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TRAFFORD
COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD MEETING

Date: Thursday, 17 March 2016

Time: 1.30 p.m.

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

A G E N D A	P A R T I	Pages
1. ATTENDANCES		
To note attendances, including officers, and any apologies for absence.		
2. MINUTES		
To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 22 January, 2016.		
		1 - 6
3. DECLARATIONS OF INTEREST		
Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4. LOCALITY PLAN - PRESENTATION AND ENDORSEMENT		
To consider a presentation of the Acting Corporate Director, Children Families and Wellbeing. A discussion led by the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group will follow the presentation.		
		Verbal Report
5. REPORT ON THE PROTECTION OF SOCIAL CARE ELEMENT OF THE BETTER CARE FUND FOR TRAFFORD		
To receive a report of the Better Care Fund Programme.		
		7 - 16
6. URGENT BUSINESS (IF ANY)		
Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered		

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at this meeting as a matter of urgency.

THERESA GRANT

Chief Executive

Membership of the Committee

Dr N. Guest (Chairman), Councillor A. Williams (Vice-Chairman), Chief Inspector V. Bellamy, R. Bellingham, J. Colbert, S. Colgan, A. Day, Councillor J. Harding, G. Heaton, Councillor M. Hyman, G. Lawrence, M. McCourt, S. Nicholls, B. Postlethwaite, A. Razzaq, S. Webster and A. Worthington.

Further Information

For help, advice and information about this meeting please contact:

Chris Gaffey, Democratic and Scrutiny Officer

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This agenda was issued on **Wednesday 9 March, 2016** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

HEALTH AND WELLBEING BOARD

22 JANUARY 2016

PRESENT

Cllr A. Williams (in the Chair)	Exec Member for Adult Social Services & CW
A. Day	Chairman of HealthWatch, Trafford
Cllr J. Harding	Trafford Council
Cllr M. Hyman	Executive Member for Children's Services
G. Lawrence	Chief Operating Officer, NHS Trafford CCG
J. Pearce	Acting Corporate Director, CFW
Bob Postlethwaite	Clinical Head of Division (Children), CMFT
A. Razzaq	Director of Public Health
S. Webster	Director, Blusci

In attendance

B. Akinwale	Health Equity Programme Lead, Public Health England
J. Colbert	Acting Director Service Development, CFE
C. Gaffey	Democratic & Scrutiny Officer
S. Gardner	Director of Strategic Projects, CMFT
H. Gollins	Consultant in Public Health
M. Graham	Director of Strategy, UHSM
Supt J. Liggett	Greater Manchester Police
Cllr Mrs J. Lloyd	Shadow Lead Member for Integration of H&SC
K. Purnell	Head of Partnerships & Communities
E. Roaf	Consultant in Public Health
Cllr B. Shaw	Lead Member for Integration of Health and Social Care
R. Spearing	Integrated Network Director, Pennine Care FT
J. Whyte	Data Innovation and Policy Specialist

APOLOGIES

Apologies for absence were received from Chief Inspector V. Bellamy, R. Bellingham, S. Colgan, Dr N. Guest, G. Heaton, M. McCourt, S. Nicholls and A. Worthington

37. MINUTES

RESOLVED: That the Minutes of the meeting held on 1 December 2015, be approved as a correct record and signed by the Chairman.

38. DECLARATIONS OF INTEREST

Interest was declared by Councillor Joanne Harding who is a Senior Manager at Self Help Services, a mental health crisis service which is commissioned in Trafford.

Interest was also declared by Councillor Mrs Judith Lloyd, who is a Trustee of Trafford Domestic Abuse Services.

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39. NEW ROLE OF THE HEALTH & WELLBEING BOARD AND TERMS OF REFERENCE

The Board received a report of the Head of Communities and Partnerships confirming the Health and Wellbeing Board's new governance arrangements and structure in relation to other Boards and Partnerships within the Trafford Partnership structure. The new Terms of Reference and governance arrangements were agreed by Council on 20 January, 2016.

The Board discussed performance monitoring and the Health & Wellbeing Board's role in ensuring Trafford's health and wellbeing strategies are effective. Members were advised that a communications strategy was in place to ensure the public were aware of the new arrangements and membership. The communications strategy would be circulated to Board members.

RESOLVED:

- (i) That the recommended representation of the Health & Wellbeing Board on the Trafford Partnership Board be agreed.
- (ii) That the performance dashboard in relation to the agreed Health and Wellbeing priorities be adopted.
- (iii) That the Health & Wellbeing Board receive a quarterly report outlining performance against the Health and Wellbeing priorities, the Trafford Locality Plan and the Better Care Fund programme.
- (iv) That the Health & Wellbeing Board receive a quarterly combined information report from the Safer Trafford Partnership, the Sports and Physical Activity Partnership and Trafford HealthWatch.
- (v) That the Health & Wellbeing Board discuss any exceptions or barriers to progress highlighted by the above reports.
- (vi) That the Health & Wellbeing Board agree to receive issues as agenda items from any partners for presentation and discussion which impact, or have the potential to impact, on performance or progress in relation to the reduction of health inequalities and the health and wellbeing agendas in Trafford in their broadest sense.
- (vii) That the Health & Wellbeing Board agree as part of the agenda that any key messages be shared with the Growth and Strong Communities Boards at the start of the lunchtime networking event, and that any future issues be raised to the Trafford Partnership Board.

40. REFORM AGENDA (GREATER MANCHESTER STRATEGY)

Note: Item 8 – Health and Social Care Devolution – Trafford Locality Plan, was heard as part of this presentation.

The Board received a presentation of the NHS Trafford Clinical Commissioning Group and the Acting Corporate Director, Children, Families and Wellbeing. The presentation outlined the long term vision and goals of the Greater Manchester devolution plans, as well as provide information on the strategic plan. Trafford's position was explained; with the £174 million funding gap by 2020/21 being the greatest challenge faced by the authority. The presentation went on to remind Board members of the Locality Plan's areas of focus to achieve the goals set out.

Members discussed the strategic plan's list of objectives, with one member questioning the perceived omission of tackling child poverty from the list. The Acting Corporate Director, Children, Families and Wellbeing advised and that the objectives in the presentation were not an exhausted list, and would expect the final list to be more comprehensive.

The Board were advised that an additional meeting of the Health and Wellbeing Board would be required in March to sign off the Locality Plan.

The Chief Operating Officer, NHS Trafford Clinical Commissioning Group confirmed that the Trafford Care Coordination Centre (TCCC) had now 'gone live', and that the second phase of incorporating other partners was underway.

RESOLVED:

- (i) That the presentation be noted.
- (ii) That an additional meeting of the Health & Wellbeing Board be arranged for March 2016 to sign off the Locality Plan.

41. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

The Board received a demonstration of the Data Innovation Specialist and the Consultant in Public Health on the development of the interactive Joint Strategic Needs Assessment (JSNA) site. While attempting to make it relevant and accessible to all, the aim of the site would be to provide a dynamic resource to help engage all partners.

The Board thanked the Data Innovation Team and the Consultant in Public Health for their work on the site thus far, and discussions took place on how the public could be engaged. Board members were reminded that the site was aimed more at commissioners and partners to enable them to make informed strategy decisions, but agreed this would need to be partnered with public engagement in some way. Members discussed how the site could be used as a gateway to other online resources with further information on related topics.

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It was suggested that a reference group be created to ensure the site is kept up to date, and that the JSNA would need to be linked to the commissioning plan. The Board were asked to support the work of the JSNA steering group.

RESOLVED: That the progress of the JSNA site be noted.

42. PROPOSED PRIORITIES FOR THE HEALTH & WELLBEING BOARD AND DISCUSSION

The Board received a presentation of the Consultant in Public Health detailing the proposed Health & Wellbeing Priorities for 2016-19. The priorities were based around Trafford's healthy life expectancy levels, which were considerably lower than what would be expected for the levels of deprivation within the Borough. Increasing healthy life expectancy would improve quality of life and help deliver economic prosperity and sustainable communities.

Members discussed the proposed priorities and the need to identify and engage the relevant groups to achieve these goals. Members highlighted the importance of considering physical and mental health together, as these affect one and other. Work in other areas would continue alongside the priorities, and other partnerships would be reporting on these to the Health and Wellbeing Board. The aim of the Health & Wellbeing Priorities would be to set measurable objectives with the data available.

The Consultant in Public Health confirmed that a full report on the priorities would be produced, incorporating the questions and comments made by Health and Wellbeing Board members.

RESOLVED: That the presentation be noted.

43. HEALTH AND SOCIAL CARE DEVOLUTION - TRAFFORD LOCALITY PLAN

This item was considered as part of the presentation for Item 5 – Reform Agenda (Greater Manchester Strategy). See minute 40.

44. BETTER CARE FUND JOINT FINANCIAL PLAN

The Board received a report of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group providing an update on the progress of the Better Care Fund for Trafford and the progress of the schemes.

Note: This report was not the 'Better Care Fund Joint Financial Plan' as stated on the agenda. This would be brought to the next meeting of the Health & Wellbeing Board.

RESOLVED: That the report be noted.

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45. URGENT BUSINESS (IF ANY)

(a) Trafford General Hospital Update

[The Chairman agreed to accept this item as a matter of urgent business to allow a timely update on the situation to Members]

The Chief Operating Officer, NHS Trafford Clinical Commissioning Group provided an update on the situation at Trafford General Hospital following a recent media report, reassuring the Board that Trafford CCG had acted appropriately.

The original consultation had already outlined the move towards a different model, introducing a nurse / GP-led centre at the site. Data was still being collected and all avenues would still be explored, and it was noted that all decisions were made through the Integrated Care Redesign Board. The importance of maintaining the current governance structure was reiterated.

The Board was advised that the appropriate partners would be provided with an update as soon as any new information became available.

RESOLVED: That the verbal update be noted.

46. ACKNOWLEDGEMENTS

The Vice-Chairman (in the Chair) confirmed that this would be the Acting Corporate Director for Children, Families and Wellbeing's final meeting with the Health and Wellbeing Board. The Board thanked him for all of his hard work and support and wished him well for the future.

The meeting commenced at 10.05 am and finished at 12.10 pm

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 17th March 2016
Report for: Health & Wellbeing Board
Report of: Better Care Fund Programme

Report Title

Report on the protection of social care element of the Better Care Fund for Trafford

Purpose

This is to provide the Health and Wellbeing Board an overview on the protection of social care element of the Better Care Fund for Trafford.

Recommendations

The Health and Wellbeing Board are asked to approve the contents of this report.

Contact person for access to background papers and further information:

Name: Helen Zammit
X 4321

Trafford Better Care Fund Programme

1. Introduction

1.1 The Health and Wellbeing Board have received previous reports which set out the schemes which contribute to the Better Care Fund programme for Trafford. This report provides an overview on the protection of social care element of the Better Care Fund for Trafford.

2. Background

2.1 The protection of social care will support the continuation and enhancement of a number of social care services. This is set in the context of financial pressures, rising demand and demographic pressures.

2.2 In 2015/16 Trafford Council faces further financial challenges and budget reductions. The local authority's predictions identified a budget gap of £57m over the period 2015-18. The population profile in Trafford is changing with an increase in the number of elderly people living with long term conditions with complex co-morbidities, resulting in escalating demand on health and social care services.

2.3 The census data from 2011 identified that 35,300 people in Trafford are aged over 65 years and by 2030 this population is estimated to increase to around 55,500. The greatest rate of increase will be seen in those people aged over 85. In Trafford there is predicted to be a 78% increase by 2030. This is the age group most likely to need health and social care and the impact this will have on local health and social care services is a key consideration for local services. The local population overall is expected to increase by 13.9% by 2030.

2.4 The population projections represent a significant increase in demand for community based health and social care services, particularly for older people and those with more complex needs or at the end of their life. This shows that by 2020 people with a learning disability will increase by 4%, people with a physical disability by 5% and people with a common mental health disorder by 2%.

3. The Better Care Steering Group

3.1 The Better Care Fund Steering Group has recently met to monitor the following:

- Progress of the individual schemes
- Performance of the Programme
- Protecting Social Care

4. Expenditure Plan

4.1 The protection of social care will support the continuation and enhancement of a number of social care services which is critical to the delivery of the ambition described within the BCF, most notably the transformation of community health and social care to an integrated model. This new delivery model will increase the focus on helping people remain in their own homes and maintain or increase their independence.

- 4.2 In the face of rising demand and budget reductions the Council's ability to maintain its current provision and eligibility is an on-going challenge. The positive steps to protect social care under this joint fund do not provide a solution beyond 2015/16 for social care funding.
- 4.3 It is therefore crucial for health, social care and voluntary and community sector partners to work together across the health and social care system. By joining up services in the community and providing extensive step up and step down enablement it will reduce demand and the use of hospital care and residential/nursing home care, and deliver services closer to home in a community setting. Trafford's health and social care economy will focus on ensuring that people stay healthy and well at home by intervening much earlier, promoting self-care and maximising people's independence and resilience.
- 4.4 Protection of social care is also critical to the delivery of the ambition described within the BCF, most notably the transformation of community health and social care to an integrated model. This new delivery model will increase the focus on helping people remain in their own homes and maintain or increase their independence.
- 4.5 The shared vision for Trafford CCG and the Council continues to promote and enable people to live at home and remain as independent as possible. The allocation of £5.546m for the protection of social will enable the continued:-
- Investment in assessment and reablement services
 - Protection and sustainability of the current level of eligibility criteria and
 - Provision of a robust assessment and care management services based on a model of integrated care and support with Pennine Care.

The table below details of how these funds are allocated and appendix 1 gives an overview of each area.

Table 1: 2015/16 allocation

Description	Total £
Community equipment and adaptations	279,143
Integrated crisis and rapid response	602,950
Maintaining eligibility criteria	757,409
Reablement services	744,382
Bed based intermediate care services (Ascot House)	783,000
Early Supported hospital discharge teams	440,480
Joint Health and care teams	636,447
Other social care residential and nursing placements	1,302,669
Total	5,546,480

5. Activity & Outcomes

5.1 The funding of social Care will support the delivery of changes to the population of Trafford and deliver;

- Enhanced local health and social care services
- Safe and high quality health and social care services with a skilled workforce
- Alternatives to secondary care through community health and social care services
- Improved co-ordination of patient care
- A coordinated and supported network of community organisations providing preventative services

5.2 The following changes to patients and service user outcomes will be seen;

- Trafford residents will receive the right care, by the right person, when they need it, in the right place as patients will benefit from increased resilience and capacity in the community
- Residents and communities will be empowered to be more resilient and proactive about their wellbeing
- Locality services will meet the needs of patients and will better equipped to respond to their needs
- Through a proactive model, patients will be able to access support at an early stage which will reduce the need for more acute services
- Length of stay at hospital will be appropriate to the clinical need of the patient and no longer
- Patients will benefit from early care planning by multidisciplinary teams
- Patient and service users will have a positive experience of care
- Reducing duplication for people using services
- Improved support to carers and families

5.3 We expect the protection of social care funding to influence the following indicators

Community equipment and adaptations

Ref	Indicator	14/15 outturn
1	Total Number of equipment / minor adaptations provided	20,226

Integrated crisis and rapid response services

Ref	Indicator	14/15 outturn
2	Number of episodes of Rapid Response provided	876

Maintaining Eligibility Criteria

Ref	Indicator	14/15 outturn
3	Number of people in receipt of long term services (local measure)	2,606 (Snapshot on 31st March 2015)

Reablement services

Ref	Indicator	14/15 outturn
4	Total Number of Community reablement episodes provided in year	3,619
5	Total Number of days Community reablement provided in year	99,755
6	Average % reduction in service hours following reablement intervention	68.9%
7	% people receiving no on-going service following Community reablement intervention	58.8%
8	% of older people who received reablement following hospital discharge still at home 91 days after reablement start	91.5%

Bed-based intermediate care services (Ascot)

Ref	Indicator	14/15 outturn
9	Number of episodes of residential reablement provided	198
10	% of people returning home following assessment unit intervention	55.0%
11	% Occupancy of Residential Assessment Unit	84.0%

Early supported hospital discharge schemes

Ref	Indicator	14/15 outturn
12	Delayed Transfers of Care (Snapshot) / 100,000 population	20.4
13	Delayed Transfers of Care (Bed Days)	982 / month (11,795/ year)

Joint health and care teams/working

Ref	Indicator	14/15 outturn
14	Non-elective admissions aged 65+ per 1000 population 65+	282
15	Non-elective bed delays aged 65+ per head 000 population 65+	2,783
16	Non-elective readmission rate within 30 days aged 65 and over	16.9%
17	Non-elective readmission rate within 90 days aged 65 and over	27.3%

Other social care residential and nursing placements

Ref	Indicator	14/15 outturn
18	Permanent admissions of older people to residential/ nursing care / 100,000 population	528
19	Permanent admissions of younger adults to residential / nursing care	12.2

Service Areas

Community Equipment and Adaptations

The provision of community equipment and adaptations is to support the person to achieve their desired outcomes and in doing so maximise their independence and improve their quality of life.

The services provided are as follows:-

- One stop resource centre - based in Sale, this provides community equipment and services for people living in Trafford, who may need assistance with daily living due to a disability. This is a joint venture between Pennine Care NHS Foundation Trust and Trafford Council. It provides community equipment and adaptation services for people living in Trafford, who may need assistance with daily living due to a disability.
- external minor adaptations - an alteration or addition to a home that will allow greater safety or independence for a person/carer to access their home and its facilities.
- Community alarms,
- telecare equipment,
- lift and repairs maintenance,
- sensory equipment.

Integrated Crisis and Rapid Response

Trafford Council has a statutory responsibility under the National Health Service and Community Care Act 1990 to make provision for those who have a mental health diagnosis. The Partnership Agreement, made pursuant to Section 75 of the Health Act 2006, with Greater Manchester West Mental Health NHS Trust, details how the two organisations work together to provide a range of services for people in Trafford with Mental Health needs and includes the Crisis Resolution Home based Treatment Team (CRHBT).

The CRHBT Team provides a 24 hour, 7 day a week service to adults with a serious mental illness, in an acute crisis that is so severe that, without intervention from this service, the service user would require hospitalisation. The Team aims to act as an alternative to hospital admission by providing intensive interventions in the community. The Home Based Treatment team aims to achieve the following:

- An early assessment to service users who meet the service criteria.
- A holistic home based treatment for service users 365 days a year 24 hours a day with access to a qualified practitioner at all times across the 7 day week
- Intensive community based treatment, support, information, education, medicine management.
- Support, information and education for relatives and carers.
- To gate keep all admissions to GMW acute in-patient wards.
- To facilitate early discharge from GMW acute in-patient Wards, and minimise the length of stay in hospital by active involvement in discharge planning and the provision of intensive home treatment.
- Ensure a collaborative approach which considers the contributions, needs and health and safety of service users, relatives, carers, the general public and staff.

The Rapid Response service provides a homecare service under emergency circumstances. This is to prevent unnecessary admission to hospital, residential or nursing care by providing an initial, short term package of care to people in their homes who are in urgent need of home care support. Situations would include:

- Carer breakdown – e.g. Carer unable to cope or admitted to hospital
- Sudden immediate need for social care support in cases of illness e.g. broken limbs or infection
- Care provider breakdown
- End of life care.

On receiving a referral, one of two Senior Support Workers from the team will visit the service user, normally the following day, to undertake a risk assessment and determine immediate support required. A short term package of care is then put in place with Support Workers carrying out a range of domiciliary tasks in resident's home.

Maintaining Eligibility Criteria

Through the BCF Trafford is committed to maintaining its current eligibility criteria of meeting substantial and critical needs, as defined by Fair Access to Care Services (FACS) criteria. Trafford is also committed to meeting the new national eligibility framework as articulated in the Care Act which is an historic piece of legislation that will make a difference to some of the most vulnerable people in society for many years to come. It places care and support law into a single, clear modern statute for the first time and enshrines the principle of individual wellbeing as the driving force behind it.

Trafford Council's gross projected spend for 2014/15 on adult social care packages of care for those aged 75 years and over is £20.7million. This represents 82% of all spend on older people (aged 65 year and over) and 59% of the total adult spend on care packages (for people aged 18 years and over). This is set in the context of financial pressures, rising demand and demographic pressures. In 2015/16 Trafford Council faces further financial challenges and budget reductions. The local authority's predictions identified a budget gap of £57m over the period 2015-18.

The development of personalisation in Trafford resulted in the offer of a personal social care budget to all eligible service users as an alternative to a commissioned service. These personal budgets could be taken as a direct payment by the individual, family or carer or as a virtual budget managed by the local authority. This gives choice and control to the individual over decisions on how their care needs are met and this will continue to underpin the integrated community teams. To support this initiative Trafford Council recognised the need to develop the marketplace to ensure good quality providers were ready to meet the range of needs that personal budget holders presented. This resulted in the development of the My Choice Marketplace, a personal budget consortium with an online market that service users or brokers can access to choose the service that meets their needs.

Reablement Services

The assessment and reablement team carry out holistic person centred assessments which are outcome focused. Through direct consultations and working closely with the person, achievable goals and desired outcomes are identified. By encouraging participation and

positive risk tasking which helps to rebuild confidence and enables the person to learn new skills where ever possible to maximise independence.

The team also provides hands on support with all activities of daily living. The tasks carried out are varied, but all are focused around daily living skills including social inclusion; the team aims to support and encourage the individual to carry out each task for him/herself as far as practicably possible. By continually monitoring progress the ultimate aim is to either support the individual through the reablement process to become completely self-managing or to reduce the level of intervention to the minimum level required.

New ways of carrying out tasks are explored including the use of appropriate aids and equipment and through direct observation and participation provides evidence of the person's ability to undertake ADL's. This is achieved by joint working with other professionals and close working with service users and family members. A well trained and experienced workforce who can identify and respond quickly to changing needs enables us to ensure the right level of support at the right time. In order to ensure effective and efficient service delivery, good working relationships between the area teams are essential.

The introduction of the new Care Act 2014 consolidates good practice and places a statutory duty on Local Authorities to ensure that anybody, including a carer, who appears to need care or support are entitled to receive an assessment, which must focus on outcomes important to the individual. Any needs currently being met by a carer should still be included in the assessment and the Local Authority must then apply a national eligibility threshold to determine whether the individual has eligible needs. The aim of the Assessment and Reablement team is to support the person to achieve their desired outcomes and in doing so maximise independence and improve their quality of life. Less reliance on social care intervention will provide significant savings on council budgets. It also provides savings to service users as they do not have to pay for services that they don't need. The above activities relate to the Councils statutory duty including, providing assessment and service delivery in the most efficient and effective way ensuring value for money. By accessing resources innovatively and by joint working with our strategic partners to utilise funding available to improve health and wellbeing for people of Trafford also supports the national policy drivers to support and empower residents of Trafford to take responsibility for managing and meeting their own care needs.

Bed Based Intermediate Care Services

Ascot House is a 24hr facility which undertakes assessments for older people who have experienced a change in their Care Needs. Service users are admitted from both the hospital and the community. The main aim of the service is to work with the individual by providing rehab around daily living skills to support them to return home. This process is normally supported utilising the following resources:-

- voluntary sector,
- homecare package,
- day services,
- telecare,
- family support.

Identifying the need for 24hr care is normally picked up quite quickly and the process of moving the individual to the most appropriate setting is completed as quickly as possible.

Ascot House also has a team of physiotherapist and occupational therapist who work with Service users.

Early Supported Hospital Discharge Teams

The hospital based screening teams complete assessment of need for adults over the age of 18. This is a statutory duty of the council under the Delayed Discharge Act 2005 and the Care Act 2014. There are time restraints which regulate the assessment period and the timely provision of services. The social workers offer advice and signposting, assessment of un-met need and thus provide community services where required. The assessment ensure that service have access to the correct funding streams which appropriately meets the needs of the service user, such as the Continuing Health Care funding. In addition the social worker carry out safeguarding activities including leading investigations and implementing the process as set out in Trafford's Safeguarding policy.

The above activities support the Care Act Principles with the aim of supporting people for a limited time only (where possible) and that people therefore remain independent longer. This ensures that resources are targeted at the most vulnerable people and working with strategic partners to jointly utilise the funding available.

Joint Health and Care Teams

Integration between health and social care is underway and locality teams are now in place. Work has commenced in the localities to look at preventative services working specifically with other professionals such as dentists, physios, GPs, and local community groups, churches and leisure centres. The impact of these on budgets will be longer term as people maintain their own health and wellbeing. Much of this work is being undertaken by the community teams as they have started to develop services within the communities.

Other Social Care Residential and Nursing Placements

The provision of external placements are an outcome of assessment under the Care Act 2014 and previously the Community Care Act to meet un-met need in the most effective and efficient way. This is a statutory duty under the Care Act and formerly the 1948 National Assistance Act. Services provided include residential and nursing placements.

The service provision is proportionate to need and aligns to the reshaping offer in Trafford, offering choice, control and best value. The service provision aims to:-

- support people
- keep people safe and well
- promote health and wellbeing.

Trafford Council faces significant financial challenges due to demographic pressures (Trafford has a higher proportion of older people per 1000 head of population), people living longer and more with complex needs, at a time of reducing resources. The funding within the BCF for this area will support the continuation of essential services to the community.