

## **TRAFFORD COUNCIL**

**Report to:** Health Scrutiny Committee

**Date:** 23<sup>rd</sup> Jun 2021

**Report for:** Information

**Report of:** Emma Brown – Director of Adults (Social Care)  
Tom Maloney – Programme Director Health & Care (TBC and TCCG)  
Karen Ahmed – Director of Commissioning (TBC)  
Dan Lythgoe – Managing Director (TLCO)

**Accountable Officers:** Sara Radcliffe Joint Accountable Officer Trafford CCG and Diane Eaton Corporate Director for Adults

### **Report Title**

Update on Trafford Together: People, Place and Partnership and the Integrated Care System

### **Summary**

This report provides an update on pertinent developments since the launch of the Trafford Together Locality Plan and the introduction of the White Paper – ‘Working together to improve health and social care for all’ 2021.

The report addresses the individual points/questions raised by members by structuring this paper into two sections and update members on both strategic and operational changes, and our intended forward plans in light of the Integrated Care System changes which are to be in place by April 2022. A number of key highlights the paper addresses are:

- Learning from COVID response and recovery in future shaping / planning.
- The planned refresh of our Trafford Together Locality Plan.
- The imminent Integrated Care System (ICS) changes in Greater Manchester and what that means for Trafford.

### **Recommendation(s)**

1. That the report is noted and commented on.
2. Trafford Locality plan refresh to be made available to the Committee.
3. That we return to update in 6 months’ time on the same points.

### **Contact person for access to background papers and further information:**

Emma Brown – Director of Adults (Social Care)  
Tom Maloney – Programme Director Health & Care

## **1. Trafford Together Locality Plan: Our Achievements**

1.1 The Trafford Together Locality Plan was in its infancy when the global pandemic struck in March 2020. Unfortunately, as the national demand for sufficient hospital capacity deepened, the redeployment of many of our health colleagues was required and so the original delivery plan had to be paused whilst we collectively responded to the pandemic. However, the foundations we had formed through our joint working and the joint aspirations of the locality plan, enabled us to continue to work together through what has been one of the most challenging times in our health and social care history. We have kept working to deliver the aspirations of the Locality Plan focusing on people, place and partnerships whilst also reframing the plan so we can continue to innovate and deliver as we go forward. Some of the examples of joint working are below.

1.2 All elective medical procedures ceased to be undertaken (March 2020-March 2021) and a real focus on the discharge of adults from hospital took precedent for all Health and Social Care services, to ensure sufficient hospital capacity.

1.3 Adult Social Care, re-deployed our hospital social work resource into the community and strengthened our community assessment resources - beds (or Discharge to Assess), including Covid positive and Covid exposed beds and commissioned a new model of homecare service, to ensure that no longer term care decisions were being made whilst a person was in hospital. The relocation of social work capacity into the community enabled people to return home or to a long term placements without delay and kept the flow of people out of the beds and short-term homecare to support more hospital discharges.

1.4 As national guidance dictated and building on work already in place with Trafford that the Discharge to Assess model ought to be embedded in the health and social care system, we moved to a position where the Hospital Trusts signposted to Adult Social Care and Health which 'pathway' the person felt most closely aligned to.

1.5 The Trafford 'system' worked really closely together to ensure that people were discharged from hospital safely and speedily. Additionally, we supported approximately 500 people in the first 'wave' from being admitted to hospital. Primary care across Trafford stood up services, including digital access for patients to consultations and the vaccination programme, whilst working with partners to ensure the delivery of services in the locality plan.

1.6 Six community hubs were established led by our Voluntary Community, Faith and Social Enterprise Sector (VCFSE) partners to ensure that our residents who needed support had access to it (including the Extremely Clinically Vulnerable). The hubs worked really closely with health and social care agencies and corralled the efforts of local community based organisations to support our residents most in need. We also experienced a surge in local volunteers and access to more volunteer capacity through the national volunteer programme.

1.7 Our Community Health colleagues continue to support community demand and discharge activity from hospital. As elective medical procedures re-commence, additional demand is placing an increased pressure on our Community Health Services.

1.8 All Health & Social care services have seen a marked increase in referrals into their respective services over the last few months. Only time will tell whether this is the new normal, or delayed demand as a result of Covid. However, using our business intelligence functions we are modelling activity and demand to the best of our ability to ensure we are best placed to respond to any rise in demand.

1.9 Looking forward we are wanting to capitalise on the positives that have materialized through responding/recovering from Covid. The pandemic has brought about a real opportunity to work differently in Trafford and has effectively accelerated the deliverables of our original Locality Plan. We are continuing to implement our agreed objectives as follows:

- Multi-disciplinary neighbourhood working – enhancing our neighbourhood teams with a wider group of professionals across the social care, health, VCSE sector and provider market, Trafford Local Care Organisation (TLCO) and Primary Care Network colleagues.
- Specialist CCG Continuing Health Care nurses working with colleagues in neighbourhood teams.
- Exploring the feasibility of the CCG using the Adult Social Care electronic recording system as their primary digital database.
- Exploring enhanced and additional integrated commissioning arrangements.
- Implementation of neighbourhood based home care provision.
- Provide therapy into our Discharge to Assess provision to enable as many people as possible to return home at their optimum.
- Explore the integration of our occupational therapists into our neighbourhood constructs.
- Continue to respond much more quickly to hospital discharges using digital approaches.
- Co-creating GM approaches such as the GM Supported Discharge Referral Form, coproduced by all agencies which is now fully operational across GM Hospital Trusts and Community Providers.
- Improved accessibility – we will be launching the Adult Social Care Front Door in early July 2021. This will enable our residents to self-refer, obtain information and advice, report safeguarding concerns and complete an online financial assessment 24 hours day.
- Adult Social Care's Safeguarding Hub went live (7<sup>th</sup> June).
- Opened new respite option.
- Provided support to care homes, home care and supported accommodation services throughout the pandemic whilst ensure high quality services are maintained across the Borough.
- Implemented walk before you talk at Trafford General Hospital, as well as primary care having moved to a digital option which has enabled access though the pandemic for residents of Trafford to general practice.
- Implementation of a clinical assess service across Greater Manchester supporting North West Ambulance Service to ensure people are seen at the best community based option with access to make direct appointments into primary care

2.0 In order to track progress against our Locality Plan aspirations and against the mandated targets we have as a health and social care system we have put in place a robust measurement framework and set of thematic dashboards. This framework and central repository of dashboards have been developed collaboratively by the Council and CCG and are currently under the stewardship of the Trafford Local Care Alliance

(LCA) and the groups that report into it through the Health and Social Care Recovery Board.

2.1 We are committed to build on this data led approach to continuous improvement under the stewardship of the newly established One System Board the current measurement framework evolves in light of the NHS changes with the emergence of the Greater Manchester Integrated Care System. The creation of the OSB is an opportunity to integrate our data and intelligence and systems reporting infrastructure and decision making behavior.

2.2 It is important to note, following a period of consultation, the new NHS System Oversight Framework 20/21 will be published in June. This document will set out the approach to oversight, reinforcing system led delivery of integrated care. There is an expectation that we work to deliver the national priorities as set out in this and other NHS national planning guidance with ICSs and organisations having access to a Recovery Support Programme.

2.3 In order to understand performance we have put in place a number of interactive dashboards and resources which include (but not limited to):

- LCA Measurement Framework.
- LCA Dashboard.
- Elected Member Dashboard.
- Strategic Design Group Dashboards.
  - Living well in my community.
  - Living well at home.
  - Short stay in hospital.
- Mental Health Dashboard.
- NHS constitutional standards and national priorities.
- Performance and Quality of our commissioned services.

2.4 There are also a series of linked dashboards and data sets which help inform commissioners and our operational teams to prioritise time, capacity, skills and resource to achieve better outcomes. These dashboards are used by various people, teams and departments in order to contract monitor; quality assure; improve performance; re-design of services; financial remuneration; ensure patient safety and adhere to statutory compliance.

2.5 We are also in the final stages of producing and publishing the following additional resources:

- One System Board Dashboard.
- Health and Care Recovery Dashboard.
- Neighbourhood Dashboards (North, South, Central, West).
- Health Inequalities Dashboard.

2.6 Organisational approaches to measurement and data will still remain in place but we are committed to working as a wider health and social care system to understand our communities and ultimately commission, plan and deliver the appropriate services which will improve our population's health.

2.7 We continue to listen to our communities and wish to establish more formal yet efficient ways in which to capture the voice of people / patient and their outcomes to place alongside the data. By doing this it will allow us to understand if we are making a

difference to the lives of people in Trafford. We acknowledge more work is required in this space. Our commitment to coproduction remains central to the Locality Plan as it gets refreshed.

### **3. Integrated Care Systems – Trafford’s Approach**

3.1 The ‘White Paper: Working together to improve health and social care for all’ (2021) is a shift away from the legislative focus on competition between health care organisations towards a new model of collaboration, partnership and integration which will build on the foundations of the Trafford Together Locality Plan (which includes the NHS Long Term Plan). It is our intention to embed the innovations and new ways of working which has seen a positive growth in a ‘culture of collaboration’.

3.2 The White Paper means that across England Statutory Integrated Care Systems (ICS) will be formed and CCGs will be disestablished by April 2022. The newly formed ICS Health and Care Partnership will aim to improve population health outcomes, and Health and Social Care Services in Greater Manchester by:

- Removing barriers that are stopping progress in particular bureaucratic barriers.
- Removing requirements to competitively tender for clinical services to focus on collaboration rather than competition.
- Introducing formal duties to collaborate and joint working.
- Improving accountability and enhance public confidence.
- Clinicians and practitioners being at the centre of system redesign and delivery.
- Spatial levels which allow services to be commissioned at the right level (regional, locality, neighbourhood).
- Financial permissions and flows to support spatial planning.

3.3 A Greater Manchester ICS will be established by April 2022, which the ten Greater Manchester Localities will feed into. In Trafford we have established and agreed a set of design principles which bind our partners together, developing our new locality construct together in an open and transparent way. Each locality as part of the White Paper must establish a locality board.

3.4 We have built upon the Trafford Joint Commissioning Board and established a One System Board which has a wide stakeholder membership and forms the basis of our new governance which will be the formal link, for locality strategic direction, into the Greater Manchester ICS once it is established. Each locality will also establish a provider collaborative which will bring the local providers together to deliver services, Trafford will build upon its already established Local Care Alliance.

3.5 We have established a programme approach and have mobilised 6 key work programmes to drive forward the work which will take us through to the new arrangements in April 2022. These groups are accountable to the One System Board:

- System Governance – Performance and Quality.
- Finance.
- Transition - movement of CCG staff (below Board level) employment to the ICS for April 2022, whilst being deployed within Trafford.
- Provider Collaborative.
- Clinical and Practitioner Leadership.
- Communications and Engagement.

We will adopt an iterative approach to the programme to ensure the scope of work activity responds to the emerging changes in order to deliver a safe, effective and efficient transition into the ICS.

3.6 In order to curate our local arrangements we have established a series of partnership workshops (x4) which will concentrate on our 'Provider Collaborative' and 'Clinical and Practitioner Leadership' arrangements. We have also completed a set of Bitesize Learning sessions open to our staff and that of our wider system partners. Further system wide communications and engagement is planned as legislation is passed and guidance becomes clear.

3.7 As a Trafford system, through our One System Board we have agreed an interim response and position which is to be submitted to Greater Manchester Health and Care Partnership – this details our intended approach at this moment in time (June 21) which will be adapted as national guidance is published.

3.8 In light of the emergence of a Greater Manchester ICS and our Locality arrangements we are committed to refreshing the Trafford Together Locality Plan. This will be made available to the Committee at the earliest convenience with an intended completion date of September 2021. Covid enabled us to achieve many of our integration objectives contained in the Locality Plan earlier than expected and we are resetting our ambition, taking into account the recovery that we need to make post-Covid.

3.9 Our learning from responding to Covid is pivotal in shaping our approach, our ways of working and we are committed to using the learning gained from this period to build on the new relationships established across our health and social care system.

4.0 We are also committed to ensuring that that voices of all people who use our services, including those excluded groups such as people with learning disabilities are embedded.

## **5. How the Health Scrutiny can contribute to this piece of work and add value to it?**

5.1 We welcome your advice and guidance on how can we work together more closely with elected members, who have considerable local knowledge of the assets and challenges in their wards, to deliver our ambition and act as champions for the Locality Plan?

5.2 There is a commitment to strengthen our neighbourhood / community engagement, planning and delivery of health and care services – in order to achieve our aspirations would elected members be willing to partake in a series of engagement events that brings clinicians, practitioners, professionals and community members together?

### **Recommendation(s)**

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| <ol style="list-style-type: none"><li>4. That the report is noted and commented on.</li><li>5. Trafford Locality plan refresh to be made available to the Committee.</li><li>6. That we return to update in 6 months' time on the same points.</li></ol> |
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