Trafford Locality Plan Refresh

Trafford Health and Wellbeing Board January 2024



Part of Greater Manchester Integrated Care Partnership

Presentation by:

Tom Maloney, Programme Director Health and Care, Trafford Council and NHS GM (Trafford)

Trafford Locality Plan Refresh: Aim and Rationale

Aim:

Our aspiration is to refresh the Locality Plan and create one plan for health and care for Trafford by integrating the aims and aspirations of the current health and wellbeing strategy.

Rationale:

The ICS Operating Model confirms the core role of localities in driving population health improvement and delivering preventative, proactive integrated models of neighbourhood care. Although localities are delivering across all six of the missions in the ICP Strategy, our key areas of responsibility principally relate to the missions on **stronger communities** and **helping people stay well and detecting illness earlier**.

There are numerous factors mobilising the refresh of our Locality Plan, including existing and new strategy, organisational development and the outputs of various reviews on systems and services, a selection listed below:

- Trafford Health and Wellbeing Strategy 2019-2029 and Trafford Locality Plan alignment
- GM ICP Strategy
- GM Joint Forward Plan Clarity on GM Operating Model
- Clarity on Locality structure
- Carnall Farrar Leadership Review
- NHS GM Strategic Financial Framework (SFF)

- Development of annual 'Strategic Priorities' delivered by the Trafford Provider Collaborative Board (TPCB)
- Timeliness of planned updates to relevant organisational strategies and visions (Trafford Council, Manchester Foundation Trust inc WTWA and TLCO, GMMH, etc)
- Recommendations and development plans following Peer Review and Inspection activity in TICP organisations (GMM, Council, MFT)







Trafford

Integrated Care Partnership

- The GM ICP
 Strategy signals
 a shift to a
 preventive Social
 Model of Health
 and Care
- Our Joint
 Forward Plan
 includes a
 comprehensive
 Prevention and
 Early
 Intervention
 Framework

GM Social Model for Health and Relevant Strategy

The NHS Long Term Plan



Integrated Care Partnership



Friends Strategy

Trafford VCFSE Strategy

View the VCFSE Strategy

Trafford Culture Strategy

View the Culture Strategy



Housing Strategy

Plan

Trafford Together Locality

View the Trafford Locality Plan

Trafford Local Plan

View the Trafford Local Plan

GM Operating Plan: Locality Delegated Responsibilities



The planning and oversight of some NHS and Local Authority services will be led at place

NHS services under the scope of place level planning and oversight of delivery:



All **primary care services** including General Medical, General Pharmaceutical, General Dental, General Ophthalmic, GP Out Hours and GP Extended Hours



All NHS community services includingcommunity nursing and care, AHPs, health visiting, school, family, paediatrics, hospid care, individual placements CHC and intermediate care residential, home care



All NHS community mental health, learning difficulty and autism services including adult, CAMHS and IAPT services



Some public health services including social prescribing, diabetes prevention and local smoking cessation

Local authorities will determine which of their services to integrate with place, this will include:



Social care services including residential and næsidential services for adults and children



0-19 services including health visitors and school nurses



Mental health, LD and autism services(Tier 1-3)



Public health and sexual health services including health improvement, drug and alcohol, health promotion

Local authorities could also collaborate on some services to create a **Glul**e offer, with the service delivered in place e.g. sexual health

We co-produced and agreed a comprehensive Prevention and Early Intervention Framework as part of our Joint Forward Plan



Achieving the aims of the Greater Manchester ICP Strategy and Joint Forward Plan requires a comprehensive commitment to Prevention and Early Detection consisting of a system-wide approach to health creation and delivery of a person-centred, upstream model of care Shaping GM as a place Supporting people to Early detection of risk and Living well with Leading to Better outcomes conducive to good health live healthier lives early diagnosis of illness long-term conditions Achieved by focussing resource and energy on the following area Working together to address the Delivering comprehensive approaches Upscaling secondary prevention across Optimising treatment and management root cause of ill health to tackling behavioural risk factors all parts of NHS of health conditions Improve health and wellbeing leading to Tackling Inequalities & Reducing Unwarrante GM Fairer Health for All Framework Core20Plus5 & Core20Plus5 CYP Improved Healthy Life We must address the 'causes of the 55% of years of life lost prematurely We must take a system approach For people who are diagnosed with **Expectancy and Life** causes' of ill health by considering the and 29% of years lived with disability to identity causes of ill health earlier a long-term health condition, it is Expectancy environments in which people live and are due to modifiable risk factors such by supporting people to take an important to provide timely access active role in their health. Proximal work, and the experiences they have. as diet, alcohol, tobacco, physical to high-quality, integrated and risk factors can be detected and These are the biggest determinants of activity, and drug use. sustainable health and care where health outcomes and inequalities. managed, and prevention measures and when they need it. We recognise the stark disparities Reduction in inequalities (such as screening, vaccination and These often sit outside the direct in the prevalence of healthy and It must be: and unwarranted variation immunisation, targeted health checks control of the health system and unhealthy behaviour and variance in in health outcomes and · Person-centred & personalised and evidence-based secondary require system-wide collaboration experiences terms of the support that is available prevention measures) can sever focused on: Holistic and mindful of multi-morbidity the link between these risks and Socio-economic factors: Education; Supportive of people staving at Addressing this will require us to play the development of preventable employment: income: Social Capital our role in creating environments that home Reduction in preventable conditions. Built and Natural Environment: enable healthy choices and ensure or unmet health needs Anticipatory Air Quality; Climate Change; The greatest impact will be achieved leading to a reduction in that people who require additional Transport and Active Travel; Green through an approach rooted in Doing this in a way which tackles support are able to access evidencedemand 'universal proportionalism' which Space, Housing inequalities and supports the based interventions in a timely includes universal services for all. · Commercial influences achievement of Core20Plus5 manner. and additional support for those who This will require NHS GM and providers (including C20+5 CYP) ambitions Increased economic and experience the worst health outcomes to collaborate with key non-health requires a recognition of the additional social productivity as a and inequalities, the highest risks, partners at place and city-regional challenges faced by some members result of reduced and who live in places that are not level to shape neighbourhoods that of communities and rooting delivery in ill-health conducive to good health. are conducive to good health. neighbourhoods and communities. Harnessing the following system characteristics Person and Finance, Contracting & Evidence. Strategic Intelligence Whole System A highly skilled and Community Centred Clinical Excellence & Accountability rebalanced to Research, and Population Health Partnerships/ Public Service Reform prevention focused Approaches to Health Leadership increase focus & investment in Technology and Management Collaboration Workforce and Care Prevention & Early Detection Innovation

Example: Strengthening Our Communities



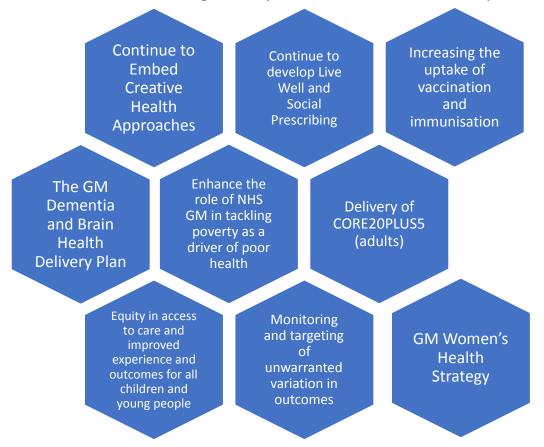
• Below is an extract from the draft analysis document which highlights our local delivery leadership and system leadership – where known. The orange shaded cells suggest there may be a gap in our governance or lack of clarity where the work resides at locality level.

	Strengthening Our Communities								
		GM JFP Accountability							
	Key Delivery Actions:	Measuring Our Delivery:	Delivery Leadership	System Leadership		Existing Locality Governance Delivery Leadership	Existing Locality Governance System Leadership	Proposed Locality Governance Delivery / System (If applicable)	
Soale up and accelerate delivery of perconcentred neighbourhood model	Continue to develop Live Well and Social Prescribing							Health and Wellbeing Board	
	Continue to Embed Creative Health Enhance the role of NHS GM in tackling poverty as a driver of poor health							Trafford Poverty Steering Group	
	Expand community-based mental health provision					Mental Health Transformation Group	Trafford Locality Board		
	Living Well at Home					Adult Social Care Directorate Management Team	Trafford Locality Board		
	Take an inclusive approach to digital transformation					Manchester and Trafford Digital Board	Trafford Locality Board		
2. Develop collaborative and infegrated working	Embed the VCSE Accord					Living Well In My Community			
	Deliver a GM-wide consolidated programme for those experiencing multiple								
	Embed the GM Tripartite Housing Agreement Giving every child and young person the best start in life					Childrens Commissioning Board	Start Well		
	Ageing Well Increase identification and support for victims of violence					Age Well Board	Health and Wellbeing		
3. Develop a custalinable environment for all	Delivering our Green Plan					Climate Emergency and Air Quality Commission	Health and Wellbeing Board		

GM Joint Forward Plan: Areas for further locality analysis / exploration



The Joint Forward Plan has 160 actions – from an initial analysis it is clear we need to understand where certain actions / work programmes reside in the locality. Particular actions which need exploring further have been extracted from the initial high-level analysis of the GM JFP – it is not assumed all this work has locality relevance, but it isn't clear which forums and/or organisations (where applicable) are leading and/or supporting delivery of these actions. It is also worth noting in many cases work will be underway on the below subject areas but there is opportunity to do more / do better:



Helping people get into, and stay in, good work

- Provide more consistent and reliable identification and support for Greater Manchester's unwaged carers
- Take action on the cause of staff sickness and improve wellbeing support
- Develop and deliver the Greater Manchester retention plan
- Working with employers to deliver GM Good Employment Charter
- Adapt the recruitment process to provide alternative entry routes for diverse talent
- Building a leadership culture committed to addressing health inequalities
- Embrace digital innovation to improve the way we work starting with HR digitisation
- Develop our Greater Manchester careers approach to attract and support career development

Distilling our Key 'Drivers for Change'

Trafford
Integrated Care Partnership

NHS GM Trafford Commissioning Intentions

Greater Manchester Integrated
Care Partnership Strategy &
Greater Manchester Joint
Forward Plan

Trafford Health and Wellbeing Strategy 2019-2029 Trafford Locality Plan GM Prevention Framework

National Planning Guidance

Trafford Neighbourhood Plans, inc Community Hubs

Greater Manchester Strategic
Financial Framework



The GM approach to planning for 2024/25 is different to that of previous annual operational plans: we will develop a broad, **System Delivery Plan for GM** rather than solely a response to the NHS guidance. There are three elements to our planning approach:

- The role of localities in driving population health improvement and prevention at scale. Upgrading our approach to prevention will need to be a major part of GM's overarching plan for 2024/5
- The role of providers in planning for activity, workforce, and finance to improve productivity through the NHS operational planning process
- The role of GM commissioning to drive the changes needed

It is suggested a **Locality Delivery Portfolio** is developed for 2024/5 comprising:

- The outputs from the commissioning intentions process. These will be consolidated to a GM level but we will need to describe what delivery looks like in localities
- A set of priorities for 2024/5 identified by each individual locality – drawing on existing locality plans, the GM ICP Strategy and JFP, the Prevention Framework, SFF and other GM plans
- A small number of priorities that all 10 localities agree to focus on in 2024/25 (DPL's)

The Locality Delivery Portfolio would then be built into the 2024/5 GM System Delivery Plan and updated GM Joint Forward Plan.



We have started the planning process earlier this year. We are working to an end of March deadline to complete the 2024/5 plan. The key dates are set out below and more detailed timetables will be shared with localities as well.

Meeting	Date
Leadership Forum 1	12th Dec
National Operational Planning Guidance	w/c 18th Dec
Leadership Forum 2 Review draft operational plan ahead of submission to NHSE, and draft GM System Delivery Plan.	29th Jan
NHSE Submission: DRAFT Plans	w/c 12th Feb
NHSE Draft Submission feedback	w/c 26th Feb
Confirm & Challenge Sessions	w/c 4th March
Leadership Forum 3 - reflect on NHSE draft submission feedback and agree key principles for final operational plan <i>and GM System Delivery Plan</i>	12th March
NHSE Submission: FINAL Plans	w/c 25th March
GM System Delivery Plan finalised	w/c 1 April



GM have outlined the proposed roles for each part of the system during the planning round – including localities:

■ We have diarised meetings in January to develop Trafford's commissioning intentions that are reflective of our Locality Plan and Health and Wellbeing Strategy

ICS Partner	Role in Planning Round	Outputs	
Provider Trusts	 Develop trust-level activity, finance and workforce plans Develop proposals for improved productivity and efficiency Identify opportunities for shared services Participate in prioritised service review process Participate in check and challenge process for plans 	Completed NHSE finance, activity/performance and workforce templates Collective trust plans (via TPC) set out in 2024/25 Narrative Plan	
Localities	 Developing commissioning intentions for each place Confirming priorities for 2024/5 identified by each individual locality – drawing on existing locality plans, the GM ICP Strategy and JFP, the Prevention Framework and the SFF Agreeing a small number of priorities that all 10 localities agree to focus on in 2024/25 	Collective Locality Portfolio for 2024/25 – to be incorporated in 2024/25 GM Narrative Plan	
GM ICB Team	 Design and operate the overall process Ensure system engagement and governance approval Develop GM Commissioning Intentions Develop GM-level assumptions Develop GM-level performance trajectories Develop 24/25 implementation priorities for GM-level plans – population health, prevention, mental health, social care, primary care, system boards and others Develop and implement modelling process Undertake prioritised service review process Lead on the check and challenge process Lead on the triangulation of finance, activity and workforce plans Lead on the narrative plan Incorporate 24/25 plans into an updated Joint Forward Plan 	Completed NHSE finance, activity/performance and workforce templates GM Narrative Plan Updated Joint Forward Plan	



Reflecting the broader perspective that we are adopting for our 2024/5 plan, and the work underway to develop a GM approach to prevention through the localities and the Strategic Financial Framework, we have set out the five domains where we need to take concerted action to upscale prevention across GM.

Moving this forward requires action across 5 component parts





Underpinned by the strategic approaches set out by

NHS GM Prevention and Intervention Framework
NHS GM Social Model of Health and Care
NHS GM Primary Care Blueprint

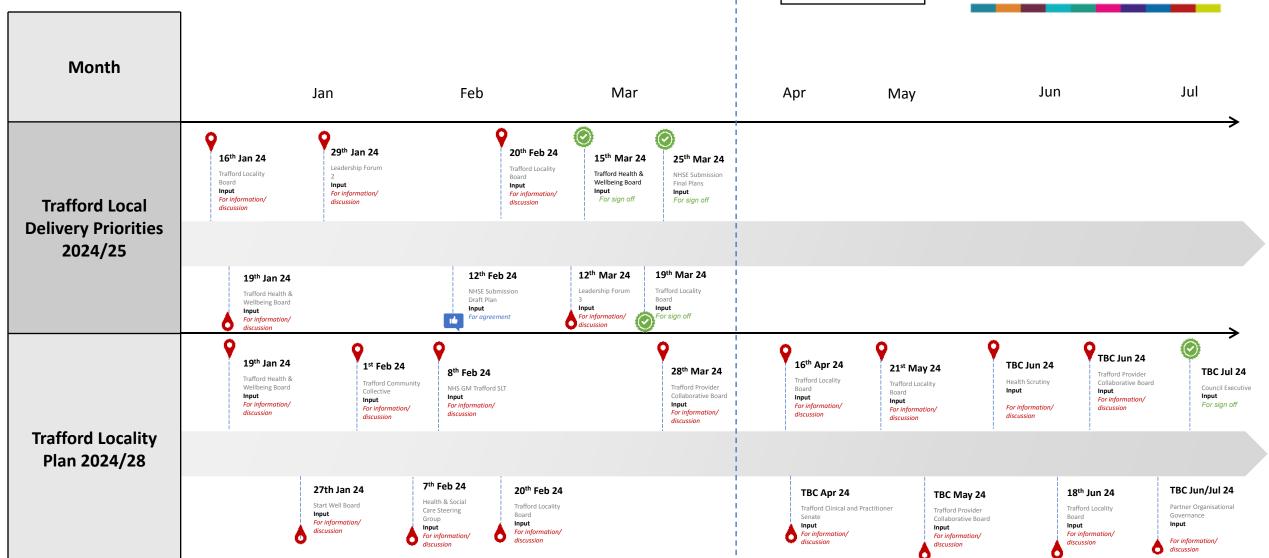
Timeline: Key Activities and Forums











Communications, Coproduction, Co-Design & Participation

TraffordIntegrated Care Partnership

Stakeholder Engagement & Participation

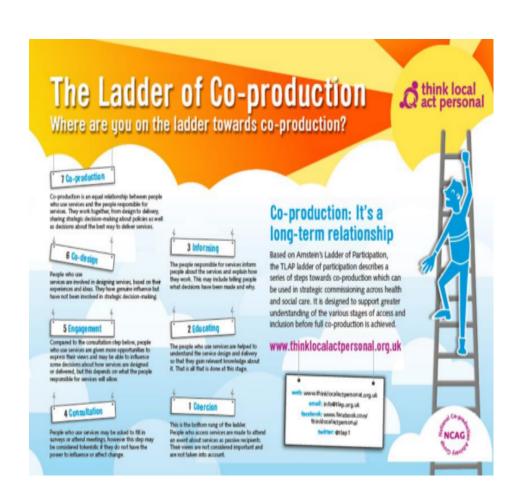
- Stakeholder mapping exercise
- Stakeholder engagement Boards, meetings, forums and events
- Stakeholder engagement 1-1 conversations with system leaders

Existing Intelligence, Public Engagement & Participation

- Managing expectations being clear about what can we do within the resources available
- What are our mandatory duties (respectively) and therefore being realistic about what we can achieve as a system in addition
- Utilise recent engagement intelligence to help formulate our content (Example: Urgent Care Review, Poverty Truth Commission, Healthwatch, Primary Care Patient Surveys, Local Authority service user engagement surveys)

Strategy Group Considerations:

- What existing intelligence can you share?
- Public engagement plan for Locality Plan Refresh (May July 24)
- Develop a 'Communications and Handling Plan



Key Questions for HWBB



The Board are asked to discuss the following questions:

- 1. How do we ensure the Health and Wellbeing Strategy and its priorities has a strong/equal presence in the Locality Delivery Plan for 24/25 and the new refreshed Locality Plan?
- 2. Are there any additional priorities that we need to factor into our thinking as we develop the plan for 24/25 and the refreshed Locality Plan are there possible gaps in the GM JFP or priorities for consideration that may derive from local intelligence?
- 3. How do we ensure priorities from the 'bottom-up' feature in the refreshed Locality Plan and that we are tackling health inequalities through our plans?
- 4. Any other considerations by exception?