



## AGENDA PAPERS FOR TRAFFORD COVID-19 PUBLIC ENGAGEMENT BOARD

Date: Monday, 5 October 2020

Time: 10.00 am

Place: Virtual meeting

The meeting will be streamed live at:

<https://www.youtube.com/channel/UCjwblOW5x0NSe38sgFU8bKg>

A G E N D A		Pages
1.	<b>ATTENDANCES</b>  To note attendances, including officers, and any apologies for absence.	
2.	<b>DECLARATIONS OF INTEREST</b>  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.	
3.	<b>MINUTES</b>  To receive and, if so determined, to approve as a correct record the minutes of the meeting held on 21 <sup>st</sup> Sept 2020	1 - 4
4.	<b>UPDATE ON THE CURRENT COVID-19 SITUATION IN TRAFFORD</b>  Update from the Director of Public Health	5 - 8
5.	<b>COMMUNICATIONS AND ENGAGEMENT SYSTEM CONNECTIVITY</b>	
(a)	<b>Governance: Forums, Groups and Networks</b> (Pages 9 - 14) Update from COVID-19 Programme Team	9 - 14
(b)	<b>Health and Social Care Communication and Engagement Strategy Update</b> (Pages 15 - 38) Update from Programme Director (Health and Care) and Communications & Engagement Specialist (Engagement Lead)	15 - 38

6. **10 POINT PLAN UPDATE**

- (a) **Update and escalations from the COVID-19 Engagement Co-ordination Group**  
Update from Strategic Manager Crime and Anti-Social Behaviour
- (b) **Update and escalations from the COVID-19 Enforcement Group**  
Update from Strategic Manager Crime and Anti-Social Behaviour
- (c) **Update and escalations from the Health & Social Care Communications and Engagement Steering Group**  
Update from Programme Director Health and Care and Communications and Engagement Specialist (Engagement Lead)
- (d) **Update from the Age Well Board**  
Update from Partnerships and Communities Team

7. **PUBLIC ENGAGEMENT BOARD ACTIVITY**

All Board Members

8. **OTHER RISKS, ISSUES AND ESCALATIONS**

All Board Members

9. **ANY OTHER BUSINESS**

To consider any other items of business not on the agenda which need to be considered by the Board before the next confirmed meeting.

**SARA TODD**

Chief Executive

Membership of the Committee

Council Leader or named Elected Member, nominated leads from opposition parties  
VCSE representatives – including specialists relating to key population groups (older people; BAME; children; mental health , Learning Difficulties), Partnerships lead, Communications lead, Director of Public Health, Director of Adult Social Services, Director fo Children’s Services, Neighbourhood representatives, Clinical Commissioning Group representative, Trafford Local Care Organisation representative, Healthwatch Representative

Further Information

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

Fabiola Fuschi,  
Tel: 07813 397611

## Trafford Covid-19 Public Engagement Board - Monday, 5 October 2020

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Email: [fabiola.fuschi@trafford.gov.uk](mailto:fabiola.fuschi@trafford.gov.uk)

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

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## Trafford Covid-19 Public Engagement Board

Thursday 21<sup>st</sup> September 2020 – 10:00 a.m. – Virtual meeting

**Present:**

Councillor Andrew Western	Leader of the Council
Eleanor Roaf	Director of Public Health
Debbie Walsh	Interim Director of Integrated Services, Trafford CCG
Mr Khan Mohgal	Chair, VoicebeMet
Louise Wright	Partnerships and Communities Team, Trafford Council
Donna Sager	Consultant in Public Health, Trafford Council
Tracy Clarke	Communications and Engagement Specialist, Trafford Clinical Commissioning Group (CCG)
Eve Mannering	Trafford CCG
Laura Hobbs	Programme Leader, Project Management Office, Trafford Council
Martin Dillon	Communications and Marketing Manager, Trafford Council
Dorothy Evans	Voluntary, Community Social Enterprise (VCSE) Representative, African Caribbean Care Group
Caroline Hemmingway	Superintendent, GMP
Councillor Michael Welton	Trafford Council
Thom Maloney	Health & Social Care Programme Director
Diane Eaton	Corporate Director of Adult Services
George Devlin	Trafford CCG
Marie Wilson	MFT
Andrew Latham	HealthWatch Trafford
Joanne Gibson	Head of All Age Commissioning
Alexander Murray	Governance Officer

	Item	Decision / Action	Key Person for Action
1.	Welcome and apologies	Apologies were received from Michelle Hill, Diane Eaton, Mandy Bailey, and Debbie Walsh	
2.	Minutes	Agreed	
3.	Membership	There had been no changes to the Membership since the last meeting.	

4.	Update on the position in Trafford.	<p><b>The board agreed:</b></p> <ol style="list-style-type: none"> <li>1. To note the update.</li> <li>2. That Board Members are to continue supporting the messages that; <ol style="list-style-type: none"> <li>a. Do not get tested unless you are symptomatic</li> <li>b. If you are self-isolating due to contact with someone who has COVID 19 and you test negative you still need to continue to self-isolate.</li> <li>c. If someone has symptoms or tests positive for COVID 19 then the household hygiene has to be of the highest level to stop household spread.</li> </ol> </li> <li>3. That Board Members are to share feedback from the people they have been engaging with.</li> <li>4. To produce communications for Trafford residents around GPs</li> <li>5. For Hospitalisation rates to be included within the weekly figures</li> </ol>	<p><b>All Board Members</b></p> <p><b>All Board Members</b></p> <p><b>Martin Dillon and Eve Mannering</b></p> <p><b>Eleanor Roaf</b></p>
5.	Developing Our Communication and Engagement Strategy and Action Plan	<p><b>The Board Agreed;</b></p> <ol style="list-style-type: none"> <li>1. To note the update</li> <li>2. That the engagement work HealthWatch is doing is to feed into the Community Engagement Coordination Group.</li> </ol>	<b>Andrew Latham and Tracey Clarke</b>
6.	Community Engagement Coordination Group.	<p><b>The Board Agreed;</b></p> <ol style="list-style-type: none"> <li>1. To note the update</li> <li>2. That HealthWatch are to be added to the membership of the group.</li> </ol>	<b>Laura Hobbs</b>
	Enhanced Community Engagement	<p><b>The Board Agreed;</b></p> <ol style="list-style-type: none"> <li>1. That this item be merged with the Community engagement group update for future meetings.</li> </ol>	
	Identification of Leads or Groups for Key Themes and Actions	<p><b>The Board Agreed;</b></p> <ol style="list-style-type: none"> <li>1. That Board Members are to put forward the names of any individuals, groups or organisations they believe should be added to the Enhanced Community Engagement Group</li> </ol>	<b>All Board Members</b>
	Resources And Capacity	<b>Nothing to raise</b>	
	Developing Our Risk Log	<p><b>The Board Agreed;</b></p> <ol style="list-style-type: none"> <li>1. That there should be a central risk log for the programme held by the Health Protection Board.</li> <li>2. That this is to remain a standing item on the agenda for items to be raised from the HPB by exception.</li> </ol>	

	Items For Escalation	<b>Nothing to raise</b>	
	Any Other Business	<b>No items of business were raised.</b>	

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**Report to:** Public Engagement Board

**Date:** 05/10/2020

**Report of:** COVID-19 Programme Team

**CLT Lead:** Eleanor Roaf, Director Public Health Trafford

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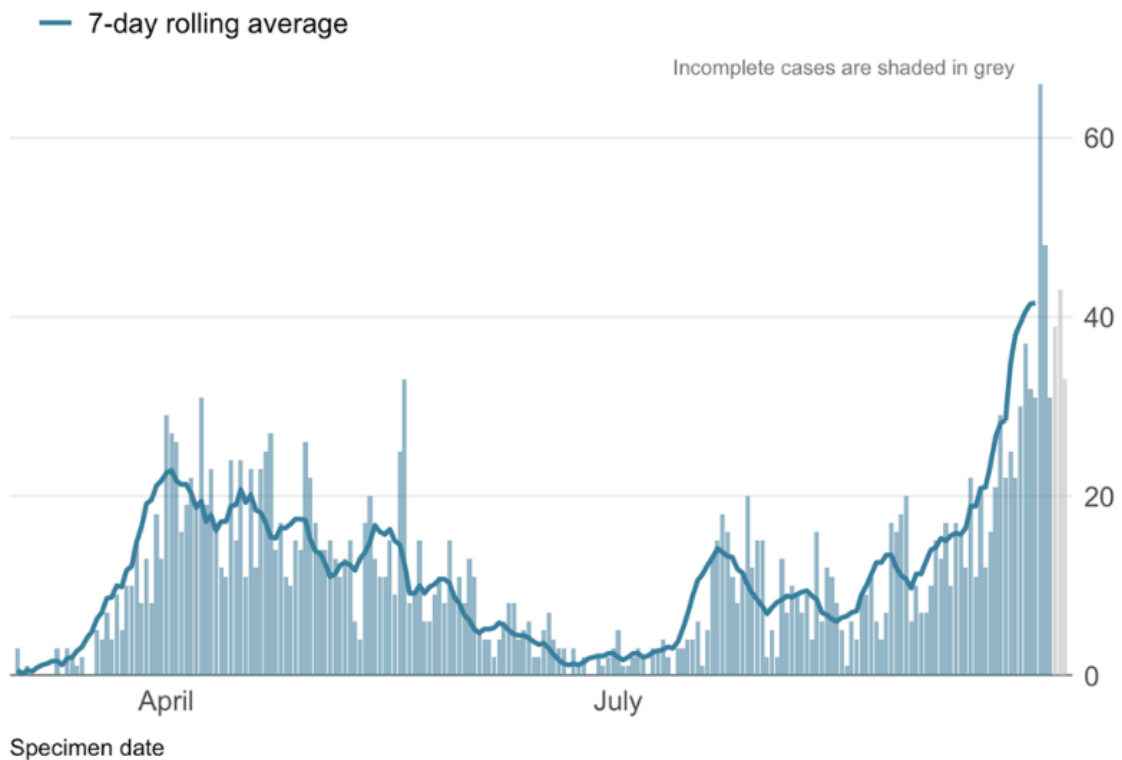
## **Report Title: Data surveillance update paper to Public Engagement Board**

### **Overall position**

Rates in Trafford have climbed sharply again this week and we now have the 33<sup>rd</sup> highest incidence in England. While our number of cases remains the second lowest in Greater Manchester, our rate of increase this week was the second highest. This, coupled with the widespread geographical distribution of our cases, puts us in danger of further uncontrolled spread of disease. The cases are also in the main linked to individuals and households mixing with each other rather than, for example, being linked to any obvious large workplace outbreak. This pattern of transmission can be broken if people limit their social contacts and ensure that they maintain social distancing and hand and respiratory hygiene at all times.

### **Distribution of COVID-19 cases within Trafford**

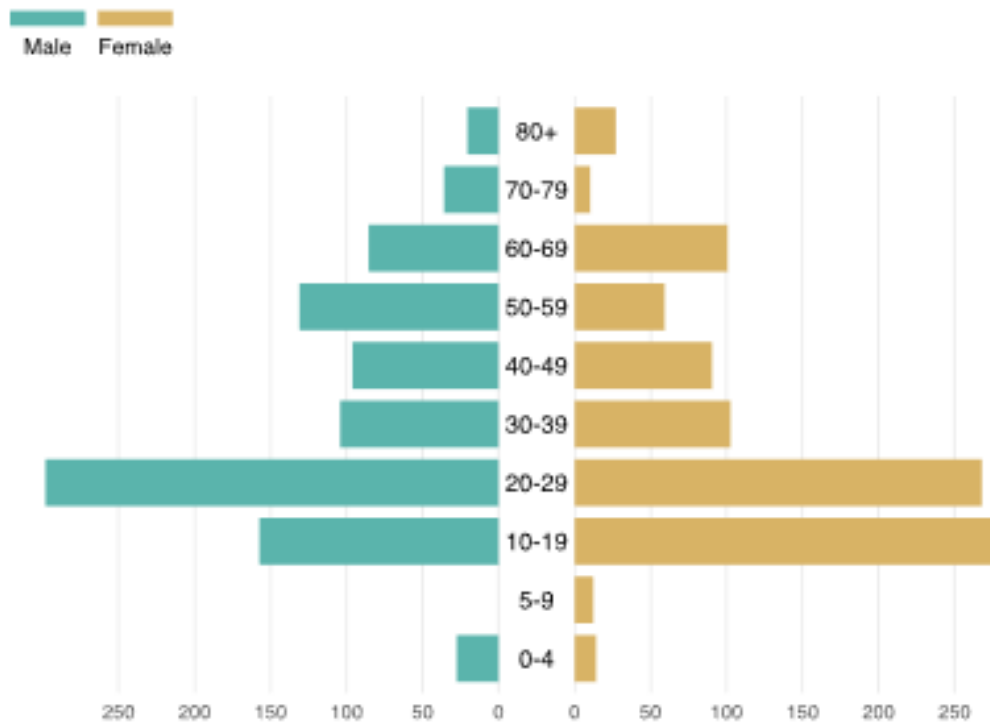
During the week 20<sup>th</sup>-26<sup>th</sup> September, there were a total of **273** confirmed cases in Trafford, equivalent to a rate of **116.3** per 100,000 residents. During the previous week (13<sup>th</sup> -19<sup>th</sup> September) there were a total of **148** cases, at a rate of **62.4** per 100,000 resident. The highest number of daily cases during week ending September 30 was **66**, reported on Thursday 24<sup>th</sup> September. Below (**figure 1**) is the epidemic curve for Trafford, indicating the total number of confirmed cases and 7-day rolling average since March 2<sup>nd</sup>. The rise in daily cases since the end of August is represented by the sharp rise in the 7-day rolling average; indicating that total cases per day have consistently stayed high throughout the month of September.



Source: PHE Covid-19 Situational Awareness Explorer | ONS

**Figure 1. Epidemic curve of daily confirmed new cases**  
Trafford, 02 March to 29 September

As of week ending Sep 28, most cases are among the working age population (18-64) whilst as indicated in figure 2 below, the younger populations have the highest incidence rates per 100,000 population. Most of the recent cases in the 10-19 year old group are among 18-19 year olds, which would suggest that the return of children to schools is not the cause of the increased rate. It is much more likely to be caused by young people in this age group mixing socially.



Source: PHE Covid-19 Situational Awareness Explorer | ONS  
**Figure 2. Incidence per 100,000 population by age and gender**  
 Trafford, 24 September to 30 September 2020

As shown below in table 1, the highest total of cases, as of week ending Sep 30, are within the ‘White’ ethnic group (**166**), followed by the ‘Asian / Asian British’ ethnic group (**51**). Incidence rates by ethnic groups are greatest within the ‘other’ and ‘Asian / Asian British’ populations. Please note that incidence rates are determined by the total number of residents in each ethnic group; the ‘White’ and ‘Other’ ethnic groups make up the biggest and smallest proportion of the Trafford population respectively,.

**Table 1. Case count and incidence per 100,000 population by ethnicity**  
 Trafford, 24 September to 30 September 2020  
 Source: PHE Daily COVID-19 Surveillance Reports

Cases in last 7 days		
Ethnic group	n	Per 100,000
Other	9	409.1
Asian / Asian British	51	283.8
White	166	85.6
Black / Black British	<5	<70
Mixed	<5	<50

### Geographical spread of COVID-19 in Trafford

We continue to see the very widespread pattern of disease in Trafford that has been a feature for some weeks. The three wards with the highest number of cases this week

remain Clifford, Hale Barns and Longford; all of these have rates in excess of 200/100,000. All but three wards in Trafford have rates above 50/100,000. This is a matter of extreme concern, particularly given the sharp increase in our overall rates and the fact that the spread appears to be in the main through social mixing rather than in workplace outbreaks.

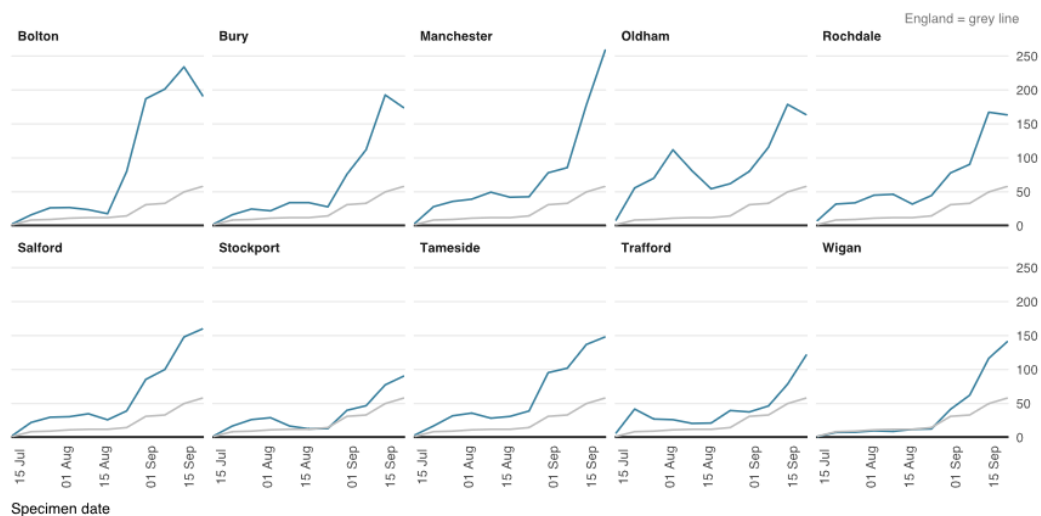
### Testing in Trafford

Over a 14 day period, ending September 30, the majority (**92.7%**) of COVID tests were conducted in our pillar 2 sites, consisting of all out-of-hospital testing sites. Total positivity rate amongst both testing sites sits at **7.4%**. Over 90% of people who test positive state that they were symptomatic at the time of testing.

While we continue to get reports of difficulties accessing local testing, the number and rate of tests being carried out on Trafford residents has increased and is now at 200/100,000.

### Comparative data of COVID-19 cases within the local authorities of Greater Manchester

Figure 3 represents the weekly change in incidence rate for each local authority in Greater Manchester, between the periods of July 22 and September 28. Incidence rates remain similar or lower when compared to the other local authorities; however, Trafford's rates have continued to rise since the beginning of September, coinciding with the consistent rise in positive cases which we have experience throughout the month of September. The grey line represents the weekly change from the same period for England.



Source: PHE Daily COVID-19 Surveillance Reports

**Figure 3. Weekly incidence per 100,000 population by local authority**  
Greater Manchester, 22 July to 28 September 2020

**Report to:** Public Engagement Board

**Date:** 05/10/2020

**Report of:** COVID-19 Programme Team

**CLT Lead:** Eleanor Roaf, Director Public Health Trafford

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**Report Title: Update paper to Public Engagement Board on Communications and Engagement System Connectivity for COVID-19**

**Report Summary:**

This report outlines the progress made in developing the system connectivity to deliver a robust engagement response to the COVID-19 pandemic in Trafford. The paper outlines the governance, forums, groups and networks that have been developed and/or identified as key stakeholders and partners to play a role in our local COVID-19 response.

**1.0 Recommendations**

Public Engagement Board are asked to:

- 1.1 Note the progress made in ensuring system reach and connectivity to support our COVID-19 communications and engagement response.
- 1.2 Comment on the Communications and Engagement Governance structure that wraps around our approach and suggest any areas for strengthening.
- 1.3 Consider if there are any groups un-represented within the population cohort matrix that should appear for inclusion in mapping our engagement response.

**Contact Officer:**

Name: Laura Hobbs, Programme Lead for COVID-19

Tel: 07973 639238

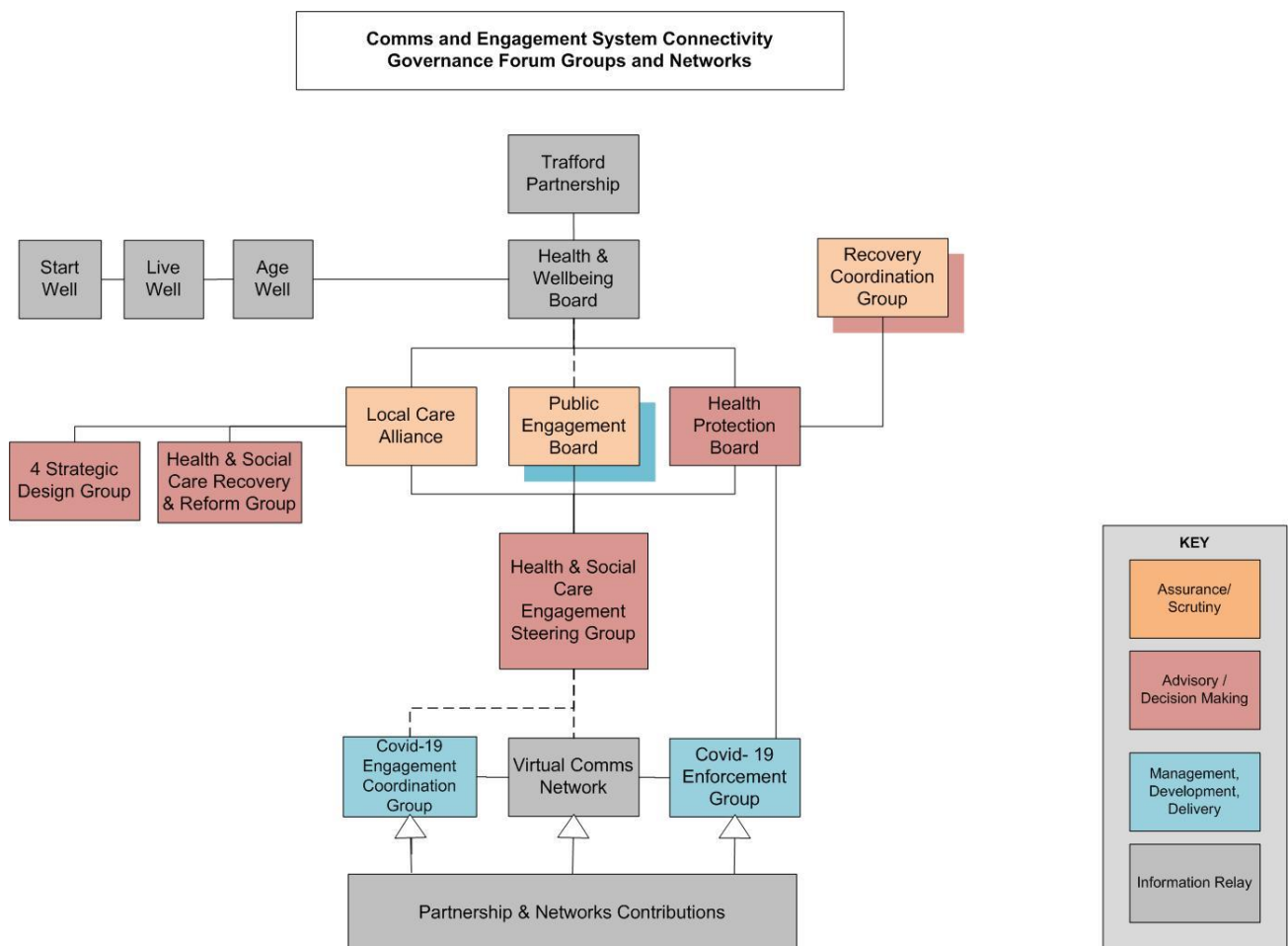
Email: [laura.hobbs@trafford.gov.uk](mailto:laura.hobbs@trafford.gov.uk)

## 2.0 Background

- 2.1 The Covid-19 Outbreak Control Plan for Trafford sets out our commitment to communicating simple and clear preventative measures to our staff, residents and local employers, overseen by the Public Engagement Board.
- 2.2 To support the Public Engagement Board in its duty the COVID-19 team have reviewed the system governance and composition in place to deliver our system response and identified areas for strengthening.
- 2.3 A process of mobilisation is now in place to ensure system connectivity to deliver a robust engagement response in Trafford.

## 3.0 Communications and Engagement Governance

- 3.1 The below diagram attempts to map and set out the key local system infrastructure in place to support Trafford in its comms and engagement activity for COVID-19.
- 3.2 Our COVID-19 comms and engagement approach will form part of the longer time strategy for health and social which is managed by the Health and Social Engagement Steering Group.



- 3.3 A weekly Covid-19 Co-ordination Engagement Group has been established to support the work of the Board and co-ordinate the COVID-19 engagement response across the locality. This group will use local data and intelligence to update and lead the intensive 10 point action plan for engagement using localised networks for disseminating information and engaging with residents.
- 3.4 A weekly COVID-19 Enforcement group has also been mobilised to drive enforcement activity and ensure national legislation and local lockdown guidance is implemented in licenced premises, neighbourhoods and open space.
- 3.5 A virtual network has been established to ensure we have good system reach for key messages in hard to reach and other groups and disseminate key information to communities for wider circulation.
- 3.6 Existing governance groups and being pro-actively engaged to ensure system connectivity and maximise our engagement impact and reach.

#### **4.0 System Reach**

- 4.1 To demonstrate our system capability a Community Reach Matrix (Appendix A) is in development.
- 4.2 This aims to outline the key population cohorts/defining group characteristics of those people we should be engaging with and attempts to map the forums/groups that sit within the current system governance that represent the needs of those cohorts to support delivery.
- 4.3 This matrix is in development, requires population and will be further refined.
- 4.4 The Public Engagement Board are asked to review this matrix and comment on the approach.

#### **5.0 Recommendations**

Public Engagement Board are asked to:

- 5.1 Note the progress made in ensuring system reach and connectivity to support our COVID-19 communications and engagement response.
- 5.2 Comment on the Communications and Engagement Governance structure that wraps around our approach and suggest any areas for strengthening.
- 5.3 Consider if there are any groups un-represented within the population cohort matrix that should appear for inclusion in mapping our engagement response.







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**Draft**

**Health and Social Care Recovery/  
Locality Plan (2020-2024):  
Communications and engagement strategy**

**V0.10**

## Version control

### Document Description

This document outlines the strategic approach for communications and engagement to support the delivery of the Health and Social Care Recovery/Locality Plan for Trafford and Trafford's response to the NHS Long Term Plan for the borough.

### Target audience/s

Trafford Health and Social Care Leaders, Communications and Engagement Steering Group, Strategic Delivery Groups, Health and Social Care Recovery Group, Local Care Alliance, Public Engagement Board, Trafford Health and Wellbeing Board.

### Document History

#### Version Control

Version	Summary of Changes	Date	Author
0.1	Document created	31/07/19	Tracy Clarke
0.2	Additional content added		Tom Maloney
0.3	Version refresh following feedback from Imp Group		Jamie Oliver/T Clarke
0.4	Version refresh following LCA meeting	27/07/19	Tracy Clarke
0.5	Update in response to Covid-19	07/08/20	Tracy Clarke
0.6	Amendments following proofreading	12/08/20	Joe Slade
0.7	Task and finish group amendments – Meeting 1	26/08/20	Tracy Clarke
0.8	Task and finish group amendments – Meeting 2	28/08/20	Tracy Clarke
0.9	Version refresh following feedback from SLT	03/09/20	Tom Maloney
0.10	Measurements and acknowledgements added	02/10/20	Martin Dillon/T Clarke

#### Distribution

Name	Title	Date	Version
LTP Implementation Group			0.2
LTP Implementation Group			0.3
Locality Plan Working Group	All members	17/8/19	0.4
H&SC C&E steering group	All members	10/08/20	0.5
H&SC Recovery Reform Board	All members	18/08/20	0.6
Senior Leadership Team	All members	01/09/20	0.8
Public Engagement Board	All members	05/10/20	0.10

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## 1. Background and context

All boroughs in Greater Manchester are required to develop a long-term Locality Plan for the recovery and reform of health and social care.

In Trafford, to support this we had a year of engagement planned for 2019/20.

We published our first version of the Health and Social Care Locality Plan in October 2019 and established a multi-agency Communications and Engagement Steering Group which started to pull together what our year of engagement would look like to co-design the Locality Plan refresh with our workforce and communities. We were just about ready to publish the practical things we would do when Covid-19 hit us.

We've been in response mode for a while and we are now keen to develop the longer term communications and engagement strategy that deals with:

- a) Covid-19 recovery and outbreak management and
- b) the longer term strategy for Health and social Care reform.

We have renamed the programme of work the "Health and Social Care Recovery/Locality Plan".

The Covid-19 pandemic has enabled levels of innovation and collaboration unprecedented within the NHS and wider social care system.

This emergency has provided us with an opportunity to develop, redesign and reset how we work as a system and individual organisations to deliver health care and social care moving forward.

In addition to preparing our system and organisations to develop recovery and ultimately reset services, it will also ensure we are in a position to manage any future waves of the pandemic.

Our work before and during the pandemic was built on the principles which we embedded in our locality plan to work for People in Trafford, focusing on 'Population, People, Place and Partnerships'.

This communications and engagement strategy will cover two main aspects:

### **a) Covid-19 recovery and outbreak management**

Ensuring our workforces and those we deliver services to are aware of our plans, and that health and care systems are able to build back better and deliver the best services for our population.

Trafford's Outbreak Management plan sets out how we will prevent and manage outbreaks of Covid-19 across Trafford to ensure that our residents and communities can live safely through the various phases of the pandemic. The diagram below provides a short summary of the outbreak management plan which can be found on Trafford Council's website [here](#). Trafford Covid-19

Community engagement plans and an outbreak management communications plan are also being developed by Trafford Council to support this strategy.

**Local Outbreak Control Plans will centre on 7 themes**

- 1 Care homes and schools**  
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
- 2 High risk places, locations and communities**  
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
- 3 Local testing capacity**  
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
- 4 Contact tracing in complex settings**  
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
- 5 Data integration**  
Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
- 6 Vulnerable people**  
Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
- 7 Local Boards**  
Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public

While the response to outbreaks and communications will be led by Trafford Council and the Director of Public Health, success will require a co-ordinated partnership response. Trafford Covid-19 Public Engagement Board (chaired by the Leader of Trafford Council) will lead on the assurance and planning of this Health and Social Care Communications and Engagement Strategy relating to Covid-19, and the plans in relation to this.

As part of the Government’s phase 3 recovery for the NHS, there is a call for all health and social care systems to consider “*Nothing about us without us - Five principles for the next phase of the Covid-19 response*” report developed by National Voices.

We are working towards developing our approaches and responses to these challenges and these will be summarised further in our future action plans.

Below is an excerpt from the report which outlines the five principles:

**“1. *Actively engage with those most impacted by the change***

People have a right to be consulted about changes that profoundly affect their lives. People most affected by service cuts, lockdown, self-isolation, and difficulties with accessing food and medicine need to be heard and their experiences and concerns acted on. Policymakers must base their decisions on a deep understanding of how people and patients are affected. Proper co-production must be the cornerstone of policy design and development as we are making decisions for the longer term.

## ***2. Make everyone matter, leave no-one behind***

Everyone matters – all lives, all people, in all circumstances. Whether your life is normally unaffected by health issues or you struggle every day with your ill health or disability – your life matters equally and needs to be weighed up the same in any Government policy. It is essential that decision makers signal that they want people living with ill health or disability to lead full lives and remain an active part of society. Even if some people need to live with more severe restrictions, we must take steps to ensure they are able to work, earn money to work, earn money, access clinical care and socialise. We must move through this crisis together, and leave no one behind.

## ***3. Confront inequality head-on***

We're all in the same storm, but we're not all in the same boat. Mortality and morbidity are higher for those living in poverty and working on the frontline. People from Black, Asian or minority ethnic backgrounds are disproportionately affected. Life in lockdown is harder for those living in overcrowded or insecure housing than it is for those in spacious homes with outside space. There has never been a more urgent moment to confront the social determinants of ill-health as we build back better. All policies to manage the next phase must recognise these stark inequalities, taking a proportionate Universalist approach.

## ***4. Recognise people, not categories, by strengthening personalised care***

We need a personalised approach to how people want to live. Vulnerability should not mean blanket bans. Having a learning disability does not in itself mean people will have a short life expectancy or poor quality of life, people in care homes are not simply waiting to die. Not everyone over 70 privileges safety over family contact. The category of 'vulnerable' needs to be rethought and broadened beyond narrow clinical criteria to include more holistic circumstances that can make people vulnerable, such as domestic violence, poverty, disability or overcrowding. Personalised care is essential to safety and dignity.

## ***5. Value health, care and support equally***

People living with ill health or disability need more than medicine. They need care and support, connection and friendship. Social care, charities and communities are part of this vital, life enhancing fabric of life. The isolating, underfunding and neglect of social care, its workforce, users and purpose as a life enhancing public service has to end. Charities and communities need to be enabled to take part in the design and delivery of future care models. Any policy efforts to rebuild services need to actively address and dismantle barriers between sectors that only ever mattered to funders and regulators.”



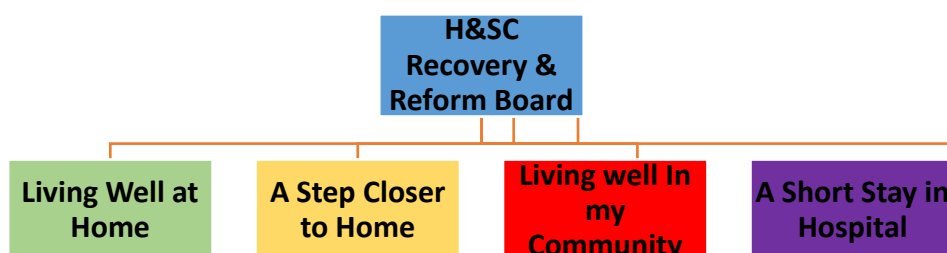
## b) Longer term strategy for health and social care reform

This will build from the foundations of our Trafford Together Health and Social Care Locality Plan 2019–24 version1, developed in 2019. A copy can be viewed [here](#).

We previously worked on six pillars (prevention; children’s health; living well at home; planned care; urgent care and mental health). We have learnt through Covid-19 that we need to be more flexible and dynamic with our approach to health and social care recovery and reform.

We need to recognise that the design of services will be different as we start to come out of the pandemic, not least because we have had to change how we work.

In order to organise a more integrated and transparent approach we have set up four health and social care strategic design groups to drive forward health and social care recovery and reform:



### Living Well In My Community:

The Living Well in My Community Strategic Design Group is responsible for developing a place-based community model that can respond to local people’s needs – creating an environment where residents:

- feel supported and educated, and have access to the right information and advice and guidance
- are connected to their local communities, to community leaders, and to a diverse range of groups and services that exist in their area
- are enabled to help each other as good neighbours living in great communities; and are supported in their physical and mental health.

The group will proactively seek out good practice from other local authorities and broader community success stories, embedding these into Trafford where appropriate.

### Living Well At Home:

The Living Well At Home Strategic Design Group is responsible for developing a range of support to enable people to live fulfilling independent lives in their own homes (and other home-settings) for as long as possible. Building on personal strengths, natural supports (such as support from family and friends), community assets, including support from non-commissioned services, the CCG and Council will commission a range of services which provide specialist services that cannot be provided in a different way.

The Living Well at Home model provides a fundamental shift to asset and strength based care which not only meets people's individual needs, but also keeps them connected to family, friends and the wider community.

Person-centred support plans reflect all aspects of people's lives which enables people to live as independently as possible and specify which services will need to be commissioned or supported for those who fund or chose their own support. Plans are developed on a collaborative basis, involving health and social care community services, the individual, and their family and social support circle.

### A Step Closer to Home:

The Step Closer to Home Strategic Design Group will ensure that there is a range of services that will wrap around our residents when they need additional support. This will enable people to stay in their normal place of residence when they need additional care – or when their normal support system breaks down – and also supporting people to leave hospital, where possible returning to their normal place of residence.

These services will not be defined by where they are provided, but by their ability to respond in a timely way and provide the right care at the right time until the person no longer requires extra help. This group will have a number of dependencies to all other strategic design groups including in particular the Living Well at Home design group and the Short Stay in Hospital group. Links to a Short Stay in Hospital will be picked up through programmes such as Urgent Care which aim to deflect attendance at hospital sites. The services will be developed on a locality base to ensure that people maintain community connections and informal support, and will provide the following elements:

- a) Person centred health and social care which maximises good health and well-being and independent living
- b) Therapeutic support to develop or relearn skills
- c) Access to TEC, equipment and adaptations to support independence long-term
- d) Support to plan ahead to avoid any further crises. For example, support for carers, access to falls programmes or support groups to manage anxiety.

A Short Stay In Hospital: The Short Stay in Hospital design group will facilitate the delivery of programmes that will aim to address a number of challenges which will need to be managed at a locality, system and national level in order to run an efficient and safe service that does not create health inequalities.

Membership of our Strategic Design Groups and Thematic Design Groups will be flexible and dynamic, allowing for new core members and short-term members where required and appropriate. We will invite key partners into our groups where it makes sense to do so. This may be time specific or relating to a specific work programme (Manchester commissioners/providers, Trafford providers, people/communities, etc).

The building of our new approach will enable us as a system to support the core principles and objectives of our health and social care locality recovery plan, placing living well at home at the epicentre of our efforts.

All Strategic Design Groups will be asked to consider the following questions relating to communications and engagement:

- Do we have an understanding of the views and behaviours of our population?
- Have we co-produced with stakeholders/partners and politicians?
- What is the best approach to communicate, engage, listen to and educate Trafford people about the enhanced services in Trafford?
- Are we co-producing for sustainable change?

These key questions can be added to and refined in order for us to ensure that when doing any kind of redesign work, we are thinking about hearing the public's voice. We will develop further questions as we engage in effective communication with individuals, families and communities in Trafford (eg do our plans significantly affect any people in an adverse way and if so, how will we address, or mitigate against them?)

## 2. Working together as a system: Trafford Together

**Our commitment: We will not work in isolation and always consider the wider determinants of health**

Trafford Together is an approach of people and organisations working together to make Trafford an even better place to live, work and visit. It is not an actual organisation – we are currently using Trafford Together branding developed by Trafford Council to act as a visual representation of the commitment made by many organisations and individuals to work together in Trafford.

By working together as Partners, in a Place, with People, focusing on Prevention, we can achieve things we cannot do alone and make sure that we keep improving our services:

- Together as Partners – co-ordinating across all services and organisations so we can think bigger and do better with our combined resources to improve outcomes for residents and our workforce.
- In a Place – across our neighbourhoods. Bringing people who live and work in an area together, to build stronger communities within and across our neighbourhoods and our special interest groups.
- With People – putting our citizens at the heart of what we do, working on what matters to them, building on their strengths and networks to enable them to make the right choices to live as well as they can.
- Focusing on Prevention – commitment to taking action early and making every contact count is the right thing for us all to do. People should only have to tell their story once to get the right advice and support at the right time.
- To keep improving – making the most of technology and using data, evidence, people’s experience and information to make decisions. We continue to learn and develop our workforce and make the best of all our assets.

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



- 
- Building Quality, Affordable and Social Housing**  
Trafford has a choice of quality homes that people can afford
  - Health and Wellbeing**  
Trafford residents health and well-being is improved and health inequalities are reduced
  - Successful and Thriving Places**  
Trafford has successful and thriving town centres and communities
  - Children and Young People**  
All children and young people in Trafford will have a fair start
  - Pride in Our Area**  
People in Trafford will take pride in their local area
  - Green and Connected**  
Trafford will maximise its green spaces, transport and digital connectivity
  - Targeted support**  
People in Trafford will get support when they need it most

Our Health and Social Care Recovery/Locality Plan should not be viewed in isolation. Its aims and aspirations are intrinsically linked to each of the above seven priorities with a view to positively influencing and addressing the wider determinants of health. We will be working with our stakeholders and wider system partners leading the above priorities to refine our health and social care plans throughout the life course of the Recovery/Locality Plan.

We believe that in order to achieve reform which is sustainable, our plans have to be owned and understood, not ‘told and sold’. We have started to change the way we work and work differently with partners. The difference by prioritising this approach is:

- Strengthening partnerships with our diverse local communities; developing the role of community hubs, building on local ideas and using the strengths of individuals and partner organisations to give us new opportunities and ways to improve the health of our communities.
- Involving people directly in decisions about services, working with community advocates such as local businesses, voluntary groups, volunteers and schools as well as others. This will help to shift the conversation onto preventing ill health, being active in pursuing health and wellbeing and shaping the future of health and care services.
- Identifying key partners, stakeholders and understanding factors that influence how best they should be engaged in the work, and also how best they could deliver services.
- Identifying local and system champions – system leaders who can identify this work as a corporate priority and leaders who are active in the communities, with local knowledge and contacts who can make a difference.
- Refocusing on simple, owned system messages.

### 3. Communications and engagement principles

**Our commitment: We will place people and communities at the centre of everything we do**

The following principles will underpin the communications and engagement activities of this strategy:

- Trafford Together as a system-wide approach and ‘brand’
- Led and owned by our system leaders (Trafford Local Care Alliance, Trafford Local Care Organisation and Trafford Partnership structures)
- Transparency and clarity – we will be open and transparent in our communications and engagement and use clear language and information that is accessible for our populations
- We will listen to individuals, families and communities of Trafford;
- Positioned in neighbourhoods, where people live
- Co-production and co-design, not ‘tell and sell’
- Linking with existing/planned engagement in the system
- ‘You said, we did’ – our engagement must always be meaningful
- We will ensure that what people tell us is responded to and acted upon wherever possible
- We will always consider what impact people can have when we are planning our engagement activity to ensure we can feedback to the people we speak to and that real change and improvement happens
- Adopt continuous improvement and learning from other localities in Greater Manchester and beyond
- A finished product of an agreed, owned and deliverable borough-wide vision.

We will also ensure:

- All engagement activities will be a positive experience for all those involved and people should feel that their contribution is sought and valued. People should understand how it has contributed to any proposals and decisions;
- The involvement of stakeholders will improve any recommendations made for change;
- Our communications will be appropriate to the target groups' needs and preferences and will take account of people's differences;
- We will constantly review our approach throughout the programme;
- Resources will be used from all the partner organisations and we will dovetail into each organisation's communications and engagement strategies.
- We will be realistic in what we set out to achieve and we will use research, data, evidence, people's experience and insight to help us evaluate effectiveness and drive what we want to do.
- Our approach will be timely and compliant with legislative frameworks and national policy guidance.

#### 4. Resourcing the programme

**Our commitment: We will work together to maximise the impact of communications and engagement and be supported in our own organisations to deliver this partnership approach**

For this complex programme of work we will need contributions from everyone to deliver this partnership approach.

Our colleagues in the multi-agency Health and Social Care Recovery/Locality Plan Communications and Engagement Steering Group will be asked to commit to pooling resources, sharing information and intelligence and working together to maximise the impact of our communications and engagement staff across the programme.

This is a complex programme of work and there should not be any room to cut corners in terms of costs associated with effectively communicating and engaging, but a starting principle will always be to achieve value for money. This will require dedicated funding as not all communication can be digital. There will be a need for written materials as many of our residents are either not connected digitally or have the necessary IT skills to access information.

Therefore the resources for the programme comprise two elements: staffing and consumables. The details of these are outlined below.

- **Staff time**

The staff to support the activities relating to the communications and engagement strategy and associated activities are expected to come from within existing resources within the respective partner organisations.

All will be invited to contribute staff time to the programme. The level of this contribution will need to be proportional to organisational structure and capacity.

- **Consumables**

For the programme to support the refresh of the Health and Social Care Recovery/Locality Plan and have continuous engagement, procurement of a range of non-recurrent consumable items such as print media, paid for targeted social media, etc will be required.

## 5. Governance

**Our commitment: We will ensure all key forums receive regular updates regarding communications and engagement**

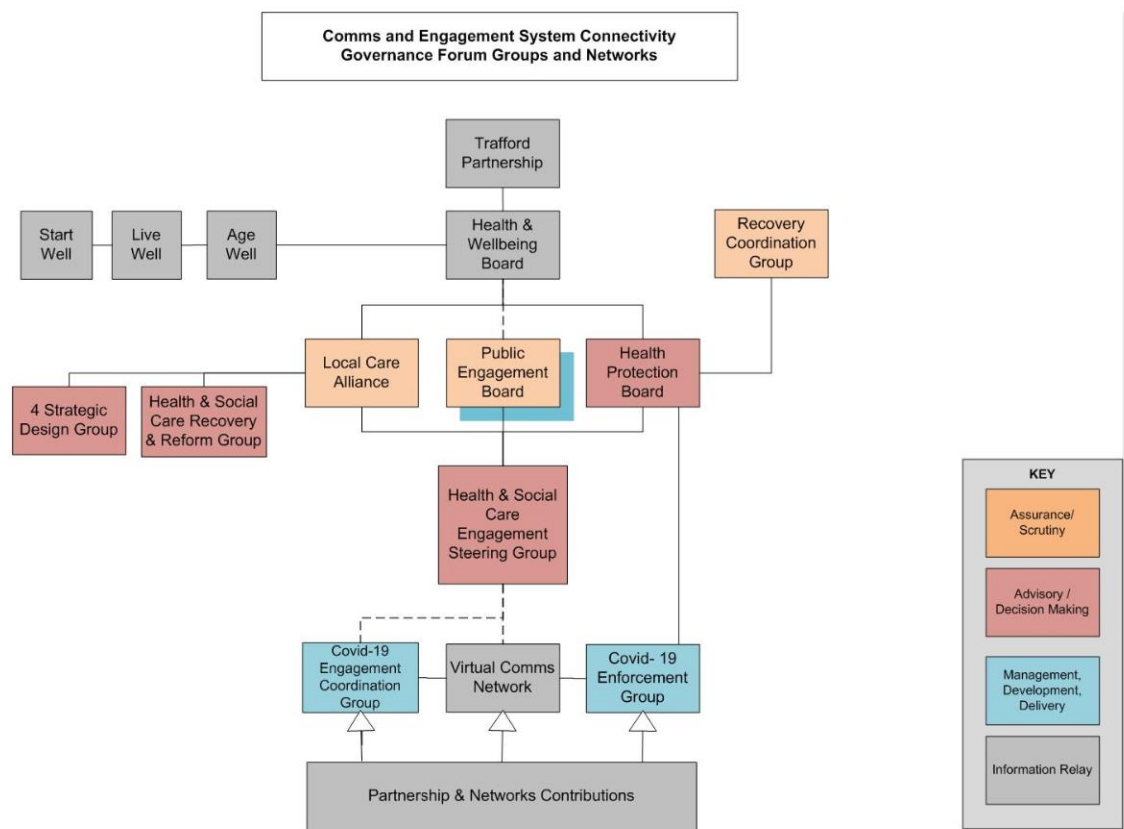
In Trafford we are aiming to work towards a culture of co-production within the borough. This will be supported by system leadership that enables people from different organisations, groups and individuals to feel they have a valid and significant contribution to make in how we reform and develop over the next five years.

We have built upon the strong platform that we already have in place in the borough (such as Trafford Partnership) in terms of partnerships relating to health and social care to establish:

- A joint working arrangement in strategic commissioning that has enabled the Council and the CCG to move into Trafford Town Hall and work coherently together, forming an **Integrated Commissioning Directorate (ICD)**.
- **Joint senior leadership appointments** across the health and social care system.
- The establishment of a **Local Care Alliance (LCA)** which has formalised its joint working arrangements through a Memorandum of Understanding to work together to reform health and social care together.
- A **Trafford Local Care Organisation (TLCO)**, which brings together NHS community health and adult social care services in Trafford, to plan and deliver joined-up services in neighbourhood teams, under one management structure.
- Development of **five Primary Care Networks** in our **four neighbourhoods**.
- **Strategic Design Groups** set up to start planning Health and Social Care Recovery and Reform in Trafford: Living Well at Home; A Step Closer to Home; A Short Stay in Hospital; Living Well in My Community.
- **Voluntary Community Faith Social Enterprise (VCFSE) Health and Wellbeing Collective** established to enable commissioners and the VCFSE sector to develop much closer relations, enabling more co-design

and delivery of health and wellbeing services, and greater VCFSE engagement at a strategic level.

- **Health and Social Care Recovery/Locality Plan Communications and Engagement Steering Group** (with members from each of the above and other key partners) to develop the communications and engagement strategy and influence the design and delivery of the health and social care recovery/locality plan. This group will report to Trafford Local Care Alliance. Insight and support from the group will also feed into **Trafford Public Engagement Board** which has been set up to plan Trafford’s response to Covid-19. This is a sub-board of **Trafford Health and Wellbeing Board**. See organagram below for further details:



There are a number of key forums which have a pivotal role in ensuring that the communications and engagement effort in the Trafford system are co-ordinated and impactful. In order to achieve this, we have defined roles and responsibilities for each of the core groups in our system.

Group/Board	Responsibility
Trafford Health and Wellbeing Board	The Board seeks assurance that the Health and Social Care Recovery/Locality Plan (which will help develop a place based, partnership approach to health and social care in Trafford) is being delivered. The Health and



	Wellbeing Board is also responsible for developing the Trafford Joint Strategic Needs Assessment.
Trafford Public Engagement Board	Elected member-led multi-agency board with a focus on assurance and planning of communication and engagement approaches regarding Covid-19. It will oversee local support for implementing the necessary steps for reducing the transmission of Covid-19. The Communications and Engagement Steering Group will report into this Board.
Trafford Local Care Alliance	The Local Care Alliance is responsible for the development and delivery of the Health and Social Care Recovery/Locality Plan and the supporting Health and Social Care Recovery/Plan Communications and Engagement Strategy. <ul style="list-style-type: none"> <li>• Receives regular updates from Health and Social Care Communications Steering Group</li> <li>• Seeks assurance regarding health and social care communications and engagement</li> <li>• Develops local health and care systems by using public and stakeholder insight</li> </ul>
Communications and Engagement Steering Group	Multi-agency group established to develop and implement the Communications and Engagement Strategy to support the Health and Social Care Recovery/Locality plan. <ul style="list-style-type: none"> <li>• Develop multi agency communications and engagement programmes to support a) COVID-19 response and b) Health and Social Care Communications and Engagement Strategy</li> <li>• Pooling resources, sharing information and intelligence and working together to maximise the impact of communications and engagement staff across the programme</li> <li>• Share and develop targeted communications</li> <li>• Use insight to inform communications and engagement</li> <li>• Reports to Local Care Alliance and Public Engagement Board</li> </ul>

Membership of the multi-agency **communications and engagement steering group** includes: Trafford Council, Trafford CCG, Manchester/Trafford Local Care Organisation, Greater Manchester Mental Health NHS Foundation Trust, Manchester University Hospitals NHS Foundation Trust, Mastercall, Altrincham Healthcare Alliance, Salford and Trafford Local Medical Committee, Healthwatch Trafford, VCSE Health and Wellbeing Collective, Thrive Trafford, Greater Manchester Police, Department of Work and Pensions, Irwell Valley Housing.

## 6. Brand management

**Our Commitment: The communications and engagement steering group, through the LCA and our partners, commit to developing a collectively owned brand for health and social care in Trafford**

There is a collective commitment to establish a brand and associated set of guidelines which we can all use.

There is enthusiasm from all members of the communications and engagement steering group members from all our respective organisations to confirm and put in place a comprehensive branding package so we can be consistent with language; design and messaging moving forward both in response to Covid-19 and as part of the longer term health and social care strategy.

We recognise that the branding needs to align with other existing or planned branding that is being discussed in our member organisations.

Our aim is to have one set of branding that can be used by our partners so that we have consistency and a visual presence on various platforms such as print and social media.

This brand needs to have clear, defined principles sat behind it before being used so that it is applied appropriately and consistently by all partners.

## 7. Developing key messages – Covid-19

**Our commitment: We will promote national messages; contribute to forming Greater Manchester messages and develop bespoke Trafford messages in the most accessible way for our audiences**

Most key messaging relating to health and social care will be developed:

- **Nationally** – by Government (Department of Health and Social Care) and Public Health England.
- **Greater Manchester** – by Greater Manchester Combined Authorities; Greater Manchester Health and Social Care Partnership; Greater Manchester Police; Greater Manchester Fire and Rescue Service.
- **Trafford** – by Public Health teams and communications teams supporting them. Sometimes partners working within Trafford may tailor these messages to suit their own audiences. Engaging and involving stakeholders and individuals in the development and delivery of messages will continue to be a crucial part of our plans.

There are existing communication protocols and material in place between Public Health England and local authorities to ensure clarity and consistency of messages in response to an outbreak, such as letters to parents following a confirmed case in a school.

Ensuring there is consistency in messaging from important local organisations is vital to avoid confusion and to build trust and confidence.

Working in partnership is crucial to help prevent the spread of the virus and swiftly respond to local outbreaks. There are established close working arrangements with key partners in agreeing and communicating proactive, timely coronavirus messages including the Local Resilience Forum, under the Trafford Partnership communication channels and connections and via Trafford Public Engagement Board. A Virtual Partners Network is being developed to disseminate key Public Health information quickly and efficiently to the communities of Trafford.

As messaging relating to Covid-19 is often changing, this Strategy will not provide a full outline of these as they will be detailed further in individual communications and engagement action plans.

Key messages will include

- Stay safe messages
- Symptom awareness messages
- Restriction messages
- Business messages
- Test and trace messages
- Stay healthy messages

As we are close to moving into Autumn/Winter, further messaging regarding flu/vaccinations/immunisations and the use of urgent and emergency care services are being developed.

It is important that representatives sitting on the Communications and Engagement Steering Group are aware of key messages so that they are able to cascade these appropriately to their workforces and those they serve. We will develop an agreed system of sharing key messages between key partners to ensure the widest reach.

## 8. Channels

**Our commitment: We will identify and utilise a wide range of communications channels to communicate and engage with people, ensuring inclusivity**

We will identify and utilise a range of communications channels to communicate and engage with people.

These channels will generally include reputation management, media relations, internal communications, website, social and digital media management, stakeholder management, parliamentary relations, as well as the marketing of services and development of integrated campaigns which influence behaviour, for example to encourage the best use of services or to make healthier lifestyle choices. We have outlined the communication channels we will use to help deliver this strategy in the sections below.

## **Internal communication channels**

We will use a variety of methods to communicate internally with our workforces (dependent on each organisation's channels). These include mechanisms such as email, face to face, telephone, text messaging, intranet, staff briefings, fact sheets/FAQs, social media channels, local media, blogs, staff forums, local media and virtual meetings.

## **External communication channels**

### **Trafford:**

We will utilise a variety of methods externally (dependent on each organisation's channels and the actual activity) including: websites, media, social media, email, telephone, call centres, conference calls, posters/flyers, residents magazine, stakeholder briefings, factsheets/FAQs, local media, blogs, text messaging, e-bulletins, stakeholder briefings, media releases, public TV screens, mosque transmitters.

### **Greater Manchester:**

Channels used by Greater Manchester Health and Care Partnership, Greater Manchester Combined Authority, Transport for Greater Manchester, Greater Manchester Police, Greater Manchester Fire and Rescue Service, including websites and social media.

### **National:**

Government briefings, websites, social media, NHS England websites/social media, TV, radio and newspapers

## **9. Stakeholders**

**Our commitment: We will work with all our stakeholders and wider partners to plan together, maximise existing communications channels and communicate effectively with the people and communities of Trafford**

In order to ensure our communications and engagement activities are effective we need to understand who our key stakeholders are:

Our workforce

Public, patients, communities

Voluntary, community, faith and social enterprise

Charities

Elected members (GM Mayor, MPs and Councillors)

Trafford and neighbouring health and social care providers

Trafford and neighbouring health and social care commissioners

Greater Manchester Health and Care Partnership

Greater Manchester Combined Authority

NHS England

Healthwatch Trafford

Police

Fire

Housing

Businesses

Sport and leisure

Education

Transport

Media: local, regional and national

Professional bodies

Trade unions

## 10. Materials and resources

**Our commitment: We will ensure that partners and public are able to access the right information in the most accessible way**

National public health resources relating to coronavirus are available free to download/ print or use digitally by anyone without registering. These can be found on the Public Health England website at: <https://campaignresources.phe.gov.uk/resources/campaigns>. Many resources are now available in different languages and accessible formats (eg large print, British Sign Language, audio). We will ensure partners are aware of these.

There is also access to more campaign material on the website but individuals are required to register. Some information is limited to health and social care staff.

Further resources are available on the Department of Health and Social Care website, found with specific topics they relate to.

Updates are shared with partner communications colleagues in Greater Manchester relating to national, North West and Greater Manchester resources. Each Trafford organisation will be using these materials and if they are not they should contact Trafford Council/CCG communications to be added to a formal cascading process to share resources within the Communications and Engagement Steering Group, which is under development.

Trafford Council/CCG can create original resources but have limited resources to do so. If there is a requirement to create a Trafford-specific campaign which

relies on the creation of new creative materials, partners will be expected to offer assistance on this where possible/appropriate.

## 11. Campaigns

**Our commitment: We will aim to develop five multi-agency campaign programmes, driven by the needs and wants of the Trafford population**

Campaigns are important to support behaviour change in our people. It is important that our partners are aware of these and understand how they can help to widen the audience reach in the most tactical way. This is a great opportunity to develop an agreed schedule of campaign roll outs together.

**Priority campaigns** where we will need to work together to get as wide a reach as possible:

- Covid-19 (Test and Trace, Let's Get Back, Symptom awareness, etc)
- Urgent emergency care/111 usage
- Flu
- Better health [www.nhs.uk/BetterHealth](http://www.nhs.uk/BetterHealth).
- Every Mind Matters <https://www.nhs.uk/oneyou/every-mind-matters/>

**Other key campaigns** where we will consider working on a partnership approach include:

- Mental health awareness week
- Cancer awareness week (or specific cancer)
- Carers week
- Volunteers week
- Self-care week

We will work with commissioners and public health colleagues to determine further campaigns to support.

A calendar of campaigns will be developed so that all partners are able to plan to support the programme.

## 12. Insight and engagement

**Our commitment: Insight will be at the heart of all our planning and decision-making**

In order to best understand the people who work at or use Trafford services, we will need to draw on a range of insight data and, where appropriate, will undertake further engagement if gaps in insight are highlighted. Insight is gained from bringing multiple sources of information together. We will focus on interpreting trends and in human behaviour in order to make changes or improvements to services or our communications.

Our insight data will include:

- National/GM/Trafford data such as the Joint Strategic Needs Assessment (JSNA)
- Analysis of feedback data to find patterns and trends
- Social media analytics
- Information on patient/public habits and choices
- Community profiling data
- Workshops
- Surveys
- Community engagement including people's stories and experiences.

Understanding the people who use local services means that we can use more targeted information or make changes within services to better reflect the needs, habits and choices people make. We recognise that as technology advances, there is more we could do to improve our understanding and hope to develop our use of service user/public insight over time. We know that the engagement work we do can contribute to service user/public/workforce insight. We will also often share insight data with the people we engage with. This allows us to check our understanding and jointly review and co-design services.

Key areas of engagement will be:

- **Community engagement** – to understand people's attitudes and behaviour with a view to further develop messages and communications that are effective and based on people's lived experiences; to involve people in health and social care planning.
- **Co-designed communications resources and messaging** – with VCFSE and partners to ensure that the right messaging reach the right people
- **Working with key partners**, including the health sector, police, and voluntary and community sector to support the delivery of plans as required.
- **Testing and contact tracing** – to ensure all cases are identified and testing plans and strategies are in place to quickly scale up testing for clusters, situations and outbreaks. Locally delivered contact tracing will be done to support the national NHS system to ensure cases and their contacts are supported to enable them to isolate appropriately.
- **Business engagement** – delivering a range of activities from support and advice to enforcement and regulatory action to prevent and control workplace outbreaks.
- **Workforce engagement** – to ensure our staff have the most up to date information and have the opportunity to shape how services should be delivered for the people of Trafford.

- **Surveys** – to capture insight of people’s experiences and views. These will help to shape our communications and engagement approaches further, and also inform our redesign of services.

### 13. Promoting equality

**Our commitment: We will plan to mitigate any inequalities in our communications and engagement approaches**

We will consider any impacts that our communications and engagement plans may have on our people and, in line with our commitment to promote equality through reducing inequality, we will conduct the appropriate equality impact assessments to identify what these are. This will help to identify any targeted and/or translated, accessible communications, culturally sensitive resources that may be required.

An integrated Trafford Council/Trafford CCG Equalities and Inclusion Strategy is being developed which will set out our commitment to taking equality and inclusion into account in everything we do.

We will continue to proactively protect the public and our workforce who are particularly vulnerable, including those who may need to be shielded now or in the future, those from Black and Asian minority ethnic (BAME) backgrounds, and those with other risk factors.

We will utilise insight to help develop our communications further.

### 14. Risks to delivery and mitigation

**Our commitment: We will work together as partners to manage any risks that arise and where possible be proactive in our mitigation**

Risk	Mitigation
Misplaced concern that this is simply about ‘cuts’ and closing services	Clear, consistent messages from the outset and the use of a single narrative by all partners  Engagement highlights the evidence and need for change
Concern and scrutiny about changes may overshadow and distract from the engagement objectives	Utilise a strong case for change with key stakeholders and give particular focus to engaging with political stakeholders early so they understand the reasons for change and how local people will benefit
Partners carry out engagement with contradictory or negative messaging	Expectation that communications and engagement staff across the Trafford system will work together to develop a



	<p>clear narrative. Message cascading system developed.</p> <p>Expectation that partners/workforce carrying out engagement adhere to a consistent narrative</p> <p>Set up system/partner communications and engagement steering group</p>
Lack of participation by some partners	<p>Expectation that all partners own and actively participate in engagement across the system, as well as within their organisation</p> <p>Set up system/partner communications and engagement steering group</p>
National and GM promotion not in line with local messaging	<p>Ensure national and GM messaging is reflected and explained within local messaging/context</p>
Capacity and capability within communications and engagement teams to deliver the engagement activity in an effective way	<p>Communications and engagement teams across the Trafford system to work together to provide shared support, expertise and resources</p> <p>Consider utilising additional support from elsewhere</p> <p>Consider additional funding for additional post(s)</p>
Scale and pace of change – announcements and services	<p>Clear, consistent messaging and the use of a single narrative by all partners</p> <p>Staff briefings Stakeholder briefings Public messaging</p>
Increased demand for services	<p>Clear, consistent messaging and the use of a single narrative by all partners</p>

## 15. Measuring success – monitoring and evaluating

**Our commitment: We will collect the right information and intelligence consistently. We will continually challenge our partners to understand “Have we made a difference?”**

### **Evaluation**

It is important we monitor our reputation with our stakeholders. We will capture data so we can evaluate the success of communications campaigns, internally and externally.

### **Methods include:**

- Using Google analytics to assess the regularity of visits to our web content
- Reporting tools for social media which tell us the level of engagement our posts are having
- Media releases sent out, media coverage (volume and tone), feedback/comment on online stories and pick up of key messages
- Getting feedback from focus groups
- Event feedback where appropriate
- Feedback from key stakeholders
- Telephone interviews to seek feedback
- Digital surveys – eg Citizen Space
- Open rates of Mailchimp when used

## 16. Acknowledgements

Thank you to all partners who have been involved in shaping the development of this system-wide Communications and Engagement Strategy to support the Trafford Health and Social Care Recovery/Locality Plan for Trafford.

A special thank you to all members of the Trafford Health and Social Care Recovery/Locality Plan Communications and Engagement Steering Group for their time and commitment to support this work.