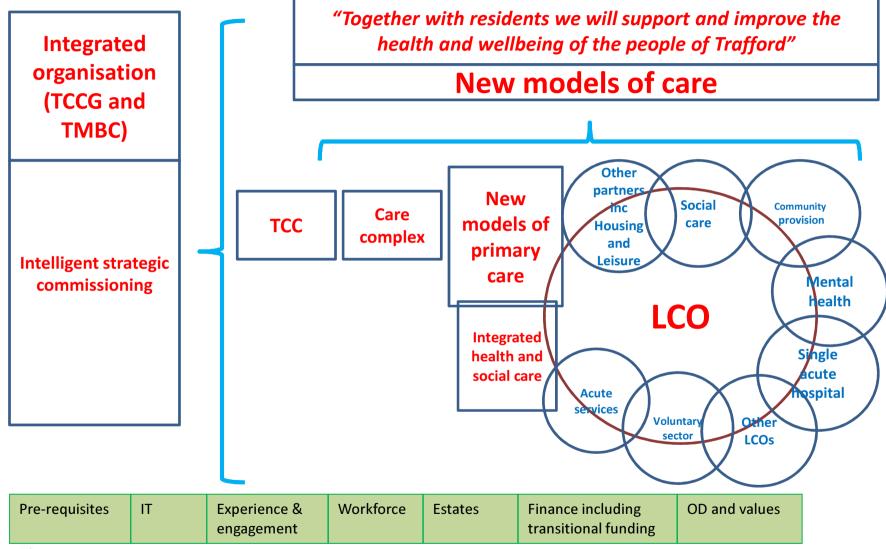
Trafford Local Care Alliance

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Interim Chair Trafford LCA





Trafford map







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 opportunityConnecting 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 communityEmpowering people and local communities-voluntary sector input.
Take full responsibility for the management of the health & wellbeing of a defined population	-Robust governance and leadershipLists 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 colocation 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.