

# Public Document Pack



**TRAFFORD**  
**COUNCIL**

## **AGENDA PAPERS MARKED 'TO FOLLOW' FOR EXECUTIVE**

**Date: Monday, 21 March 2016**

**Time: 6.30 pm**

**Place: Committee Rooms 2 and 3, Trafford Town Hall, Talbot Road, Stretford  
M32 0TH**

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
<b>5. TRAFFORD LOCALITY PLAN 2016-2021</b>		<b>1 - 54</b>

To consider a report of the Executive Member for Adult Social Services and Community Wellbeing.

The Locality Plan is attached.

**THERESA GRANT**  
Chief Executive

### Membership

Councillors S.B. Anstee (Chairman), Mrs. L. Evans, M. Hyman, J. Lamb, P. Myers, J.R. Reilly, A. Williams and M. Young (Vice-Chairman).

### Further Information

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## **Executive - Monday, 21 March 2016**

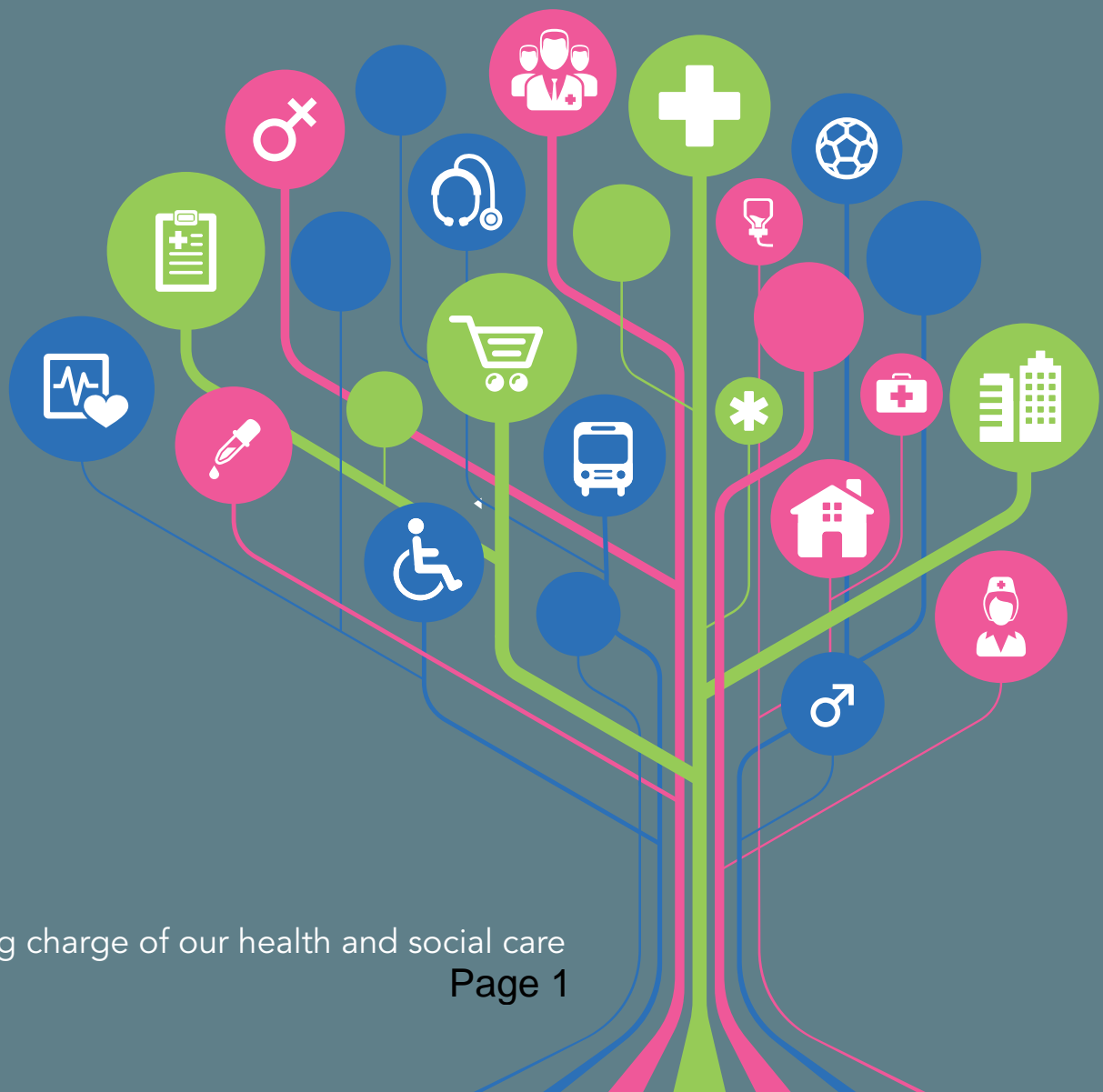
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# Trafford Plan to 2020

#traffordtakingcharge



# Contents

Foreword	3
Introduction	4-7
Vision	8
Quality of life	9-15
How our localities work	16-19
6 principles of change	20
Our big idea	21-22
Integrating health and social care	23-27
Transformation by 2020	
Primary care	28-29
Acute provision	30-33
Health and social care teams	34-35
Community enhanced care	36
Re-shaping social care	37
Learning disability services	38
Mental health services	39-41
Place-based opportunities	42-48
Enablers of change	49-51
How to contact us	52

# Foreword

**Trafford is a great place to live, work, learn and relax.**

We have outstanding educational standards, nationally-recognised health and social care provision and a vibrant business and local community network. We intend to protect these things.

However, Trafford's health and social care system faces some real challenges owing to decreased funding from central Government, increasing demands from an ageing population and health inequalities across the borough.

Trafford Partnership's Locality Plan describes how we aim to safeguard the great things about Trafford so we can secure its future beyond 2020. It is, of course, specific to health and social care but that system is fundamentally reliant upon all of us taking responsibility to help; we must harness our assets to help us collectively achieve our ambitions and also accept that we need personally to change some of our behaviours to reduce the demands on the health and social care system.

This Locality Plan also presents some really exciting developments and opportunities for Trafford - which will enable us not only to be successful, but also pioneer new ways of working from which others will be able to benefit.

As a borough, we have often been at the forefront of transformational developments and it is heartening to see that in the context of such significant challenges, our aspirations remain so high.



Councillor Sean Anstee,  
Leader of Trafford Council



Matt Colledge,  
Chair of Trafford Clinical  
Commissioning Group's  
Governing body

# Introduction

**In February 2015 the 37 NHS organisations and local authorities in Greater Manchester signed a landmark devolution agreement with the Government to take charge of health and social care spending and decisions in our city region, from April 2016.**

## Why do we need a Locality Plan?

With Health and Social Care Devolution we have a landmark opportunity to make the greatest and most significant improvements, for a generation, to the health and well-being of our residents and our localities. This will not be without challenges but it presents a chance to make a step change in the way we do things.

Financial modelling points to a funding gap in Trafford by 2020-21 of approximately £111 million which means the current system is not sustainable; across Greater Manchester (GM) it will be closer to £2 billion if nothing changes from the current position.

In Trafford the shortfall relates to: Social Care delivered through the local authority amounting to £44.3 million; Primary healthcare NHS Trafford Clinical Commissioning Group (CCG) £26.6 million and NHS Acute Hospital providers £40 million.

Trafford's Locality Plan creates the framework for enhanced, integrated (joined-up) and co-commissioned health and social care services for people living in the borough. It describes the complex, bold and ambitious changes already underway to address the multiple challenges of austerity, rising population demands and public expectation. It also explains the

This is a public-facing document; a lot of detail underpins the Locality Plan and anyone wishing to review or access the full version can do so.

We genuinely welcome your views on all the ideas and plans we're sharing with you in this short document. You can give feedback by speaking to your

local councillor or see back cover for how to contact us.

When submitting a response or comment, please also include your name, organisation (if applicable) and contact details.

programmes – current and proposed – that will help bridge the financial gap in the coming five years, plus the impacts our transformational programmes will have.

We intend to reform the health and social care system radically between now and 2020-21, in line with ambitions across the rest of Greater Manchester.

The Plan highlights Trafford’s place-based opportunities (these include community assets and possible development, housing and the area’s economic performance and well-being) combined with other enabling factors to help us achieve reforms such as our workforce, governance and finance.

The Plan sets out a new relationship between Trafford Council and Trafford CCG who will collaborate on a scale not seen before to ensure a truly place-based, partnership around health and social care delivery, thanks to the establishment of a Joint Commissioning Board.

The Trafford Care Co-ordination Centre (TCCC) came on stream in early 2016. TCCC’s systems allow for creation of a single patient register which captures a complete and confidential record of each patient’s health status, treatment and associated care. This helps in identifying patients ‘at risk’. Ultimately, TCCC will offer both clinicians and patients access to a comprehensive, interactive Directory of Services to support wellness.

The Centre is being developed in partnership with a number of other agencies including leading voluntary and third sector organisations, together with more traditional health and social

## WE CALL IT INTELLIGENT COMMISSIONING



**A major facet of these changes is the development of the Trafford Care Co-ordination Centre (TCCC) system.**

**Put simply:** we are investing to support better pathways for those patients living in the area who have complex needs. In doing so, we will be able to use real-time data intelligence to spot trends and assist in future re-design of health, social care and related public services that we arrange and pay for (commission) on your behalf.

## Introduction

care providers.

We will also be using awareness campaigns to promote improvement to individuals' health, encourage healthier life-style choices and personal behaviour change, whether that's advice on how to quit smoking or how to spot early cancer symptoms.

### **So what does health and social care transformation in Trafford involve?**

- **We're changing the way primary care operates** – meaning a shift from care delivered in hospital to care in a community setting; the role of local pharmacies in offering services and advice to our residents will be enhanced; residential and nursing homes will get dedicated health and social care support; we will make continued investment in, and potentially look to expand, our enhanced community care services
- **We're introducing 'joined-up' health and social care services whatever your age** - our staff teams will be working together on a multi-agency basis and in structures serving four, geographically-based footprints within the borough, these are the four localities of: north, south, central and west
- **To encourage independence and self-reliance we're developing a new model of social care** – our residents will be part of a thriving and supportive community and less reliant on public sector services
- **Anyone with learning disabilities, autism and mental health needs** will receive access to improved quality, and a wider range of, services to support personal resilience
- **To ensure available resources are used more effectively to sustain our health and social care** we will pool budgets and jointly fund the sorts of services our citizens require. Our approach will be holistic, taking account of an individual's wider circumstances, such as employment status and housing



“The vision for Trafford as part of the devolution of Greater Manchester: By health and social care working together we will improve the quality, range and access to services for the people of Trafford”



# Vision

**'By health and social care working together we will improve the quality, range and access to services for the people of Trafford'.**

A sustainable health and social care system which aims to help local people to be healthy and enjoy living in Trafford is everyone's responsibility; it may mean changes to behaviour, culture and lifestyle.

To achieve our vision for 2020, health (NHS Trafford Clinical Commissioning Group) and social care (Trafford Council) will be working with, and listening to the views of, partners and stakeholders in our area.

Those organisations and individuals include, but are not limited, to:

- Our 32 existing GP practices and our local hospitals
- Community health service providers (e.g. Pennine Care NHS Foundation Trust)
- Pharmacists in our communities
- Homecare services and residential home providers
- Trafford Strategic Partners
- The voluntary and community sector
- Active citizens

**Our aim is to help people  
Start well, Live well, Age well**

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## Health inequality

Men and women in the poorest areas of Trafford start experiencing poor health at the age of 56, whereas in the most affluent part of the borough they remain in good health until 69 (men) and 71 (women)

# Quality of life

**You can improve your health outcomes by making changes to lifestyle choices that contribute to ill health... smoking, drinking, lack of physical activity and obesity. There are programmes already in-place to tackle these issues but their reach and impact is variable.**

## **Reducing preventable and early deaths and improving healthy life expectancy**

Trafford covers an area of 41 square miles with a population of circa 230,000.

We compare favourably with other boroughs across Greater Manchester on almost all measures but we still need to make big improvements to meet the challenges of an increasing population and diminishing resources.

Addressing our premature and preventable death rates and reducing the range of healthy life expectancy (HLE) will make a big difference to health, well-being and costs.

### **The biggest three killers in Trafford are still:**

- **Cardio-vascular disease** (for instance stroke or heart failure) – is the largest single cause of death in Trafford
- **Cancer** – a lot of money and resources go into cancer care in our Borough, but too many people are still dying from it and we need to increase earlier diagnosis
- **Respiratory disease** (breathing problems and lung conditions) – is the third biggest killer in Trafford

Generally, residents in the north of the borough have lower life expectancy than those in the south.

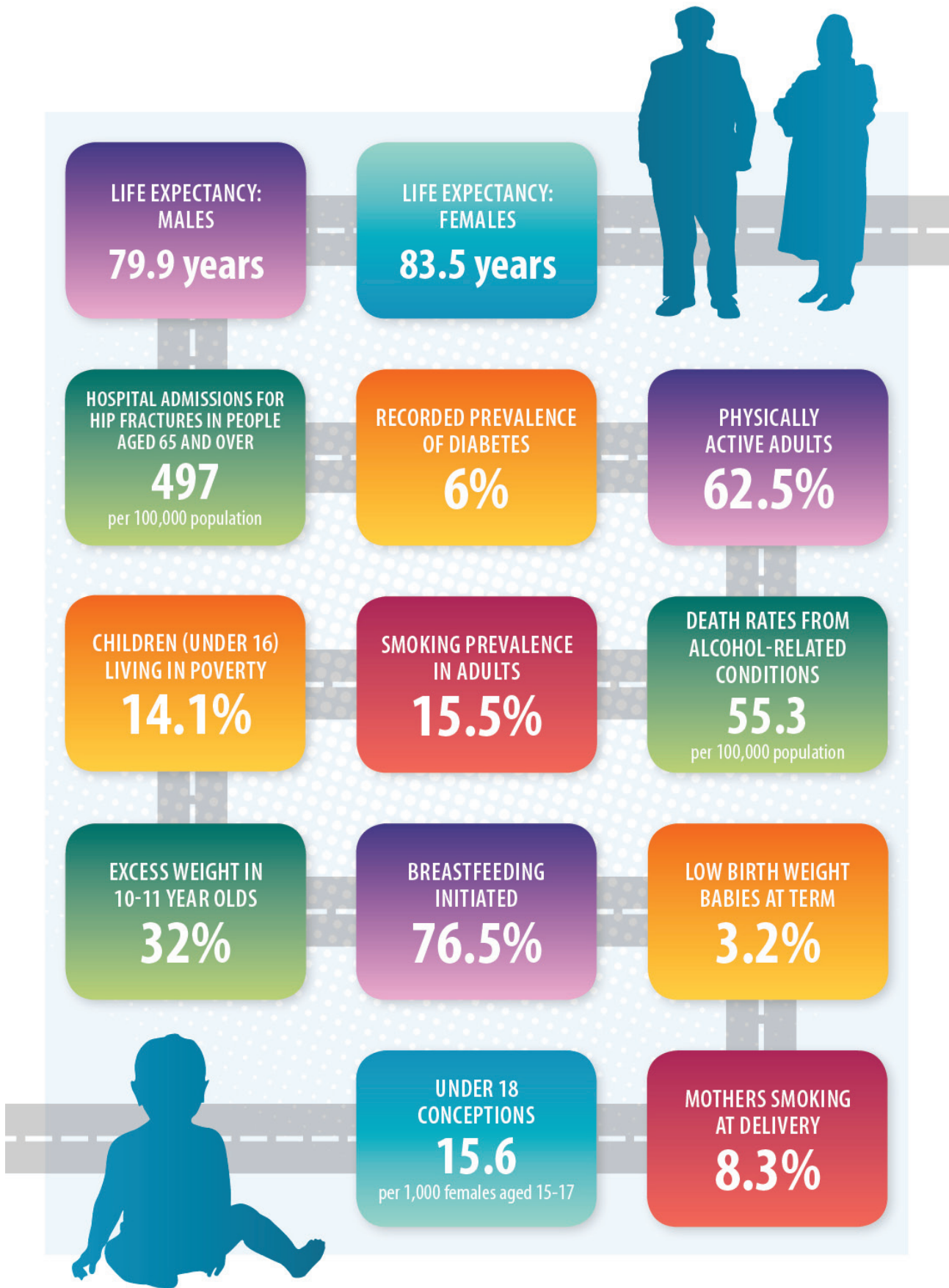
### **Poverty**

Evidence shows that 1 in 5 children, or 20.5%, live in poverty in Trafford.

Children (under 16) living in poverty 14.1%

The proportion of children living in poverty differs considerably between the wards; in Timperley ward 6.9% of children live in poverty compared with 42.8% in Clifford ward, a variation of 35.9%. Poverty has a huge impact on the health and well-being of children, young people and their families, with poorer outcomes for many indicators, including educational attainment and subsequent employment prospects.

## Quality of life



## Quality of life

### **Life expectancy**

For men it is similar to the national average; and for women it is slightly better than the norm. But people in our most deprived areas live significantly less than in the most affluent parts of the borough.

### **Hip fractures**

These are in-line with the national picture; with an increasingly ageing population the associated costs are considerable. Successful delivery of a comprehensive 'falls service' involving partners such as the Fire and Rescue Service's 'safe and well' programme will be a major contributor to reducing hospital attendances and admissions.

### **Diabetes**

Early diagnosis and good management of the condition means the risk of complications such as sight loss and cardio-vascular disease are reduced.

### **Physically active adults**

Physical inactivity is defined as less than 30 minutes of moderate activity per week and the health costs of that inactivity per 100,000 population is £2.2 million. In Trafford 22.3% of residents are inactive, compared with 27.7% nationally; 62.5% take the recommended 150 minutes of physical activity per week compared to 57% nationally. The challenge here is to engage all residents to become less inactive and more interested in sport and physical activity by promoting behaviour change and improving the environment.

### **Adults who smoke**

Trafford performs better than the England average but this masks considerable variation within the borough. Routine and manual workers are almost twice as likely to smoke as the general population, so services must continue to focus on those groups where smoking is more common.

### **Mothers smoking**

While the number of women who smoke in pregnancy is lower than the national average, this remains the single most modifiable factor for low birthweight and infant death.

## Quality of life

### **Deaths from alcohol-related conditions**

People under-75 dying from liver disease, or liver disease that is considered preventable, tracks the national trend. Making sure people drink within safe limits will cut premature deaths as well as reducing accidents and other consequences of excess alcohol consumption. Identifying those who are drinking at harmful levels, early on, is a cost-effective way to reduce risk.

### **Excess weight in 10-11 year olds**

While Trafford performs better than the national average we still have almost a third of all 10-11 year olds classed as overweight or obese. Evidence suggests this continues to adulthood and brings the risk of problems in later life such as diabetes, complications in pregnancy or heart disease.

### **Breast feeding**

Encouraging and supporting women to breast-feed is important to ensure babies get the best start in life. Breast-fed babies have lower rates of allergy and asthma, and are less likely to need hospital care for conditions such as gastrointestinal infections.

### **Low birthweight babies**

While generally similar to the national average, more babies are born at low weight to parents living in the more deprived parts of the borough. Infant mortality and poorer health in adult life are linked to low birth weight.

### **Under 18 conceptions**

Trafford compares well against the rest of Manchester and the country as a whole. We perform poorly on some other sexual health statistics in this age group, such as chlamydia testing. Maintaining good access to high-quality sex and relationship education is essential.

## Quality of life

In Trafford, there are an estimated 1,902 deaths per year. Almost a third of these are classed as 'premature', which means people dying before the age of 75, and two thirds of those deaths have preventable elements.

The kind of changes that will make the biggest improvement to this are:

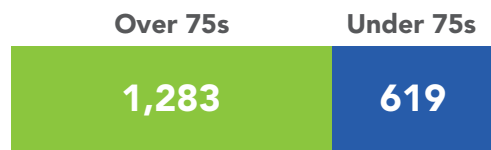
- Reducing the number of people who smoke, especially in deprived areas
- An increase in physical activity
- Reducing harm from alcohol
- Helping people maintain a healthy weight

This is reflected too in the borough's HLE – which estimates how many years anyone might live in a 'healthy' state – an important indicator of the need for health and social care services in an area.

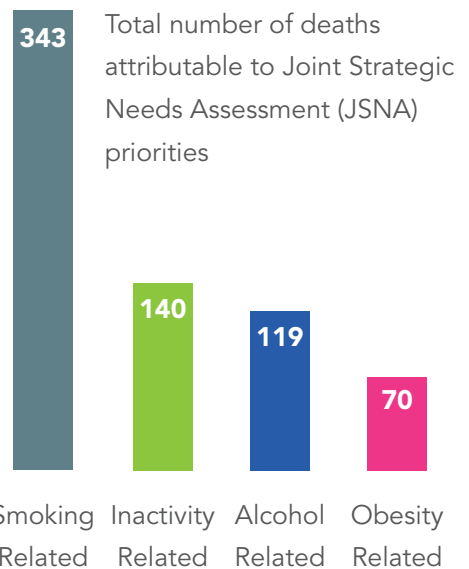
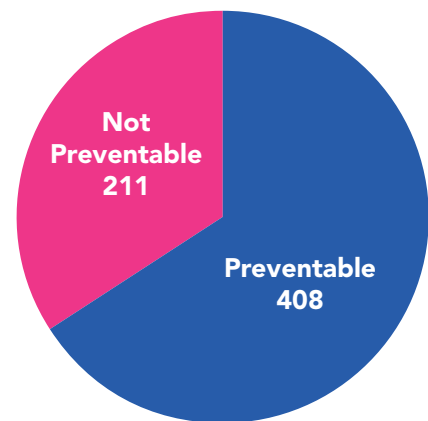
Trafford performs poorly, compared with other areas in England, on support for people with serious mental health conditions. These people die, on average, three years earlier than the rest of the population and often as a consequence of poor management of their physical health. Reducing the impact of mental health problems on people's lives, whether in relation to health, employment, education or other aspects will be a key outcome measure for all partners in the borough.

The Health and Well-being Board has chosen improving healthy life expectancy as its key target for 2016-21.

### 1,902 Deaths per year



Deaths of under 75s considered preventable



## Quality of life

### Demographic Changes

To help plan our services, we use data from the Office of National Statistics (ONS) to estimate changes to our population; as increases or decreases in the numbers of people in different age groups can make a significant difference to the types and quantity of services that are required.

### Rise in young people points to need for new school places

While these figures are usually very accurate, there can be unpredicted changes, as seen between 2000 and 2010 when the national increase in birth rate found by the census was not anticipated by ONS. We are still seeing the impact of this in the 8% increase in children aged 5-9 years in the borough. In 2013, a quarter of our residents were aged 0-19 years, and by 2020 we are expecting that there will be 2,000 more children aged 10-14 years, and this will rise by 5,100 by 2030. This will require more school places and an estimated four new secondary schools between now and 2030, more school nurses and more safeguarding resources.

### Changes in working-age population

By 2020 there will be 3,000 more working-aged adults in Trafford (20-64 years); although this growth is predominately for adults aged 30-44 years. We are projecting a drop in the population aged 45-55; and this is an important issue in terms of the proportion of taxpayers and family carers.

### National Personal Well-being 2012-15 findings show:

- **One in five people** living in Trafford have high levels of anxiety as measured by how anxious they felt yesterday
- **41% of residents** report high, and 33% very high, levels of happiness, as measured by 'how happy did you feel yesterday?'
- **When asked 'how satisfied are you with your life nowadays?'** more than half of all respondents had high levels, and a third of respondents very high levels, of life satisfaction
- **In terms of the things you do and life being worthwhile,** 47% scored highly and 36% of local people scored very highly

Source: (April 2012 to March 2015, Annual Population Survey Personal Well-being 3-year National Statistics dataset, ONS 2016).



## Quality of life

### Ageing population means challenges

Looking beyond the period of this current Locality Plan, by 2030 there will be more than 10,000 additional people aged 65 or over, and 3,000 more people aged over 85 years. An ageing population presents a significant challenge to Trafford Council and health services and infrastructure. As people age there is more contact with public services for example homecare, social care and health services.



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#### Well-being and the health of individuals are closely linked

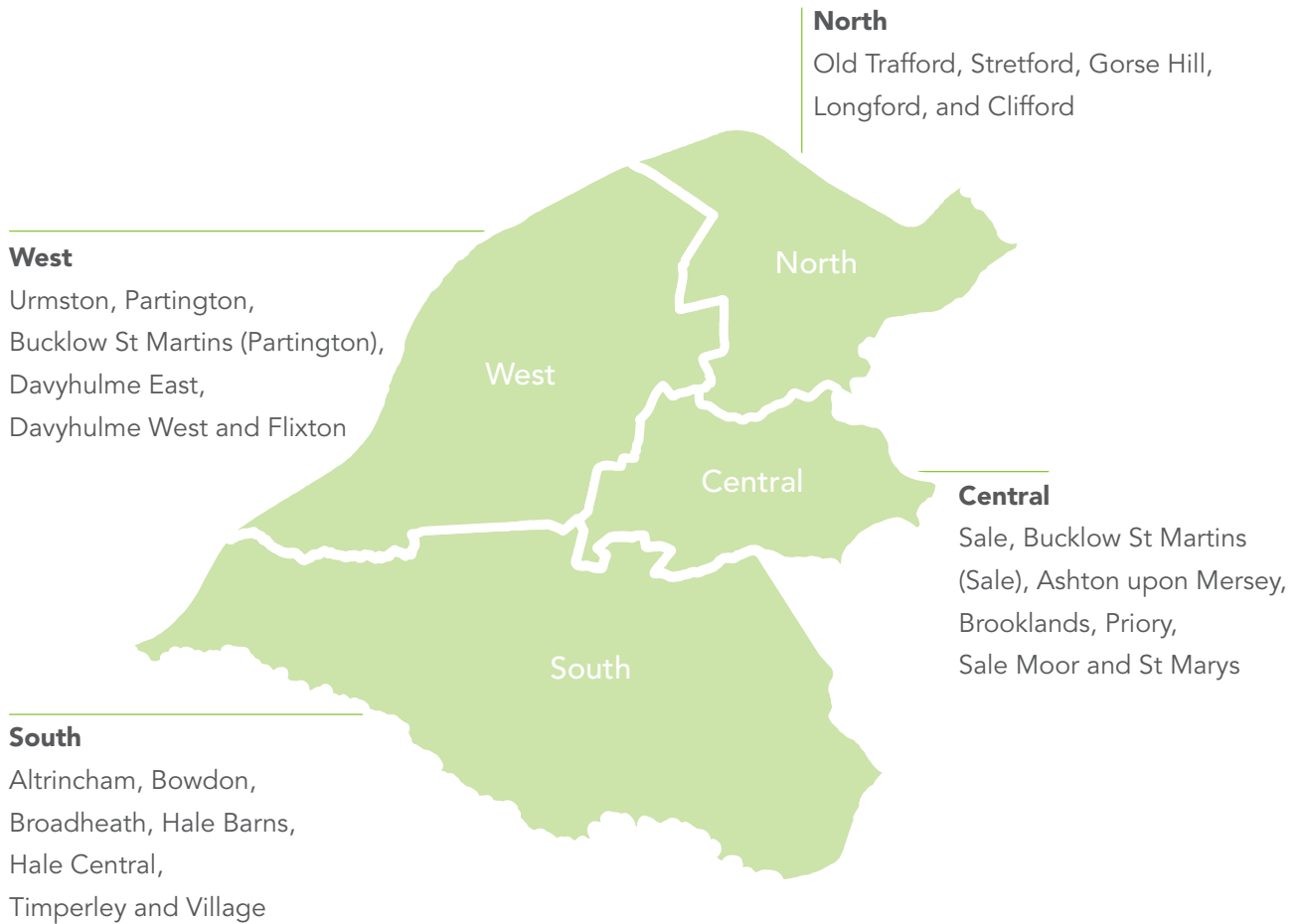
People who report high levels of anxiety, low levels of happiness, life satisfaction, and feelings of things being worthwhile, are more likely to exhibit poor health behaviours and physical and mental health outcomes

**Keeping people well for longer will enable residents to maintain their independence and stay at home, which is to the benefit of the individuals, their families, and services.**

# How our localities work

## Asset Based Community Development.

Locality Working will bring residents, businesses, community groups, councillors and public sector together, as equals, to share resources and deliver innovative projects... making full use of the borough's physical and human assets, financial resources and thriving community spirit.



We recognise the role of public services is to provide specialist expertise and a safety net where there is no support available. In addition, there are many solutions we can deliver better together through co-production among service providers and the community.



### **#traffordtakingcharge**

There is so much the community can do for themselves with a little information, support and encouragement and we want to make it easier for local residents and communities to take control of their own lives, their own health and well-being and their local areas; making improvements and developing new opportunities.

#### **Our Locality Working model has four elements:**

- Locality Projects align strategic priorities with the needs and assets of communities, influencing service delivery, making better use of resources and involving residents in solving local issues and supporting their community
- Locality Partnerships are open to everyone, bringing together agencies, including the police, health services and council, community groups, councillors and residents, through networking and engagement events or as a virtual network for communication and discussion, enabling joined-up, local solutions to key issues
- Be Bold media campaign showcases how residents can make a difference to their neighbours and themselves by being more active, volunteering, joining local groups or simply by being more neighbourly
- Community Builders and Community Connectors - training front-line staff, councillors and community leaders on how to unlock the strengths within communities by listening, connecting, signposting and enabling residents to take action

## How our localities work



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### Engaging our communities

How we engage people in this movement and the language we use also has to change.

We must shift from a 'you said, we did' approach, with the 'customer' as a passive recipient of services, to exploring three important questions:

- 'What are communities best placed to do for themselves? (Resilience)
- 'What support can communities and services do better together? (Co-production)
- 'What can only public services do? (Statutory/critical services for the most in need)

Locality Working enables local, practical delivery of national policies such as: Public Service Reform, Early Help and Shaping Demand. It maximises the impact of Social Value for communities and will ensure that Greater Manchester Health and Social Care Devolution is connected to, influenced by and directly benefits Trafford's residents.

## How our localities work

These are captured within a strategy for Building Strong Communities, developed by the Trafford Partnership and led by the Strong Communities Board, which sets out a vision for effective partnership working through mutually beneficial relationships between organisations, across sectors and with residents and communities. The strategy can be found on the [Trafford Partnership website](#).

In Trafford we have inspiring examples of how people are self-organising to make a difference in the communities in which they live or work.

The principles adopted are linked to asset-based community development, people (who are independent of the Council or established organisations) step forward to offer support where it is needed or to boost the sense of community spirit within a particular area. The approach focuses on 'what's strong, not what's wrong.'

### How it works in practice

The establishment of **Gorse Hill Studios Creative Community** was born out of the desire of two women, Caroline Gleaves and Jo Lacon, to ensure young people in Gorse Hill and the north of the borough could continue to access high-quality arts, music and drama provision.

**Cheeky Cherubs**, in Urmston, is another example. In 2013, Sue Wilkinson, a local resident and child-minder, presented a new and creative idea to the Urmston Town Partnership. She wanted to set up a soft play area and learning centre for families. The centre had been operating for a year when she realised there was a further gap: somewhere young people could go in the evening. The social enterprise secured extra funding to form a Youth Zone upstairs and this is now known as the Higher Road Youth Club.

With these stories come many more, be that **Friends of Oak Road Park** working together to improve the outdoor space or a resident in Old Trafford using her artistic talents to transform an alley behind houses into the **THE BACK gALLERy**, an art club to help bring the community together. In all of these stories, a common thread runs through celebrating what is strong in communities, not what is wrong.



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# Our 6 principles for change

**By 2020 this means you will be able to :**

**1  
Seven day access  
to treatment and care**

see a GP when clinically appropriate

obtain support from adults' or children's social care outside of core working hours

have services such as homecare and parenting support provided to you at times that make a difference

have your appointments at any clinic or community facility booked in a sensible order

**2  
Your ability to access the right  
information at the right time**

find out what is going on in your community that you can join in with, with people to help you find your way around, if you need it

have the opportunity to buy services for yourself such as equipment and support, through recommended suppliers

**3  
Enabling people to retain  
their independence**

access services that keep you well at home, making sure you can still do the things you enjoy doing

reach 'same-day' equipment and adaptations supplies to help you at home and while you are out and about

identify good education, employment and training opportunities

**4  
People taking an active role  
in looking after themselves**

tap into a range of experts through a single contact point, with information provided through one website and one phone number

talk to staff trained in a whole range of different issues who will be equipped to advise or help with managing any of your problems... whether that is a health-related issue, such as asthma, or concerns about debt

be assured of accurate, reliable, easy-to-follow information based on what works best

**5  
Delivery of a financially  
sustainable and clinically-safe  
health and social care economy**

experience community services geared to caring for you at home, as far as possible, whether that is through very skilled mental health support or the ability to attend community-based diabetes clinics, in order to help maintain your health and keep you out of hospital

**6  
Deflection of activity from  
inappropriate sources to  
manage and reduce dependency**

be seen and treated in modern, purpose-built premises which are welcoming and inviting and provide the opportunity to have all your needs met in one building

you will also know the money available to Trafford is being used well to maintain public services that can last into the future

# Our big idea

**We are working hard to develop and improve the patient journey, achieve quality improvements and trim waste and cost.**

## **Introducing co-ordinated care in Trafford**

The Trafford Care Co-ordination Centre (TCCC) is designed to bring about whole-system reconfiguration and a radical approach to co-ordinating our population's care. It is the flagship development of NHS Trafford Clinical Commissioning Group (CCG) and the first of its kind in the country.

TCCC sets out to provide a host of benefits to patients and their carers – enabling healthier life choices and support for individuals; and it will lead to improved understanding or interpretation of the many factors at play in a person's condition for the clinical and social care teams involved in looking after them

**Phase 1:** relating to referral management went live in early 2016 and it aims to deliver an improved experience for patients and carers, assisting them with any health and social care queries.

**Phase 2:** will concentrate on the Commissioning function; bringing more 'joined up' working between health and social care providers. Firstly, so an individual's needs are considered from each angle and secondly, with a view to ensuring our neighbourhoods, and the wider community, also receive the right clinical and social amenities to match their needs.

The TCCC system will be able to deliver behavioural insights. It will help to spot health trends and highlight efficiencies in real time; this is essential to the way we will commission and provide health and social care in years to come. It will also reduce the risk of clinical error; enable us to target programmes more intelligently, make treatments more effective, improve patient engagement and promote the sorts of healthy activities which prevent ill-health.

## Our big idea

### **Technology's role in managing future health**

TCCC is among wider technological advances that are helping to generate new knowledge about health-related issues.

In the wake of Smartphones and 'wearables', technology companies are producing portable versions of more complex monitoring systems: air quality monitors; electronic devices to screen brain activity; molecular testing kits to work out whether an infection is bacterial or viral.

Over the next five years this will lead to a system based around prevention and management of population health. This will give people greater opportunity to keep checks on their own health information and data, and look after one another, while being supported by the NHS, Local Authorities and voluntary sector organisations.

Doctors and other professionals will work with patients to develop individual health goals, connecting them to services that offer the skills, knowledge and confidence to live better, especially for anyone with a longer-term health condition, whether that's by identifying emotional or practical support or through clinical treatments. And those services will increasingly be available through our four new hubs and at locality level. The impact for the NHS and public sector is improved care, better outcomes and lower costs in the following areas:

- Practical care and support that prevents conditions worsening, or hospital admissions, and speeds up the discharge process
- Fewer, but more effective, clinical visits and consultations
- Improved patient experience and care while in hospital and other health settings
- People have improved confidence, mood and well-being which positively reinforce overall health

Digital patient portals will usher in truly personalised healthcare: people will get the chance to build their own interaction with a clinic; they will be able to engage in online forums and discussions about healthcare concerns, and build greater understanding of the benefits and challenges of sharing data.



# Integrating health and social care

**Pennine Care is the current provider of Community Health Care for Trafford; community services are available either in patients' own homes or via a number of community premises in the borough.**

Between now and 2020 an increasing number of services will be delivered in community settings as part of the changes.

'Out-of-hospital' services will be provided in 4 x neighbourhood locations sited in the north, south, central and west areas of the borough. In each case these new hubs cater for all ages and they will offer integrated health and social care services. Each hub will be run along multi-agency lines with health and social care staff teams working closely with local GPs to ensure the relevant needs of the area are met. Core services in each one will include District Nursing, Specialist Palliative Care, Physiotherapy and a range of other facilities. In addition, the new model allows for integrated care pathways, shared case management, IT systems and processes.

Each hub will be fully-aligned with the Trafford Care Co-ordination Centre (TCCC) and this relies on three factors:

1. Greater promotion of self-help and building a resilient community through things like signposting to community, third sector or voluntary (non-council) groups and support services, providing advice and helpful information and publicising our comprehensive Directory of Services
2. A single point of access for agencies and care professionals so they contact us with concerns about safeguarding of vulnerable people living in our community
3. Development of an 'All Age Multi-agency Safeguarding Hub' (MASH)

We will also be reviewing support services for families in crisis, to see if those too can be integrated at a neighbourhood level working with both children's and adults' services. We are calling this approach 'Keeping Families Together'.

Pennine Care, together with all other health and social care providers, will work in partnership to develop the innovative TCCC so patients can benefit.

## Integrating health and social care



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TCCC staff can help answer all sorts of patient enquiries; there is in-built signposting to appropriate services with the prospect of greater numbers of people being treated locally and so reducing the need for people to attend hospital for care and treatment.

Our plans also mean more patients will receive treatment in Trafford's modern Health and Well-being hubs.

### **An example of how it works:**

Community-based teams of health and social care practitioners already deliver integrated care to address an individual's needs. The TCCC will go further; especially for those with complex needs.

So, for instance, TCCC will be able to reduce waste in the system where diagnostic tests may not have been completed prior to a hospital appointment. Or when a patient is being discharged from a stay in hospital, the TCCC will step in and work to ensure that any necessary equipment or rehabilitation is arranged and a named care co-ordinator is assigned to support the patient in maintaining regular contact for any on-going clinical appointments and issues, before they return home.

TCCC's service will also help to trim back unnecessary or wasted home-visits for Pennine's care team, such as where a patient has been admitted to hospital. In future, that key piece of

## Integrating health and social care

information will be readily accessible due to a single view of an individual's care record. Those most at risk will be identified; care and appropriate support will be made available and in most cases this will be delivered through community services.

Generally, patients will be enrolled onto the Trafford Care Co-ordination system by their family doctor.

The TCCC will also act as the central point for referrals - ensuring people are directed to the correct hospital, health organisation and clinic/service. Appropriate clinical information is kept to aid communication in teams working across the healthcare network, across different teams, and between participating organisations in order to help track patients using hospitals, community and GP services or primary care.

Pennine Care will support and treat more patients in the community, including frail and elderly members of the population, and individuals living in social isolation. Thanks to information received from TCCC they will know who is most at risk and can arrange a visit from a member of their clinical team, to avoid any deterioration in someone's health and well-being.

A main reason behind the introduction of the TCCC is that we are seeking to reduce unscheduled, emergency or urgent hospital care by 15% in the Plan period, and to ease scheduled or planned hospital care by 10%, shifting this from our acute hospital environments into the community over the next five years.

Again Pennine Care will work with the Care Co-ordination Centre to ensure anyone receiving community-based provision is accessing the most appropriate care and service.

Supplementing all of this, the detailed Directory of Services can identify the kinds of support and facilities provided by the third sector to promote individuals' well-being.

Staff working together in all aspects of health and social care will be focused on improving services for Trafford's residents, ensuring greater flexibility in services and that more extensive services are made available at local level.

## Integrating health and social care

Trafford CCG has set out the ‘four neighbourhood’ model which will deliver integrated health, social care and community services to meet the health needs of each locality; north, south, central and west. All patients will receive their care by a multi-disciplinary team incorporating social care, GP, Community Nurses and therapists, further reducing the need for hospital admissions.

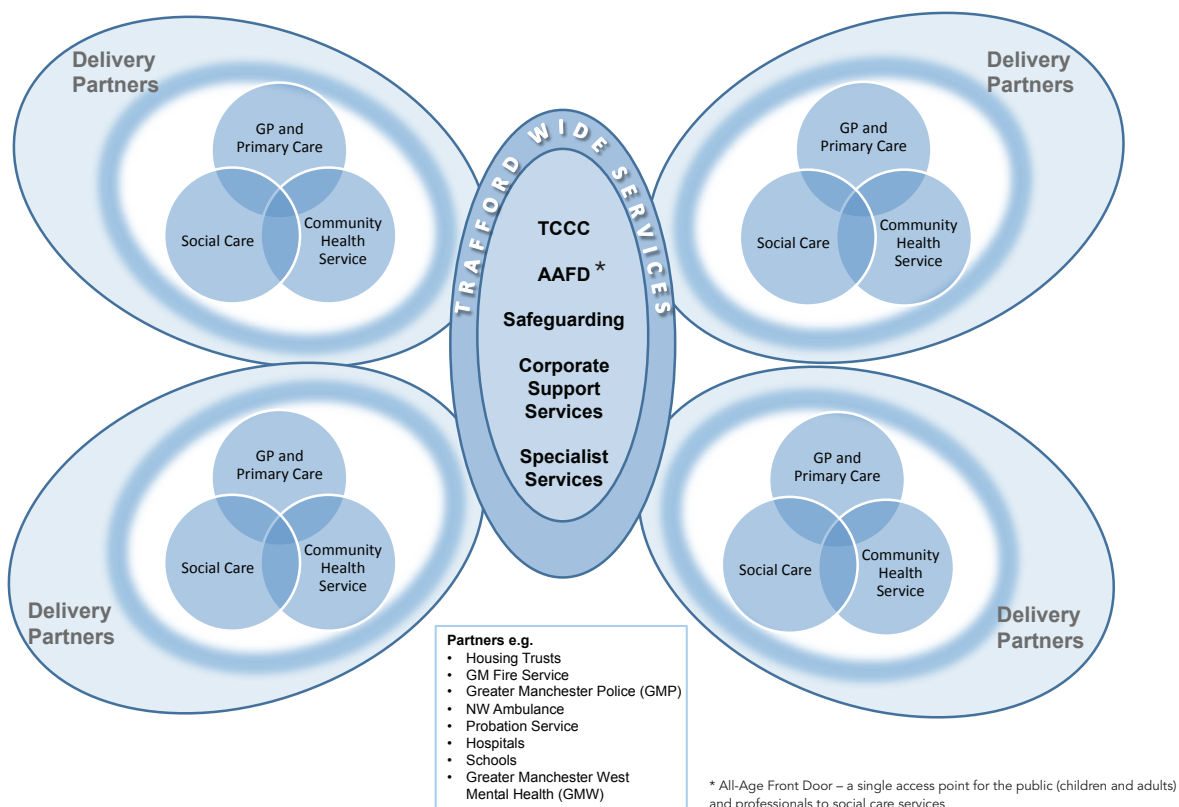
### This new focus on Primary Care will:

- support GPs in working with other community staff to deliver care plans more effectively
- be responsive to the needs of Trafford residents in order to improve their health and well-being
- improve quality and deliver cost-effective care

This will mean a single system for GP working leading to greater collaboration and common standards with improved performance management and quality of care.

### Trafford wide services

The below ‘Trafford Wide Services’ image shows the proposed service model for the new integrated, all age, community health and social care service, which will be managed by Pennine Care through a partnership agreement with Trafford Council, to 2018.



## Integrating health and social care

The model has been designed in partnership with a range of key stakeholders, including staff, GPs, Trafford CCG and senior leaders across health and social care services in Trafford. It is underpinned by an agreed set of aims and design principles:

### **Aims**

- To improve the health of the population overall
- To keep people safe and families together
- To improve the experience of services
- To develop a sustainable health and social care model in Trafford

### **Design Principles**

- Quality services which are person and family centred
- Aspirational services which keep people safe, promote independence, focus on building resilience and are accessible to all
- A workforce that is highly skilled, valued, motivated, adaptive and effective and supported to make an effective contribution to service design and delivery arrangements
- Services act with integrity, are transparent, accountable, operate to clear standards, are responsive and not bound by bureaucracy
- At all levels, staff lead by example by championing change, listening to feedback, engaging others, managing expectations, learning from experience and celebrating success
- Services deliver value for money; they are efficient, effective and economically sustainable and use technology to increase productivity
- Partnerships are built which make a difference, are creative and dynamic

# Transformation by 2020

## Primary Care in Trafford

Trafford is using 2016/17 as an opportunity to explore and develop radical new models of working within Primary Care to acknowledge the growing pressures it is facing at Greater Manchester and National levels.

Over time, Trafford’s Primary Care provision will be extended to deliver services seven days a week, in three stages:

- Stage 1** - Extend opening hours of all GP practices to 8am – 6.30pm, Monday to Friday
- Stage 2** - Access to see a GP for a planned appointment will be extended centrally, within each locality, 8am – 8pm Monday to Friday
- Stage 3** - Provide weekend appointments with GPs

## Primary Care

Measure of Success	What this means for residents	What this means for public services
Additional hospital appointments		
Reduced <ul style="list-style-type: none"> <li>• Acute attendances</li> <li>• Did Not Attends (DNAs)</li> <li>• Referrals to A&amp;E by GPs</li> </ul>		15% reduction in the number of people attending A&E and being admitted to hospital
Development of 4 x health and well-being centres across Trafford with increasing community service support and access		30,000 additional primary care appointment slots as a result of 7-day working
The Trafford Care Co-ordination Centre will organise diagnostic tests prior to hospital referrals to speed up the care journey and provide an improved patient experience	You get access to care and treatment at the right time to prevent you from going to hospital	Access to state-of-the-art modern community and primary care facilities and services in 4 x Trafford locality health and well-being centres
All 'over 75' year olds to have a personal care plan		
Fewer hospital admissions from nursing homes due to increased level of primary care provision		

**Trafford residents will be able to:**

- see a GP when it is clinically required;
- request support from adults or children's social care outside of core working hours;
- have appointments at any clinic or community service booked in a sensible order



The role and function of local pharmacists will be expanded to provide local services, advice and support to residents in staying well, reducing the need to visit GPs and hospitals.

To support these changes, further information will be provided to the public so they know what is available and from where.

An expanded Primary Care service will also be provided to residential and nursing homes, enabling patients to be discharged from hospital quickly and safely ensuring that their health and social care needs will be supported. Regular planned visits to these homes will support reduced hospital admissions and the GP will be able to access community services more easily.

# Acute provision

## Planning acute provision in our hospitals

Measure of Success	What this means for residents	What this means for public services
Reduced inappropriate admissions	You receive treatment from high quality hospital services at the right time and in the right place	Reduced number of outpatient appointments and follow ups in hospital clinics by 10%
New services to meet patients' needs		Activity to address and prevent falls will reduce hospital admissions by 10%
Services across Trafford to support access		50% more intermediate care bed nights available

Trafford CCG will work with all their local partners including nearby CCGs, local authorities, acute hospitals, community services, ambulance, and social care providers across Greater Manchester to develop the plans for change in the acute sector.

This includes the decisions flowing from the Healthier Together process through which a single service is being implemented for Manchester and Trafford.

Once again, this is to be fulfilled by multiple agencies working together and a joint governance structure spanning Manchester and Trafford.

This work will take into account Manchester CCG's 'living longer and better to ...' campaign.

Capacity modelling is well underway, with targets to reduce planned and unplanned care within our local hospitals. Any changes to services will be clinically-led and achieved by the CCG's clinical directors working with their peers and hospital-based clinical leads.





Crown Copyright NHS Photo Library

## Acute services in Trafford

Trafford residents obtain the majority of their hospital care from Wythenshawe's University Hospital of South Manchester NHS Foundation Trust (UHSM), Central Manchester Foundation Trust (CMFT) and Salford Royal Foundation Trust (SRFT). Other specialist care will be provided by Greater Manchester West for mental health care and the Christie Hospital for their cancer care.

These organisations are committed to using the Trafford Care Co-ordination Centre's (TCCC) facilities for patients living in the borough and they endorse the CCG's approach to joined-up care.

The process is underway for referral management with the aim of presenting a 'one-stop-shop': avoiding duplication on tests, and cutting down on the need for follow-ups, once patients have been assessed, diagnosed and treated to an agreed standard before they are referred.

Beginning with UHSM, a new electronic patient record system gives clinicians at the hospital, and those in the community and primary care, rapid access to up-to-date information to support care. This will soon be followed by the implementation of complex care

## Acute provision

and discharge management systems where again the process will contribute to quicker and more appropriate discharge, reducing the length of hospital stays, and allowing resources to be focused on the growing demand for unplanned care.

Working in partnership, the hospitals regard the innovative TCCC as a way to reduce unnecessary admissions or contact with secondary care... allowing resources to be freed up for those where there is no alternative but for treatment to be in hospital.

By co-ordinating care, categorising risk and focusing on support mechanisms and preventative care for people who are most likely to need an unplanned hospital admission, our hope is that we will see a reduction in those who regularly attend the hospitals' Urgent Care Services.

Over the next five years, Trafford CCG and the Council will continue to work with all the acute service providers, including those based over the boundary in Manchester, to deliver consistent, safe, effective and efficient services for all residents; leading to improvements, greater access and more timely service to suit our local needs.

UHSM is also looking to introduce a 'one-stop-shop' option, possibly to be based at Withington Community Hospital or elsewhere, for urology, cardiology, respiratory, gynaecology and gastroenterology.

Subject to the New Health Deal for Trafford, services at Trafford General Hospitals (TGH) Urgent Care Centre (operated by Central Manchester Foundation Trust - CMFT) is currently undergoing redesign. This is to ensure the facility meets demand and clinical need; changing from a consultant-led to a nurse-led service. This follows an intensive public consultation which sets out to achieve a vibrant future for TGH – known as the birthplace of the NHS. TGH also houses a specialist orthopaedic centre for the region, an Acute Medical Unit and offers day case surgeries. Any resulting change will be clinically-led and is intended to support Trafford's whole healthcare system and aspiration as well as assisting development, during the Plan period, of the borough's west locality.

“Our Locality Plan presents some really exciting developments and opportunities and we will be pioneering new ways of working from which others will benefit”

# Health and social care teams

## Locality-based health and social care teams operating from 4 x 'hubs'

Measure of Success	What this means for residents	What this means for public services
An all-age integration of health and social care services	You will have an increased level of support from your family  You will feel more independent and confident	10 % fewer frail elderly residents are in hospital or requiring high cost care
Greater levels of independence for our residents and service users		
A workforce which is fit for the future		

We are in the process of developing four state-of-the-art health and well-being centres in each of the designated localities; north, south, central and west. The idea is to bring together clinical specialists and social care and operational teams to deal with a wealth of health and other needs in vibrant and welcoming buildings.

The mix of provision in each one will vary dependent on the precise local health and related needs of each community. This will see doctors working closely alongside non-clinical professionals and certain centres will offer other facilities such as associated housing, libraries, shops and cafes.

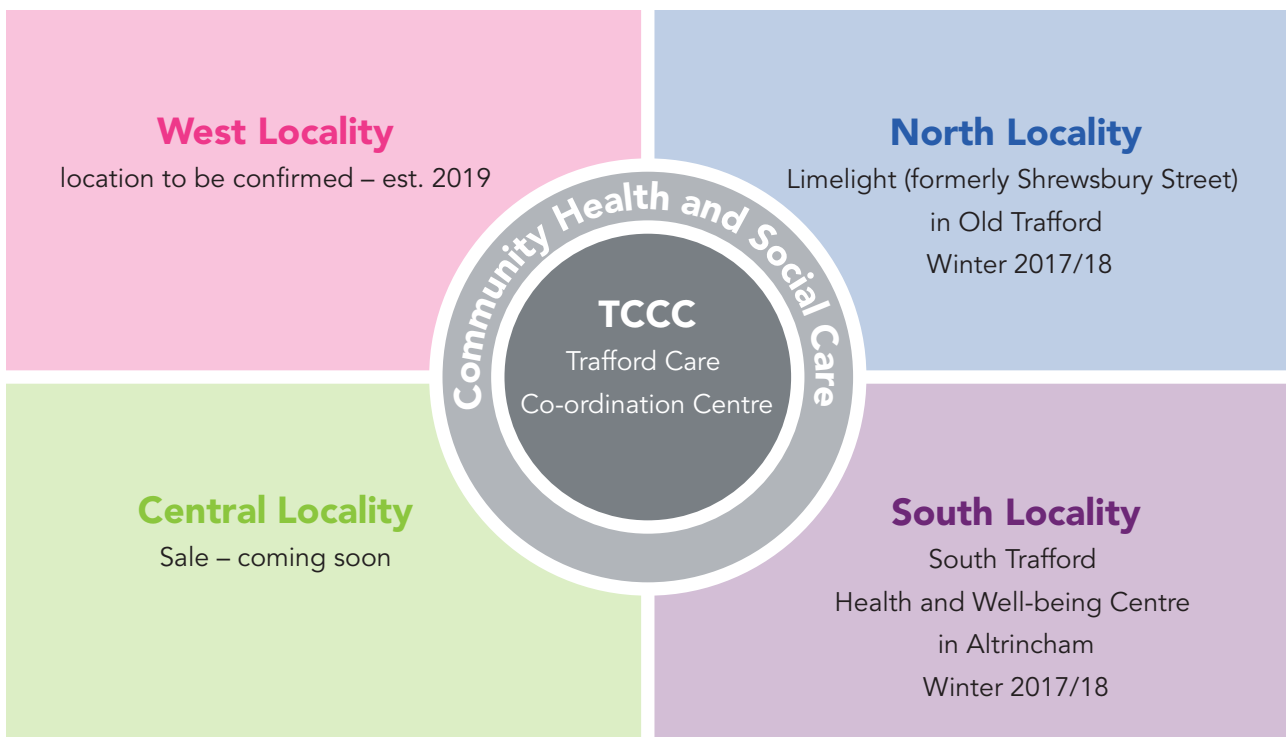
As part of the move to integrate health and social care teams, each neighbourhood will have the backing of a core team which may well include district nurses, support and social care workers, and staff who can help with reablement or recovery.

The development of these facilities is happening with the help of a number of partners, including Trafford Housing Trust.



Architect's image of the new South Trafford Health and Wellbeing Centre which is being built in Market Street, Altrincham. Due to open in late 2017 it will house, for example; two GP practices, modern library, Tourist Information Centre, treatment rooms and a café.

## The Four Locality Hubs



# Community Enhanced Care

## Community Enhanced Care - involves different professionals (social workers, nurses, care managers) participating in your care and co-operating with doctors

It has long been recognised that we need to invest in “out-of-hospital” care while developing community resilience and identifying more ways that people can be cared for in their own homes or other settings near to where they live.

At the moment Pennine Care NHS Foundation Trust provides a community enhanced care service:

- With an urgent care team allowing 24/7 rapid access and intensive support for up to 72 hours, combined with specialist nurses, district nurses and therapy services plus community matrons
- This ensures flexibility and responsiveness

Often those using the service will be frail and elderly people; they may require extra help to avoid hospital admissions, allow for suitable preventative care and, where possible, speedy discharge to reduce the length of hospital stays.

We remain committed to delivering this approach as part of a key shift from care in an acute setting to care provided as close to home as possible.

Measure of Success	What this means for residents	What this means for public services
7 day access to services	You will have an increased level of independence	15% reduction in non-elective attendances and admissions
Reduced demand on hospital services		
All 'over 75' year olds will have a care plan in place	You will be able to direct your treatment	A reduction in the number of admissions to residential and nursing care by 15%
Flexible access to a range of appointments and diagnostic tests		

# Re-shaping Social Care

## Social care

Measure of Success	What this means for residents	What this means for public services
Below average admission rates to residential care	You will have an increased level of independence	Reduction in number of looked-after children by 20%
Reduced demand on services		
Improved access to urgent services for those living in residential and nursing homes	Care delivered to you in your home	Reduction in the number of adults with high cost packages of care

**Our aim is to ensure a full life - a valued place in the community with meaningful activity and positive relationships.**

The focus for health and social care interaction, however, between the public sector and our local residents will change. This applies for young people, seniors in our community (whether living at home or in residential / nursing establishments) and those experiencing disability and their families, who require support. The emphasis will be towards individuals and their families being more pro-active in helping to manage their own care package, rather than relying on traditional services or solutions.

We remain committed to providing support to enable residents to live long, healthy and active lives in the community.

Good access to appropriate health care will remain in place. This will be more creative and delivered cost-effectively; in future we envisage greater use of technology and wireless computer systems such as "personal care robots" to maximise people's independence at home.

# Learning Disability Services

**We are working towards a better understanding of the local population’s needs, changes in life circumstances and costs associated with quality care.**

Analysis here and across Greater Manchester underpins a drive to deliver a sustainable model of care and bring about improvements to the lives of people with learning disabilities and their support networks.

We have adapted a set of national outcomes for local delivery and these recognise the need for us to strengthen the way in which we work with families and provide consistent support from as early as possible.

46% of the total social care budget is spent on learning disabilities. The most expensive care is for those in the 18-25 age group and people in their 40s and 50s account for the highest average placement costs.

Living in Trafford you will have:

- good access to health care and other universal services
- support which effectively meets your needs and those of your family, and enables you to progress

Measure of Success	What this means for residents	What this means for public services
Reduced numbers of people in contact with the Criminal Justice System / admitted to secure provision	<p>You will receive more of your care from family, volunteers and the community</p> <p>You will feel more independent and confident</p> <p>You will have an increased level of satisfaction with services (measured through Adult Social Care Outcomes Framework (ASCOF / HOF))</p>	A reduction in the number of young people and adults with high cost packages of care



# Mental Health Services

## Mental Health

Measure of Success	What this means for residents	What this means for public services
Reduced waiting times	You will have an increased level of satisfaction with services	Increasing numbers of young people and adults will have intensive care at home with reductions in hospital admissions of 15%
Increased range of mental health support provision		

The National, Greater Manchester and Trafford Local Mental Health Priorities are aligned. This means collaborative CCG and Local Authority-wide improvement plans focus on our joint, long-standing strategic commitments towards ensuring better access, choice and delivering the **right care**, at the **right time**, in the **right place** as identified by local people, families and GPs alike.

As a result, over the coming five years, residents will see more integration including the facility of the TCCC to act as a single point of contact which will:

- make it easier for service users and professionals to navigate the system
- create a shared focus on better mental health support for people with long-term physical health conditions
- support reviews of the physical health needs of those with mental health problems
- leading to better, shared-care pathways incorporating both physical and mental health characteristics for people with specific, mental health needs across primary and secondary care

## Mental Health Services

### **Developing our mental health provision**

#### **Psychological Therapies (or 'Talking Therapies') including:**

- Enhanced Psychosocial Provision (or the link between social factors, individual thought and behaviour) within key physical health pathways (such as for anyone living with musculoskeletal problems, diabetes and cancer)
- More Low Intensity and High Intensity Talking Therapies (integrated with the expanded Greater Manchester Working Well programme which sets out to help people achieve their potential and overcome issues that may be holding them back from work)
- Specialist longer-term Psychotherapy and support for those presenting with Autism and Personality Disorders – reducing the variation in access to provision
- Maintaining reduced waiting times and addressing inequalities for vulnerable groups

#### **Early Interventions for individuals who are experiencing Psychosis, including:**

- Delivery on behalf of a wider age range reaching into adulthood
- Compliance with new, national, standards from National Institute for Health and Care Excellence (NICE) on Family Interventions, Cognitive Behavioural Therapy (CBT) and employment-focused support, within two weeks of referral
- This will be complemented by continued high performance in terms of other core specialist mental health community and in-patient services.

**Dementia Diagnosis and Post-Diagnosis Support** through partnerships and timely access to Advisors, specialist and mainstream programmes of activity, and assertive, residential in-reach teams

#### **Enhanced round-the-clock Psychiatric Liaison Services**

delivered in Acute Hospitals, including A&E and Police Custody. This will help meet national liaison targets by 2020

## Mental Health Services

**A Crisis Concordat** will see joint working via Greater Manchester Police (GMP) programmes and services provided through the Sanctuary. These aim to offer non-clinical support via a crisis support line, in a way that avoids being stigmatised. Designed to support adults experiencing anxiety, panic attacks, depression and suicidal thoughts, including support for vulnerable individuals often presenting with mental distress below usual service thresholds.

**Shared Care Protocols for Prescribing and Physical Health Checks** to develop practical ways of working in relation to 'atypical antipsychotic medication- prescribing', alongside the monitoring of someone's physical health under the GM-wide Primary Care, Community and Mental Health Standards. This sets out to maximise access to alternative pathways provided by the third sector.

### **Enhanced support for Children and Adolescents with Mental Health difficulties (CAMHS) including:**

- Ensuring a named point of contact for schools and family doctor / GP
- Targeted action in the areas of Attention Deficit Hyperactivity Disorder (ADHD) Neurodevelopmental disorders (impairments of the growth and development of the brain or central nervous system) and eating disorders
- Collaborative action plans to reduce children being placed outside Trafford, including those attending or living in residential schools / secure settings (especially for those in Looked-After-Care)
- Additional evidence-based and early intervention programmes to support children and young people with learning disabilities and their families, and in circumstances where a young person may be placed in care
- Enhanced programmes targeting expectant mothers; perinatal mental health, early-years' health services and parenting support, including greater links with the 'Stronger Families' programme which centres on providing help to families with multiple problems

# Place-based Opportunities

**In Trafford we recognise that everyone has something to contribute to the wider community, and that our residents, neighbourhoods and business communities are reservoirs of untapped resources.**

**As a 'place' we need to harness and better co-ordinate all the potential opportunities for everyone's health and well-being.**

A great example of how we could co-ordinate things better for health and well-being is the way we manage and use our environment.

Trafford has a host of greenspaces, cycle networks and public transport links, yet our carbon foot print and incidence of fuel poverty are higher than other areas in Greater Manchester (GM) and our level of physical activity across the population is low. By working smarter, more creatively and together, we can change things like this for the better.

Trafford Partnership is a body comprising local and public organisations who have started this kind of action by setting up a network of multi-agency Locality Partnerships in the north, south, central and west areas of Trafford. Some examples of how services, buildings and spaces are being co-ordinated more effectively include:

- Redevelopment of Timperley Library which will be co-located with a GP surgery and offer a range of wrap-around services
- Coppice Library in Sale will be managed through a formal partnership with a third sector provider and there will be a Well-being Centre provided on site
- Trafford's 'Youth Trust' has been established, as an independent organisation developed in partnership between public services, youth providers and young people. It is set to raise aspirations and ambitions of the youth of Trafford by co-ordinating and promoting a Youth Offer

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## Transport

There are 107km of public rights of way and currently 23km of National Cycle Network routes in Trafford, with plans to expand significantly the cycle network

50% of Trafford residents are within 800m from a train, tram or a major bus station

However:

There are currently key areas of employment and of future development with poor levels of access without a car; likewise some of our deprived communities experience poor levels of access by public transport, walking and cycling

We need to deliver accessible major developments and infrastructure which encourage people to use sustainable means of transport and work with partners to deliver better public travel systems

80% of residents are within 300m  
of an accessible greenspace

.....

37 public parks; over 50 amenity  
greenspaces; 21 recreation / sports  
grounds; 5 cemeteries / crematoria;  
41 woodlands; 86 children's playgrounds  
and 6 linear greenspace routes

.....

We're going to be working more with  
stakeholders and residents to maintain  
and improve our assets and address  
uneven distribution

## Place-based Opportunities

### **The role of sport and leisure**

There is a determination for sport and leisure to make a much greater contribution to the area's health and social care system; coupled with a vision and commitment to encouraging investment into the borough's existing leisure facilities. A blueprint for sustainable investment into its estates is being developed.

The leisure centre of the future will look very different; it must facilitate integrated services where leisure facilities sit alongside GP practices, social workers and health and social care providers who are all working together with a common purpose; to prolong a person's independence by utilising the full mix of resources in the community and within their families.

Trafford Council has recently set up Trafford Leisure, a Community Interest Company (CIC) to support and evidence the delivery of this vision and to develop world class facilities that will make a significant contribution to the health and social care system. Combining physical assets (such as places and buildings) and the relevant expertise to help bring about sustainable business models that can truly improve our residents' health and well-being.

### **Crime and responsible communities**

Innovative and successful partnership enterprises are already underway; for instance, with a view to managing crime and antisocial behaviour more creatively and effectively - including its impact on health and well-being. A dedicated Specialist Mental Health practitioner from Greater Manchester West (GMW) Mental Health NHS Foundation Trust is operating within the integrated Safer Communities Team, co-located at Stretford Police Station, and working directly alongside police officers and Trafford Council's staff.

## Place-based Opportunities

A new service for victims of domestic abuse who report to the police for the first time is being developed - using trained Police Community Support Officers (PCSOs) and volunteers to offer bespoke follow-up support to families who otherwise might not get the help they need and therefore could well present again to the police, or other agencies, in future.

We are increasing the emphasis, through our Locality Working model, on engaging communities in co-producing solutions which prevent crime, build resilience and improve perceptions of safety in our streets and neighbourhoods.

Already we have resident Homewatch Co-ordinators leading a Junior Neighbourhood Watch scheme with a primary school in Sale; and residents in the south locality are expanding a 'Know Your Street' guardianship project utilising social media.

We are committed to scaling those local place-based ideas which work and to taking partnership action in the areas of Trafford which are most affected by environmental crime, criminal damage, deliberate fires and Anti-Social Behaviour; through campaigns such as "Be Responsible" and "Be Bold" we are encouraging social responsibility amongst communities with the goal of making Trafford a cleaner, greener place to live and to keeping individuals and their homes and vehicles safe.

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### **Climate change**

In terms of climate change, analysis points to Trafford having the second highest carbon footprint per head in Greater Manchester... while data also shows, including within affluent areas and partially due to poor building energy efficiency and under-occupancy, that some residents experience fuel poverty.

We aim to increase energy efficiency and hope to cut utility bills for homeowners, businesses and new developments

In future Trafford's Sustainability Strategy is going to look at retrofit of housing and certain public buildings.

## Place-based Opportunities

### Housing

Whilst the Council no longer manages housing stock it retains a statutory responsibility for homelessness and housing allocations, it continues to work with its providers to develop the existing estate to meet the needs of new and different service users, to reduce homelessness and improve property conditions, ensuring that any under-utilised provision is re-developed to meet demand. The Council will also work to improve property conditions in existing private sector stock. This will include improving the energy efficiency of properties, the licensing of Homes in Multiple Occupation and tackling rogue landlords.

The Council will seek to facilitate productive partnerships between organisations and businesses looking to invest in new housing development and encourage private and public investment. The delivery of sustainable housing growth, especially on previously-developed land and in town centres, will continue to be promoted. Work will be undertaken with Registered Providers, developers, the Homes and Communities Agency and the Council's Planning Team to create more affordable and supported housing to meet the needs of Trafford residents.

Developers will be encouraged to add value to their schemes through Social Value opportunities, Trafford Centre for Independent Living (CIL) and section 106 contributions. Apprenticeship schemes, maximising the use of local labour and suppliers and actively engaging with neighbourhood communities in supporting local projects which deliver against Trafford Partnerships' strategic and locality priorities are examples of how this can work.

Poor housing, unsuitable housing and precarious housing circumstances affect our physical and mental health. Generally speaking, the health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions. The home is a driver of health inequalities.

Trafford contains some of the most sought after housing in the North West, in established and desirable residential neighbourhoods. This is reflected in house prices which are above national and regional averages. However, there are particular challenges in Trafford related to both the supply and affordability of housing.



## Place-based Opportunities

### Employment, skills and training

Trafford's employment, skills and training outcomes provide a strong foundation on which we can build. Overall our employment rates are high, educational achievements are outstanding and our skills levels are high. Barriers to learning, work and training do exist, particularly in some areas of the borough and a partnership approach has been put in place to address these issues e.g. the Trafford Pledge, Stronger Families and Working Well schemes and combined with people entering the labour market.

Trafford has a highly skilled population with nearly 40% of residents attaining 'NVQ Level Four and above' qualifications compared with 30% across GM and 29% in the North West. A quarter of people employed locally are in professional occupations and 12.7% are Managers, Directors or Senior Officials, compared with 9.5% in the region as a whole.

These statistics, however, mask geographical disparities. In certain parts of Trafford 1 in 3 residents has only basic skills.

The Council will continue to work with partners from the Trafford Employment, Enterprise and Skills Group, such as Trafford College, to help address skills barriers both for residents in and out of employment to help create a highly skilled workforce.

Trafford has the second lowest 16-18 NEET (not in employment, education or training) rate in GM – for residents aged 16-19 this is 4.73% (August 2015).

**Trafford has a robust economy and due to its large business base, concentrated in Trafford Park, and the employment and housing growth which will be delivered by the Carrington site, Trafford is an 'economic powerhouse' of GM**

**Currently 75.3% of Trafford's working age population is in employment, compared to 69.2% in Greater Manchester (GM)**

Employment is linked to economic growth and Trafford has a strong economic base with one of the highest productivity rates in GM, at 5.7% higher than the North West rate

The Council and partner organisations sitting on the Trafford Employment, Enterprise and Skills Group will continue to support new and existing businesses in recruiting their workforce and will forge productive relationships with new businesses moving into the area to ensure new job opportunities are taken up by Trafford residents

## Place-based Opportunities

We are one of the highest-ranked local authority areas in the country for the achievement of pupils at both Primary and Secondary-level and have a high number of Ofsted rated 'good' and 'outstanding' schools delivering excellent results for residents.

Young people are now required to remain in learning up to their 18th birthday and this number is measured by the RPA (Raising the Participation Age) rate. Trafford is the highest performing Local Authority in GM with an RPA rate of 93.9% (August 2015).

### **Corporate Social Responsibility**

Corporate social responsibility activity is a tangible way for businesses to 'put something back' into the community. For example: by sponsoring sports and activity groups; offering staff time and resources to help grow health and well-being activities among community groups; pro-bono or 'in-kind' giving of your organisation's particular expertise; becoming a mentor or volunteer; providing or donating equipment / facilities.

Public sector employers should also commit to corporate social responsibility programmes to demonstrate a partnership approach with the private sector, pooling resources to address health and well-being issues in the borough. This method of working could be developed and further implemented by Thrive and other local public and private sector agencies and stakeholders. Channels such as the Trafford Park Business Network will also be used as a mechanism to promote this agenda.

# Enablers of change

**To deliver a changed relationship between citizens and the state we need to change the way we work and this includes systems, services and processes as well as workforce behaviours, values and ethos.**

This change in mindset is needed both at leadership level and in the frontline workforce so that reform happens in practice.

We need a common language and core set of behaviours to define how we work; it is not just about what we achieve, it is also about how we do it.

Being positive, accountable and open to doing things differently are core to the principles of reform and of equal importance to technical skills and qualifications. We need a culture that demands positivity, personal responsibility, openness and transparency.

- From our frontline workforce this means the freedom to focus on what is important to an individual and family, having different conversations to identify assets unconstrained by a tick box assessment
- For our administrative functions it means moving to a role of enabler, breaking down bureaucracy and working with the community

In supporting our workforce to change, we need to ensure they have access to the right information to make informed decisions and are supported by leaders who champion a new approach to public services.

.....

**By taking charge you can help make a difference**

However old or young, keep active

Drink and eat sensibly, avoid smoking and encourage your children, family and friends to do the same

Look after your own health and well-being – register with a GP and make sure you take up screenings and have regular check-ups

If you are a parent or guardian encourage children to be the best they can be

Take advantage of training and job opportunities – set high aspirations for you and your family

Support older relatives, friends and neighbours to be independent for as long as possible

Get involved in your local community

## Enablers of change

A set of leadership expectations have been developed in consultation with key stakeholders across Greater Manchester (GM)

The expectation is that a leader in any GM public service:

- **Delivers the GM Ambition** - understands the GM ambition and the need for it be delivered in all corners of GM
- **Leads from place** - understands what it takes to transform places. Leads within, and on behalf of their organisations, systems and places
- **Takes an asset based approach** - recognises and values the strengths of people and places, enabling them to build on these to overcome challenges and make the most of opportunities
- **Understands impact** - makes decisions ensuring the impact on people and places informs professional / clinical information and judgments
- **Is democratically astute** - creates a collective responsibility to deliver the GM ambition, understanding governance systems and accountability to people and places
- **Acts collaboratively** - acts with authenticity, honesty and integrity to build strong collaborative relationships and connectivity across GM
- **Builds trusts** - has a deeply held sense of purpose and is able to share power in a way that supports citizens and others to create the best conditions for people to thrive
- **Connects with people** - connects with and respects other people's stories and history
- **Is focused on better outcomes** - is resilient, innovative, curious and relentless in getting better outcomes across GM

The over-arching principle of Devolution is to enable GM commissioners, providers, patients, carers and partners to shape the future of GM together.

The Locality Plan principles of change are being delivered in Trafford Devolution through the Health and Well-being Board's approval of the Locality Plan.

The Joint Commissioning Board (CCG and Council) will ensure robust governance and assurance of delegated powers in the commissioning and delivery of services. The Board is also committed to engaging with residents during the different stages of Devolution and service delivery.

## Enablers of change

Strategic partnerships delivering jointly-funded services will ensure strong operational implementation and benefits-realisation across, for example, Children and Young Persons & Families and in the areas of Learning Disabilities and Mental Health.

### **Enablers of Change - Engagement**

We acknowledge the contribution people can make as service users, patients, carers, staff, stakeholders and members of the wider community in setting priorities, planning and developing services and evaluating outcomes.

By working collaboratively and taking on-board your views we will be able to shape and commission services and improvements knowing they meet the needs of the people who use them.

Over the years we have worked with many stakeholders and the Trafford population to help refine our vision of integrated care. Early on in our conversations, "Peoples' Priorities" were developed by those we conversed with.

#### **People want to see:**

**"A holistic, joined up service which offers choice and flexibility as well as sufficient resources to support this choice. Furthermore that any change will result in greater efficiency, better communication and information, improved access and location and at all times designed to achieve a patient focus".**

Where appropriate, we will plan services, communicate and engage with those citizens on a locality approach to help shape services that match the needs of those individuals, and the community which they live in.

**Prepared by:**

Trafford Partnership

Trafford Council

NHS Trafford Clinical Commissioning Group (CCG)

In conjunction with:

Central Manchester Foundation Trust (CMFT)

Greater Manchester West (GMW) Mental Health NHS Trust

Healthwatch Trafford

Pennine Care NHS Foundation Trust

Salford Royal NHS Foundation Trust

University Hospital of South Manchester NHS Foundation Trust (UHSM)

**How to contact us:**

This is a public-facing document; a lot of detail underpins the Locality Plan and anyone wishing to review or access the full version with financial details can do so.

We genuinely welcome your views on all the ideas and plans we're sharing with you in this document.

You can give feedback by speaking to your local councillor, Trafford Council or Trafford CCG.

**Partnerships and Communities team**

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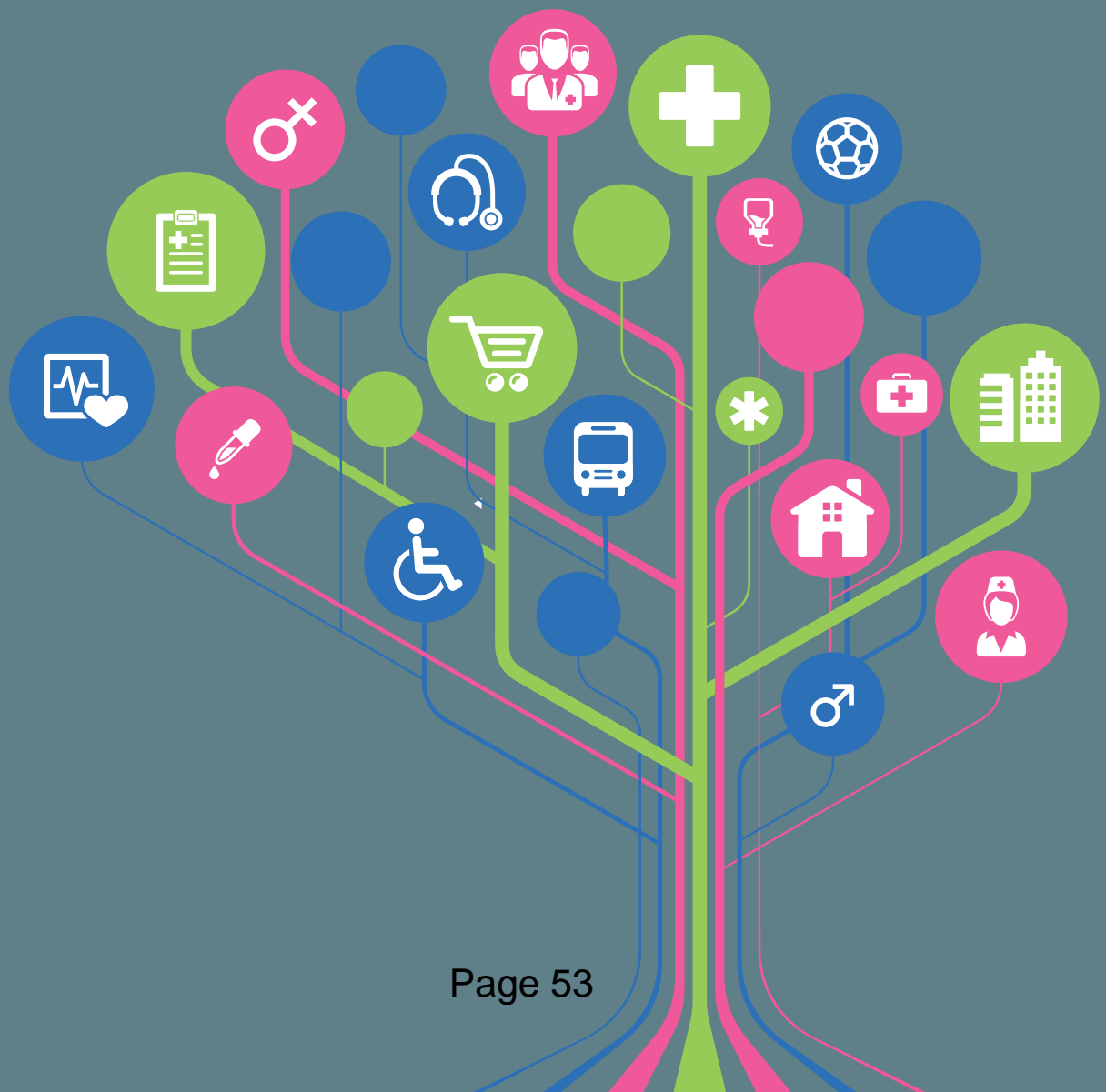
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