clients are geographically located and information about their wider needs in a timely way. • To send appropriate representation to Trafford meetings within the programme governance structure. • To share copies of client exit plans and to ensure that clients exiting without a job are stepped down with a supportive network around them. • To release staff to take part in available training relevant to their CPD as part of the whole Trafford Workforce development and leadership programme • To commit to having a base in Trafford and as far as possible look to co-locate with other relevant services • To work with us on the development and implementation of a local engagement plan. • Understand the local offer for patients in order to develop a service which seeks to integrate with the provision that is available locally wherever practicable (so long as it can be delivered in a timely fashion and any rapid access arrangements do undermine access to local provision for local residents,). • Any provision which is introduced specifically for the purposes of this programme must seek to complement and add value to the local eco-system in Trafford in ways which promote sustainability. • To work during the mobilisation phase with the 5 GP practices in the Central Neighbourhood to promote understanding of the programme and access pathways for primary care. • To work during the mobilisation phase with identified SMEs in Trafford in the Care sector to promote understanding of the programme and access pathways for employers.

NOTE - GM-wide ask and offer docs for discussion and agreement:

1. Substance Misuse – in draft and has been approved by commissioners.
2. TFGM – elements for newly unemployed, plus travel planning etc for those in work?
3. Leisure – need to revisit with Providers via new lead.
4. GM Service integration – offer from system….
5. Skills – query? For newly unemployed, but excluded by 6 month conditions?
6. GM small businesses offer – via BGC – needs progression…

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