

# Trafford Locality Draft Delivery Portfolio inc Commissioning Intentions 24/25

Trafford Health and Wellbeing Board  
March 2024

**Trafford**

Integrated Care Partnership



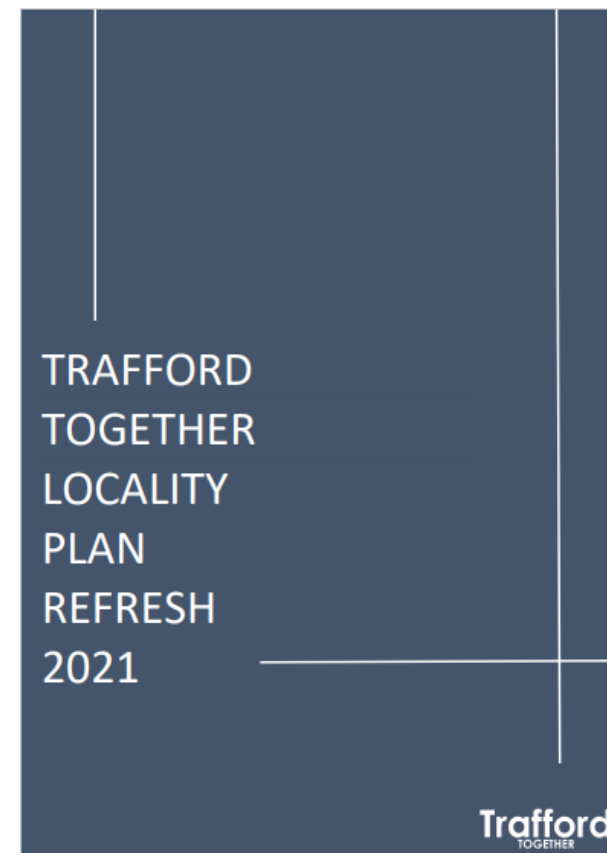
# Trafford Locality Plan Refresh: Aim and Rationale

**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:

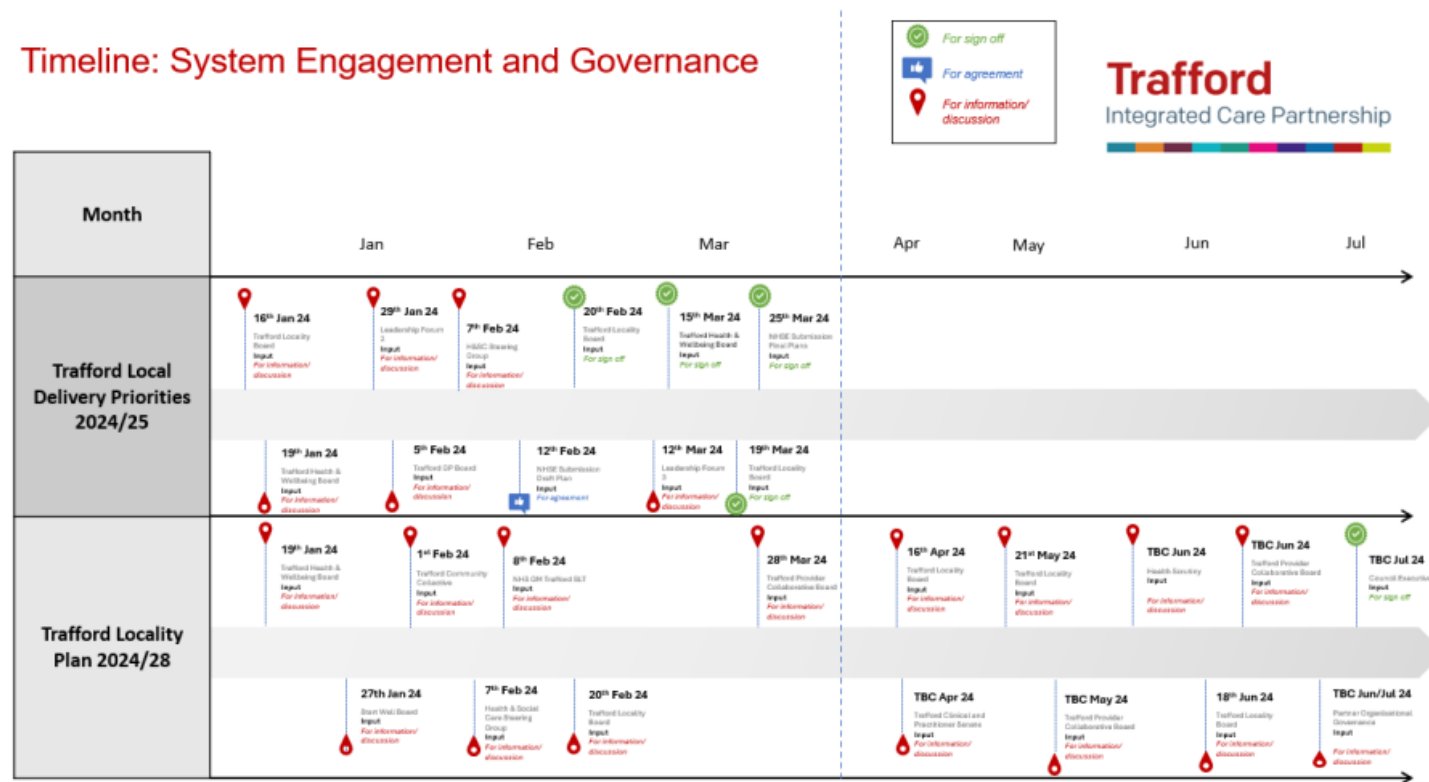
- Trafford Health and Wellbeing Strategy 2019-2029 and Trafford Locality Plan alignment
- GM ICP Strategy
- GM Joint Forward Plan Clarity on GM Operating Model
- Clarity on Locality structure
- Carnall Farrar Leadership Review
- NHS GM Strategic Financial Framework (SFF)
- Development of annual 'Strategic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

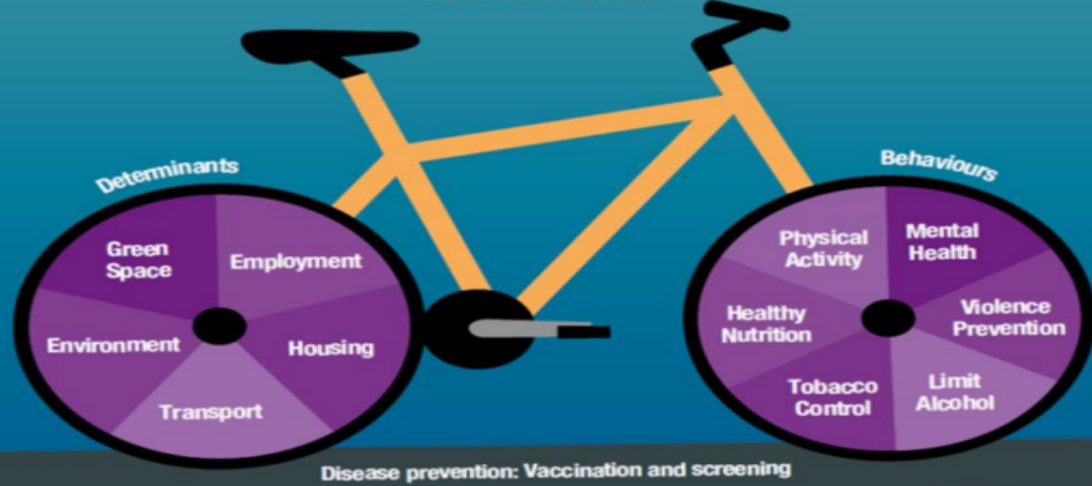


# Trafford Local Delivery Priorities 2024/25 & Trafford Locality Plan Refresh 2024-28

- The aim to refresh the Trafford Locality Plan is supplemented by the desire to develop a set of 'Delivery Priorities' for 2024/25 outlined in these slides – with both programmes of work being developed in parallel, enabling us to **define the next 12 months whilst articulating the longer-term vision for our refreshed Locality Plan**
- The intent is to have a **system owned delivery plan** that clearly states our **collective ambition and intention for 24/25**, including priority programmes and specific commissioning intentions reflective of Trafford's key stakeholders, details of which are included in this slide deck.
- It is acknowledged some of our **Delivery Priorities and Commissioning Intentions for 24/25** may span **multiple years** so it's important to make the connection to the refresh of the Locality Plan as these commitments will naturally help develop the basis of our revised plan for the next 4 years

## Timeline: System Engagement and Governance





# Trafford Health and Wellbeing Strategy – Update

TRAFFORD  
TOGETHER  
LOCALITY  
PLAN  
REFRESH  
2021

Better connected communities

Better wellbeing for our population

Better lives for our most vulnerable people

- The Trafford Health and Wellbeing Board exists to improve population health outcomes. It does this through **strategy development**, improving partnership working, and using our knowledge of local needs from our Joint Strategic Needs Assessment to improve our services.
- The current Health and Wellbeing Strategy was created in 2019 and was a **strategic commitment for a 10 year period (2019-2029)**.
- Due to **significant changes in our health and care system** from its publication and our evolving health, care and wellbeing priorities such as our increased focus on tackling health inequalities, we feel it is time to update the current strategy to reflect the work of the HWBB and account for
- The proposed update to the HWBB Strategy will be fully integrated into the Locality Plan Refresh process, ensuring synergy of both documents to **create one cohesive strategy for health, care and wellbeing**

## The Locality Contribution to GM Plans for 2024-25

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.

# Distilling our Key 'Drivers for Change'



# Our ways of working

To develop a system owned Locality Delivery Plan for 2024/25 we will be guided by our agreed principles. We will continually refer to these principles as we discuss and debate many priority programmes and services, both for the construction of the 24/25 Plan and the Refresh of the Locality Plan:

- **Together as Partners** – Encouraging collaborative working between all partners including the NHS, local authority, Healthwatch Trafford, and health and care providers in the private, voluntary and third sector to meet the needs of Trafford people.
  - **With People** – Putting residents at the heart of what we do, listening and working with people, sharing power.
  - **Understand and tackle inequalities** – Using data, information and intelligence to make shared decisions.
  - **Population Health Management** – Embed a PHM approach in the construct of the localities work and nurture a prevention first approach to decision making across health and care, where feasible.
  - **Be open, invite challenge, take action**
  - **Neighbourhood Model** – Champion both locality and neighbourhood service coordination through our integrated neighbourhood model, being positive about our places and spaces, bringing people who live and work in an area together to build stronger communities.
  - **Value For Money** – Working together to maximise the impact of our available resources to improve outcomes for Trafford residents.
  - **Innovation** – Promoting innovation, and encouraging new ideas from people, patients/service users, carers, and the workforce, making the most of technology.
  - **Risk and Responsibility** – Seek to avoid and identify any conflicts of interest and understand system risk and share responsibility appropriately.
-

# Trafford Locality Draft Delivery Portfolio inc Commissioning Intentions 24/25



# Draft Trafford Commissioning Intentions - Context



Greater Manchester

- Commissioning intentions for the purpose of this exercise is the intent to commission health and/or care services that plan to improve health outcomes for Trafford people and communities. The commissioning intentions could be the continuation of existing commissioned services, amendments to the existing services or new procurement projects that are expected to be undertaken in 2024/25.
- The commissioning intentions outlined are reflective of NHS GM Trafford Locality and overlaid with key commissioning intentions from Adult Social Care, Children's, Public Health which are fundamental and interdependent to ensure effective delivery of intended outputs and outcomes.
- Where relevant tackling social and health inequalities will be considered in each commissioning intention and priority project/programme
- Some commissioning intentions are replicated on various slides as they have relevance to different sectors and/or providers.
- There is also a focus on complementary priority work programmes (enablers) which will enable the effective delivery of the stated commissioning intentions – these are listed throughout and at the end of this side deck and will ultimately form the creation of the Trafford Delivery Priorities for 24/25.

# Draft Trafford Commissioning Intentions - Context (Continued)



Greater Manchester

- A process of prioritisation and sequencing will need to be applied as it is acknowledged by stakeholders that some of the commissioning intentions and additional priorities will span several years, not just 24/25, and capacity and resource constraints may dictate certain intentions and priority programmes to take precedence in the next 12 months
- We will commit to make decisions based on our agreed principles ensuring we are guided by the available evidence base, our data and our intelligence
- There is an acknowledgement that the health and care system across the NHS and Local Authorities is financially challenged with planned efficiencies across the health and care system, but our commissioning intentions aim to uphold the commitment to population health and building on the assets of our health and care system, our people and communities.
- There is a system principle, that we will work transparently together as partners to make any decisions on the collective funding in Trafford, so that we understand impact across the system. We will continue to strategically plan and strategise using our existing Trafford partnership governance forums.
- We will share information appropriately when constructing organisational efficiency plans and/or cost improvement programmes so we can collectively discuss and fully understand direct and indirect implications of any changes
- The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders however it is important to note the context and assumptions that have been accounted for when constructing the detail. The priorities and commissioning intentions are subject to available resources

# Trafford Locality Draft Delivery Portfolio inc Commissioning Intentions 24/25

Mental Health and Emotional Wellbeing

Children, Young People and Maternity  
0-18yrs

Children, Young People and Maternity  
SEND 0 – 25yrs

Planned Care / Long Term Conditions / Cancer

Urgent and Emergency Care

Primary Care and Neighbourhoods

Community Care

Primary Prevention

Alcohol and Substance Misuse

Health Protection

Domestic Violence and Abuse

Workforce

Data Intelligence and Insight

Health and Care Strategy

Estates

# Next Steps and Actions

## Detailed Programme Plan

- NHS GM issued a spreadsheet for completion which when completed would contain the detail behind each commissioning intention and priority, such as available resource, activity, performance, quality, outcomes, risks, etc. The spreadsheet has been locally nuanced to help strengthen the connection between local delivery priorities to the GM ICB Strategy and linked to appropriate locality governance forums
- The completed document will act as the detailed programme plan that channels our individual and collective efforts and provides the substance and structure for the Trafford Locality to assure itself against agreed deliverables

## Locality Delivery Portfolio – Next Steps

- Understand further the process by which all ten localities' priorities are synthesised into a coherent GM plan and narrative
- Understand further how the small number of priorities that all 10 localities agree to focus on in 2024/25 will be agreed following the collation of 10 Locality Delivery Portfolios

## Prioritisation

- Agree the process by which we will prioritise our draft delivery priorities and commissioning intentions against a backdrop of financial constraints and yet to be confirmed financial allocations, whilst remaining driven by our principles, ensuring priorities are agreed based on the available evidence base, available performance data, key strategies, needs, assets and outcomes

## Locality Plan Refresh

- Continue our planned journey to refresh the Locality Plan, incorporating the updated HWBB Strategy by Summer 2024
- Develop structured programme plan for the refresh including the 'engagement plan'



# Appendix

# Mental Health and Emotional Wellbeing

### Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

NHS Greater Manchester ICS remains obliged to meet the NHS England Mental Health Investment Standard meaning that planned spending on mental health provision must increase by a greater proportion than the overall increase in NHS budget allocation each year. GM system constraints are severe and a £20m increase is planned in NHSGMICS mental health spend for the year 2024/25. Most, approx. £14m, will be invested into core services (primarily acute inpatient services) in recognition of ongoing pressures leaving approximately £6m for the following areas:

- Additional investment into CYP services
- Additional investment into Perinatal Services
- Additional investment into crisis services – particularly the VCFSE.

### Priority Programmes / Service Improvement / Enablers

Adults: Reduce the use of Out of Area Placements for mental health patients and reduce length of acute inpatient stays

Childrens: Reduce the number of CYP accessing inpatient and Tier 4 admission

Childrens: CYP with a LD and / or Autism diagnosis are included on the dynamic support database and have access to intensive support and keyworker services

### Commissioning Intentions

Childrens: Review Children Young People (CYP) THRIVE offer including the retender of 5-12 Mental Health service

Children and Families: Increase access to evidence-based care for women with moderate to severe perinatal mental health difficulties

Childrens: Implement integrated support offer targeting vulnerable cohorts – E.G EBSNA / SEMH / Eating Disorder

Childrens: Invest and support programmes to promote emotional wellbeing in schools, neighbourhood networks, primary care and other partners including delivery of training and programmes of work around isolation, relationships and suicide prevention.

Adults: Review s75 Mental Health between TMBC and GMMH

Adults: Complete the roll out of the Trafford Living Well service

Adults: Implement the Mental Health FPS for accommodation and care

Adults: Review / expand the existing BlueSci at Night Crisis Café using the additional investment into crisis services (VCFSE) noted above

Adults: Invest and support programmes to promote neighbourhood networks, primary care and other partners including delivery of training and programmes of work around isolation, relationships and suicide prevention.

# Children, Young People and Maternity – 0-18yrs

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are needs based and subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Understanding and responding to the specific health needs of children and young people who are cared for/care experienced, in the criminal justice system, victims of/at risk of exploitation, victims of domestic abuse and who have experienced other forms of trauma/adverse childhood experiences (ACEs).

Improve the information and advice available to families and professionals to promote health and wellbeing

Review of Children's Sufficiency Statement

## Commissioning Intentions

Progress an integrated approach to early years, including Maternity, recognising the importance of 1,001 critical days and responding to the detrimental impact of Covid-19 on the development of children aged 0-5, including review of investment in healthy weight for early years and pregnant women

To support development of integrated family hub offer

Recommission Supported Internship Programme

Improve sufficiency in the residential market

Implement Safe Places Programme

Healthy Weight additional focus on early years and pregnant women experiencing obesity

Enhance vaping and smoking awareness and cessation offer for schools, parents and carers and young people

Implement a clear, needs-led school health offer through our school nursing service ensuring integration with other public health services, including Early Break (substances), Northern and Brook and Talkshop (Sexual and Relationship Health) and others

# Children, Young People and Maternity - SEND 0 – 25yrs

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Implement action plan in response to SEND Inspection: Leaders across the partnership should develop, deliver and embed a clear approach to address how they will support children and young people with a range of mental health and neurodiverse needs. This includes identification, assessment and support for children and young people, with or without a diagnosis

Review of Children's Community Health Services

## Commissioning Intentions

Development and fully implementation of the GM neurodevelopmental pathways programme for Autism and ADHD

Implement integrated support offer targeting vulnerable cohorts including a pre and post diagnostic offer & waiting well support

Implement findings from GM Balanced System (Speech and Language)

Reshape our Short Breaks Offer

Improve Youth Voice offer including SEND Youth Voice



# Planned Care / Long Term Conditions (LTCS) / Cancer

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may mean that population level interventions are targeted to highest need, directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

End to end pathway redesign of LTCS across primary, community and secondary care with a focus on primary and secondary prevention (and earlier detection).

**Personalised Care** – delivery of personalised care for cancer patients and Patient Stratified Follow Up

**Faster Diagnosis, Operational Performance & Treatment Variation** – delivery of CWT standards (28 Day FDS, 31 Day DTT to Treatment, 62 Day GP referral to FDD); Implementation of Best Practice Timed Pathways; Sustain NSS pathways; identify and address treatment variation

## Commissioning Intentions

Improve earlier detection of cancer and survival rates, linking to pan GM programmes with locality roll out and integration into Neighbourhood Programme.

Participate and deliver Targeted Lung Health Checks (TLHC) across PCN footprint

Increase uptake of screening programmes, with a focus on the people engaging with communities and cohort where uptake may be low.

Ensure prioritisation of inequalities in terms of treatment of people on the waiting list (all providers) – linking to the pan GM programmes.

Deliver in partnership with through secured funding Leisure partners GP referral and in-reach schemes for Trafford Leisure and Be Active Urmston. Patients with LTC's will be referred to leisure partners across Trafford locality, in addition, in-reach into clinical education/ rehab programmes and reduce wait times

Healthy Lives targeted projects to increase uptake of health checks, screening and brief interventions through voluntary sector

Deliver MSK community triage and assessment days for those with back pain in partnership with Trafford Leisure, TLCO and VCFSE sector partners.

**Early Diagnosis** – achievement of LTP 75% ambition; incorporating work on primary care pathways / PCN DES, symptom awareness, timely presentation, FIT in lower GI pathways; improvements in screening uptake

# Urgent and Emergency Care (UEC)

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

Delivery following UEC National Guidance and the Manchester & Trafford Urgent Care Recovery Plan

## Priority Programmes / Service Improvement / Enablers

Preparation for Right Care Right Person for Mental Health Service users

Providing access to 111 for Mental Health Service users

Complete, develop, implement and deliver the recommendations from the Trafford Urgent Care Review

Develop and improve processes and pathways connected to the newly implemented Trafford Crisis Response and D2A Pathway 1 services

## Commissioning Intentions

Reduce A&E attendances through HIU programme in line with localities across GM.

Reduce Non-Elective admissions, Length Of Stay and readmissions through Admission Avoidance programmes (dependant on Hospital @ Home model and delivery)

Delivery of the priorities outlined within the UEC Recovery plan for the locality.

Review and recommission Out of Hours (OOH) contracts including Urgent Treatment Centre/Trafford Patient Assessment Service contracts ensuring delivery of an OOH offer closer to home for patients in Trafford

Winter Urgent and Emergency care planning 24/25

# Primary Care and Neighbourhoods

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Social Prescribing review and roll out

Continued recovery of Access to Primary Care

Review of Pharmacy needs assessment and implementation of Pharmacy First in Trafford – Enabler

PCN neighbourhood working (all age).

Development full integration of Primary Care and GP Leads into integrated neighbourhood teams

## Commissioning Intentions

Enhanced services review (linked to GM programme) with specific focus on Locally Commissioned Services.

Development and delivery of Quality Contract 24/25 focusing on Prescribing / CVD / Diabetes

Delivery of Primary Care Blueprint (with associated funding).

High Intensity User model implementation following Test & Lean.

Development and implementation of a Spirometry service Trafford wide

Evidenced based Winter capacity schemes for delivery in 24/25

Population health improvement – weight management, Increase physical activity, substance misuse, smoking etc – linked to CF work on population health management.

Take up of NHS Health Checks and targeted work with voluntary sector to tackle health inequalities by improving uptake in under-represented groups for screening, health checks and wider health promotion

Locally commissioned public health services – NRT and smoking cessation interventions, EHC, Alcohol Brief Interventions and LARC

# Community Care

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Delivery of 24/25 Community Service Review Programme.

Mental health inclusion in NCT's

Community mental Health Transformation, transforming our community offer

Workforce development , including international recruitment

Tier 1,2 and 3 Integrated Sexual Health Services – increased take up of LARC and STI testing and prevention

## Commissioning Intentions

Working alongside GM system group to ensure GM standards on delivery of services.

Initiate Intermediate Care and D2A Transformational Programme 2024-2027/8 which will include:

- Full review and redevelopment of Trafford Intermediate Care offer, commissioning in line with need. To include consideration of future bed based and intermediate care at home capacity requirements.
- Development of long term Frailty model for Trafford.
- Review of Trafford's D2A model, including enhanced 1:1 model.

Review and remodelling of Trafford Reablement Services.

Development of Equipment services including; equipment support, OT review and implementation of Ask Sara

Develop and implement bespoke quality assurance tool for Trafford social care provision

Recommission Extra Care

Recommission Home Care

Implement an FPS for Care Homes

Redesign of Trafford's Hospice at Home service

Tier 1,2 and 3 Integrated Sexual Health Services – increased take up of LARC and STI testing and prevention

Review and implement PIPOT approach

## Community Care (Continued)

### Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

### Priority Programmes / Service Improvement / Enablers

Roll out Oliver McGowan training

Re-establish paused Partnership Boards

Nutrition & hydration – continue online training offer and physical resources for older people in the community

Review non-RTT waits in community services

### Commissioning Intentions

Develop detailed needs assessment of people with learning disabilities and autism to inform an accommodation approach

Deregister 3 properties

Decommission unoccupied properties and replace with new models of accommodation

Programme of retendering LD supported living services in line with contract dates

Retender advocacy services

Review, remodel and consider recommissioning Shared Lives service

Implementation of Self-referral in community health Services

Capacity building and preparation for Women's Health Hubs

Falls Prevention – prepare for re-commissioning of falls prevention strength and balance service.

Locally commissioned services for emergency contraception, NRT, Long-Acting Contraception, Alcohol Assessment and Brief Intervention, NHS Health Checks

Dementia Advisors – re-commission Memory Loss Advisory Service in partnership (Public Health/ICB/Adult Social Care Commissioning)

# Additional Locality Priority Programmes and Enablers

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Fairer Health for All – Health Inequalities Strategic Oversight Group

Joint Strategic Needs Assessment updates and new products

Health Protection and Infection Control – increasing take-up of immunisations, improve IPC in community settings and prevent and manage outbreaks.

Increase MMR uptake across Trafford population to protect against and reduce impact of national measles incident.

Active Travel Activation Fund – behaviour change programmes linked to physical infrastructure projects

Oral Health – evaluation and continuation of supervised toothbrushing scheme

Drugs and Alcohol Prevention, Treatment and Recovery – recommissioning of outreach and treatment provider collaborative to prevent harm, increase numbers in treatment and successful exits and build sustainable recovery communities

Trafford Participation Strategy and Framework

## Priority Programmes / Service Improvement / Enablers

Trafford Workforce Delivery Plan

Development of the Learning Disability Board

Women’s Strategy

Development of the Carers Board

Development of the Autism Board

Domestic Abuse services re-commissions

Violence reduction programmes – continue utilisation of grant funding to employ Violence Reduction Co-ordinator commission bespoke projects.