

REPORT

MAY 2019

TRAFFORD LOCALITY ASSET REVIEW STAGE 3 REPORT

TRAFFORD ASSET REVIEW AND MASTERPLANNING
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1.0 EXECUTIVE SUMMARY

1.1 INTRODUCTION

Greater Manchester Combined Authority (GMCA) and the Greater Manchester Health and Social Care Partnership (GMHSCP) has adopted the Locality Asset Review as an integrated placed based approach to understanding community performance and needs, public services delivery and service transformation, taking a holistic view across all public sector organisations and their combined asset base. This approach contributes to the delivery of the ambitions and priorities of the Greater Manchester Strategy Implementation Plan.

Rider Levett Bucknall has been appointed, through Mast Lift Co. on behalf of GMCA, to undertake the Locality Asset Review (LAR) for the Trafford locality. The LAR process is designed to appraise all public sector estate within a locality or series of neighbourhoods to ensure that it is effectively, appropriately and fully utilised where feasible.

1.2 LOCALITY ASSET REVIEW PROCESS

The LARs have been divided into three stages as shown in figure 1 below.

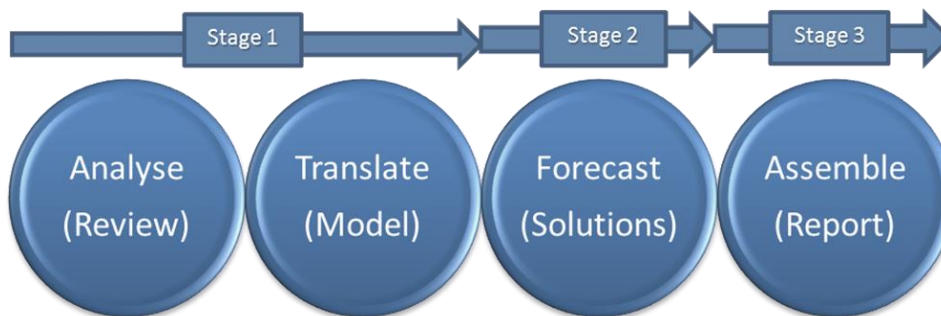


Figure 1: The 3 stage Locality Asset Review process

The LAR at Stage 1 has appraised public sector properties in accordance with local community need and ambitions for improved health and community outcomes. Completion of the LAR will be a work stream completed in advance of, and used to inform the development of, subsequent business cases for specific projects.

This Stage 3 Report takes the Stage 1 and 2 Reports and builds on them developing potential opportunities, solutions and on-going workstreams, along with development of commercial, financial and management cases in line with H M Treasury guidance for the development of Strategic Outline Cases/Programmes.

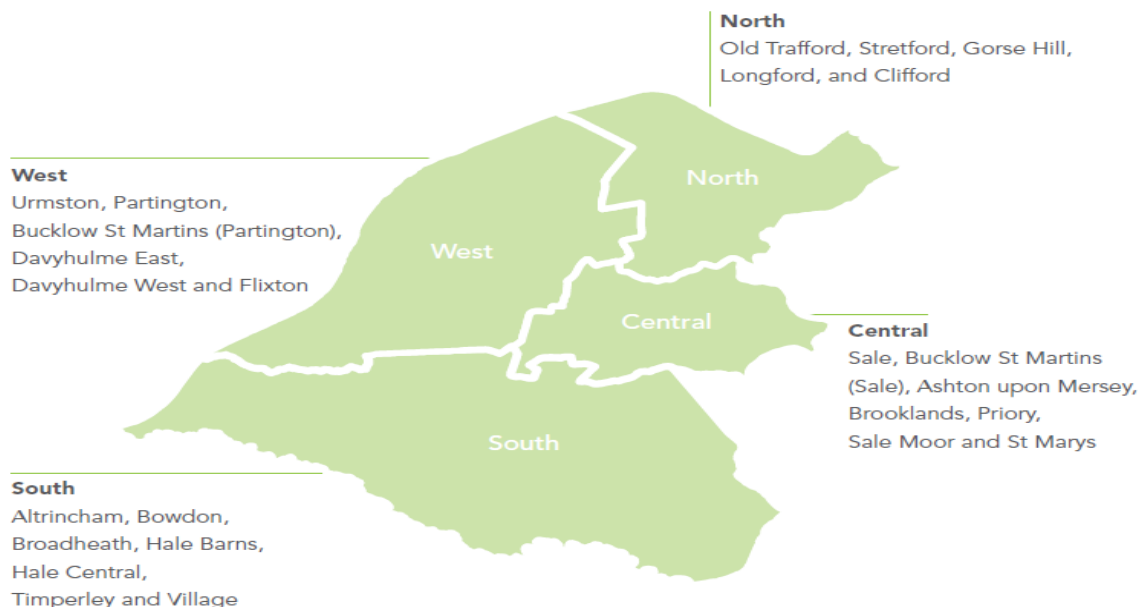
1.3 TRAFFORD LAR OBJECTIVES

The LAR will set out to achieve the following objectives;

- Establish the local need through review of CCG commissioning plans, Local Authority commissioning plans, STPs (Sustainability and Transformation Plans), Strategic Estates Plans and models of care.
- Co-ordinate input from a broad range of public sector providers (beyond the extent of health and care services).
- Appraise how organisations may work together on a place-based approach.
- Assess what property assets are currently held in the locality (based on occupancy, condition, tenure and running costs).
- Agree what property assets would be required in terms of size, location and efficient use of estate.
- Establish what estate will be available for release and potential redevelopment as housing.
- A series of objectives specific to the Trafford locality and each of its four neighbourhoods (North, Central, West and South) is included in section 3.7 and the Long List.

1.4 NEIGHBOURHOOD OVERVIEW

The Trafford locality is broken down into 4 neighbourhoods, North, West, Central and South as shown in the figure below:



1.5 PROGRAMME

Key dates for delivery of the LAR are shown in the table below:

Milestone	Target Date	Activity
Milestone 1A	August 2018	Completion of “Where are we now?” data gathering and review exercise.
Milestone 1B	November 2018	Review service needs and strategy; to determine where locality is now and where it wants to be.
Milestone 2	February 2019	Identify “How we get there” with high level options appraisal for each of the neighbourhoods.
Milestone 3	May 2019	Issue of final LAR report.

1.6 LIMITATIONS OF THE REPORT

As previously noted within the Stage 1 Report there is some missing data in relation to condition data and occupation costs from several organisations. This is generally due to either there being no backlog maintenance information in existence or it being greater than 5 years old and therefore unreliable for the purposes of this report.

There are potential methods for obtaining this information including further engagement with stakeholders, undertaking detailed surveys on specific assets or use of BCIS benchmark data. However, within the time frame of the LAR process and given the high-level nature of many of the opportunities and workstreams these methods would not be practical at this stage.

It is therefore our proposal that the Trafford LAR acts as a Strategic Outline Programme for all potential opportunities and workstreams within the Trafford Locality. Once this has been completed a number of workstreams and individual SOCs and OBCs can be undertaken in relation to each project or group of projects identified.

1.7 ECONOMIC APPRAISAL PROCESS

This final output of the LAR is a Strategic Outline Case/Programme which is part of a Treasury model for the delivery of capital projects in the public sector. A SOC/SOP must reflect the 5 pillars of; Strategic Case, Economic Case, Commercial Case, Financial Case and Management Case.

The main purpose of the Economic Case is to demonstrate that the proposed opportunities deliver value for money for the public-sector stakeholders and the wider economy. It explains how this is achieved by identifying and appraising a wide range of realistic and achievable projects and workstreams, known as the “longlist”, in terms of how well they meet the critical success factors

agreed for the Trafford LAR; and subjecting a reduced number of options, known as “the shortlist”, to further detailed appraisal.

1.8 LONG LIST PROCESS

A comprehensive spreadsheet of all public sector estate has been compiled from the returns of the Request for Information issued to all project stakeholders. These properties were mapped digitally, and a series of workshops held with key stakeholders (Trafford Council, Trafford CCG, NWAS, neighbourhood teams, Trafford Commissioning Group etc.) to identify potential workstreams, projects / issues.

The long list projects have been broken down into:

- Locality wide opportunities and workstreams.
- North Neighbourhood opportunities and workstreams.
- West Neighbourhood opportunities and workstreams
- Central Neighbourhood opportunities and workstreams
- South Neighbourhood opportunities and workstreams

Each of the long list of options have been assessed against Critical Success Factors (CSF) which relate to the deliverability of the options. They provide a rationale to discard long list options before any detailed review is undertaken. The CSFs were confirmed at a Trafford LAR workshop to review the economic case and appraisal process held on the 29th January 2019, they include:

- Strategic Fit and business need
- Potential Value for Money
- Potential achievability
- Appeal to all parties
- Potential affordability

Appendix I provides the complete long list of opportunities along with their associated scores, with a maximum score of 25 and a lowest score of 5, all opportunities scoring **16 or above** have been shortlisted to be assessed as part of a more detailed non-financial benefits appraisal.

1.9 QUALITATIVE BENEFITS ANALYSIS

The second stage of the appraisal process involved scoring each of the shortlisted options against a set of specific qualitative benefits, these were reviewed and confirmed at the Option Appraisal workshop held on the 29th January 2019.

The shortlist was evaluated by undertaking a **qualitative analysis** using the benefit criteria derived from investment objectives. Due to the high-level nature and the lack of detail available, it was decided that a quantitative analysis which applied discounted cash-flow techniques would prove very difficult to undertake and due to the high percentage of assumptions and caveats that would be required that it would not provide any meaningful benefit to the process at this stage. As noted

previously this approach was confirmed at the option appraisal workshop and agreed by the SRO for the Trafford LAR programme.

The benefits criteria were then assigned a weighting dependent upon their relevant importance within the Trafford locality and across the wider Greater Manchester area. The table below shows the benefits criteria used during the appraisal process and its associated weighting.

Ref	Benefit	Assigned Weighting
Improvements to Service Delivery		40%
1	Meets customer/patient needs in terms of improved experience and accessibility to services.	8%
2	Supports the place-based integration of services and closer working relationships between public sector organisations via co-location.	8%
3	Alignment with national, regional and local strategies.	8%
4	Supports recruitment and retention of staff within the Trafford locality by improving working environment and staff wellbeing.	8%
5	Supports the development of locality wide efficient workplace strategy based on best practice in terms of workplace and a mobile enabled workforce using modern technology.	8%
Improved Health & Wellbeing		30%
6	Improves the population health of Trafford whilst reducing the gap in health outcomes between the most and least deprived areas.	10%
7	Provides services which align with the health and social care needs of the community.	10%
8	Increases capacity for health and social care services delivered in a community setting, especially within primary care.	10%
Delivery of One Public Estate		30%
9	Contributes to improving utilisation across the public estate (especially where costs are fixed or committed).	10%
10	Provides opportunities for disposals involving capital receipts and potentially residential development opportunities to support the need for new homes.	10%
11	Delivers on making the best use of the existing estate to minimise public sector costs.	10%

A copy of the scoring spreadsheet which shows all the shortlisted opportunities and workstreams along with its associated weighted score can be found in **Appendix I**. The score for each of the shortlisted opportunities has allowed prioritisation for each of the neighbourhoods along with a list of workstreams which will need progression across the locality.

1.10 PRIORITISED OPORUNITES AND WORKSTREAMS

The top five highest scoring projects or workstreams within each neighbourhood and across the locality are set out in the table below.

Ref	Project Summary	Score	Project / Opportunity	Work-stream
Locality Wide – Top 5 Projects				
L005	Review of Mental Health Services GMMHT: GM wide property strategy for inpatient services and community-based services.	70%		✓
L006	Community Services Review: Contract has been re-tendered and a new incoming provider appointed. Full asset review being undertaken by incoming provider which may require services to be delivered from different locations.	62%		✓
L010	Primary Care at Scale Note Storage Solution: Trafford CCG implementing a fully managed note storage service that allows for the quick and easy retrieval of records, with a data cleansing exercise. Exercise is intended to release extra space for clinical rooms.	60%	✓	
L001	Utilisation Study of primary care and community estate: Determine utilisation of community estate across all GP Practices and has also been part of a wider GMHSCP roll out of utilisation sensors.	60%		✓
L009	Locality wide touch down bases: A wide range of services require touch down bases across the locality to support agile working.	59%		✓
North Neighbourhood – Top 5 Projects				
N001	Stretford Mall – Community Health and Social Care: Potential development opportunity for health and social care plus wider community uses.	71%	✓	
N009	Seymour Grove Health Centre Utilisation: Review utilisation and alternative development opportunities for the site (including potential site for new north neighbourhood health and wellbeing hub)	70%	✓	
N008	Development of a new health & wellbeing facility: Review the location and needs of three GP practices as a	70%	✓	

Ref	Project Summary	Score	Project / Opportunity	Work-stream
	hub for the north Neighbourhood. Plus, additional community services.			
N007	Gorse Hill Medical Centre & North Trafford Group Practice: Re-provision of these GP surgeries within modern accommodation	69%	✓	
N016	Stretford Fire Station: Re-locate GMMHT community team from Chapel Road to disused 1st floor of the fire station - disposal of Chapel Road	65%	✓	
West Neighbourhood – Top 5 Projects				
W004	Gloucester House Medical Centre: Located in an older Victorian property which is no longer fit for modern primary care delivery and is underutilised due layout and accessibility. Further review required as part of a wider west neighbourhood strategy for primary care at scale.	72%	✓	
W005	Flixton Road Medical Centre: The centre was refurbished in 2012 however, it is in an older Victorian property which is no longer fit for modern primary care delivery and is under-utilised at first floor due to access issues. Further review required as part of a wider west neighbourhood strategy.	72%	✓	
W006	Primrose Surgery: It is accommodated in a converted library. Further review required as part of a wider west neighbourhood strategy.	72%	✓	
W010	Cornhill Clinic: Closure and sale of clinic and relocation of west neighbourhood team to Park House adjacent to Trafford General.	70%	✓	
W003	Partington Health Centre: Review the utilisation of the current practices in the Health Centre to provide additional capacity.	68%	✓	
Central Neighbourhood – Top 5 Projects				
C007	Oriel Court: CAMHS is currently delivered in Oriel Court which is underutilised and owned by a private landlord. Potential transfer the service to Altrincham Hub and terminate lease.	68%	✓	

Ref	Project Summary	Score	Project / Opportunity	Work-stream
C010	Waterside: Utilisation study to determine optimum layout and makeup of building. Potential to bring GMMHT to the site. Redevelop ground floor with additional interview / contact rooms. Could bring Ashton Lane services into the building also.	67%	✓	
C011	1-3 Ashton Lane: Relocate GMMHT services from Ashton Lane to Waterside ground floor	65%	✓	
C004	Support Primary Care at Scale with New Health & Wellbeing Facility: Review the location and needs of three GP practices (Derbyshire Road, Boundary House & Conway Medical) as a hub for the Neighbourhood.	64%	✓	
C001	Firsway: Undertake utilisation review with a view to use as GP spoke for the Ashton area. Potential to expand to mini community hub.	64%	✓	
South Neighbourhood – Top 5 Projects				
S001	Altrincham Health & Wellbeing Centre: The Altrincham Health and Wellbeing Hub was completed in late 2018 and there is a clear commissioning intent to ensure the building is fully utilised. There are on-going negotiations with Barrington Medical Centre and St Johns Medical Centre to move into the new facility. There is also potential for the Hub to serve as a base for a range of community services and a base for the south neighbourhood teams and the Early Help Service.	78%	✓	
S003	Family Practice, Navigation Road: Currently in a converted Victorian building. It has two clinical contact rooms and due to access issues is underutilised. Potential for practice to relocate, Altrincham Health and Wellbeing Hub or Altrincham Medical Centre.	67%	✓	
S008	Baker Street Development (library and GP Practice), Timperley: Development of a new facility with new library and health facility to accommodate Park Surgery. Investigate the potential to accommodate additional GP Practice (Riddings Health Centre)	66%	✓	

Ref	Project Summary	Score	Project / Opportunity	Work-stream
S004	Timperley Health Centre: Library is due to move to Baker Street Development, alternative use required or disposal.	57%	✓	
S009	Hale Library: Library moving to Hale Bowling Green Pavilion and the land is being sold for residential	54%	✓	

1.11 COMMERCIAL CASE

The commercial case identifies the best way of delivering the objectives of a programme or project and value for money, taking into account the risks and constraints. This should lead to the decisions about funding mechanisms and ownership of the completed asset. The case outlines some of the potential procurement options for the opportunities highlighted within the LAR programme. However, it should be noted that procurement strategies will be project specific and will need to be undertaken as part of the individual project business case process.

There are several sources of funding available to public sector bodies and some of these are laid out below. The key sources of funding are as follows:

- NHS Provider Capital – Capital Resource Limits - CRLs are set each year for NHS trusts based on agreed spending plans for that year; Foundation Trusts (FT) in financial distress operate under a similar regime with some additional freedoms available to FTs not in financial distress.
- NHS England Capital – Estates and Technology Transformation Fund (ETTF), this is ring fenced for Primary Care Developments.
- Local Authority Funding – Prudential Borrowing – Councils are typically only able to borrow for capital expenditure, i.e. for the creation and acquisition of assets. There is no legal limit to the amount a Council can borrow, and they set their own limits based on the Prudential Code.
- Local Improvement Finance Trust – for example MAST LiftCo
- Third Party Development – 3PD
- A Trafford Public Private Partnership
- Development Partner(s)

Alongside the funding of the programme and individual projects or workstreams, **legal issues** will need to be considered including proof of ownership and exact site boundaries will need to be provided by the organisation that owns the land identified for disposal. Any covenants or restrictions over the land will need to be identified and factored into considerations of potential alternative uses for the site.

Also, any disposal and / or redevelopment of any asset will require adherence to relevant **statutory approvals** including planning and building regulations. All individual project risk registers should contain the relevant risks associated with statutory approvals specific to the project.

1.12 FINANCIAL CASE

The Financial Case typically examines the affordability of the potential options and sets out the financial implications for the organisation in terms of capital expenditure and cash flow, income and expenditure and borrowing. The purpose of this section in subsequent business cases would be to set out the forecast financial implications of the preferred option as set out in the Economic Case and the proposed procurement route, as described in the Commercial Case.

As previously noted there is currently insufficient asset information to enable a robust financial appraisal of the potential LAR projects. All areas of land potentially available for disposal because of the LAR programme have been mapped and provided to Avison Young (formerly GVA) to undertake an analysis of their potential value for residential or, where appropriate, other development.

Avison Young has undertaken a high-level commercial viability appraisal on each of the potential short-listed sites where there is the potential for land release and this is included within a separate confidential annexe to this report. The table below provides a summary of the potential residential units and capital values within each neighbourhood.

Neighbourhood	Total No. Potential Projects	Total Potential Areas for Land Release	Total No. Potential Residential Units	Total Potential Capital Value
North				
West				
Central				
South				

In terms of sources of funding for the progression of certain projects within the Trafford programme, those which are part of the wider transformation programme or have links to One Public Estate have potential for existing funding in the system and this is to be investigated further at the next stage of project implementation.

1.13 MANAGMENT CASE

The Trafford LAR has identified over 80 projects and workstreams which potentially meet the objectives of the GMCA LAR process and One Public Estate programme and promote greater integration and co-ordination of health and social care services within the Trafford Locality.

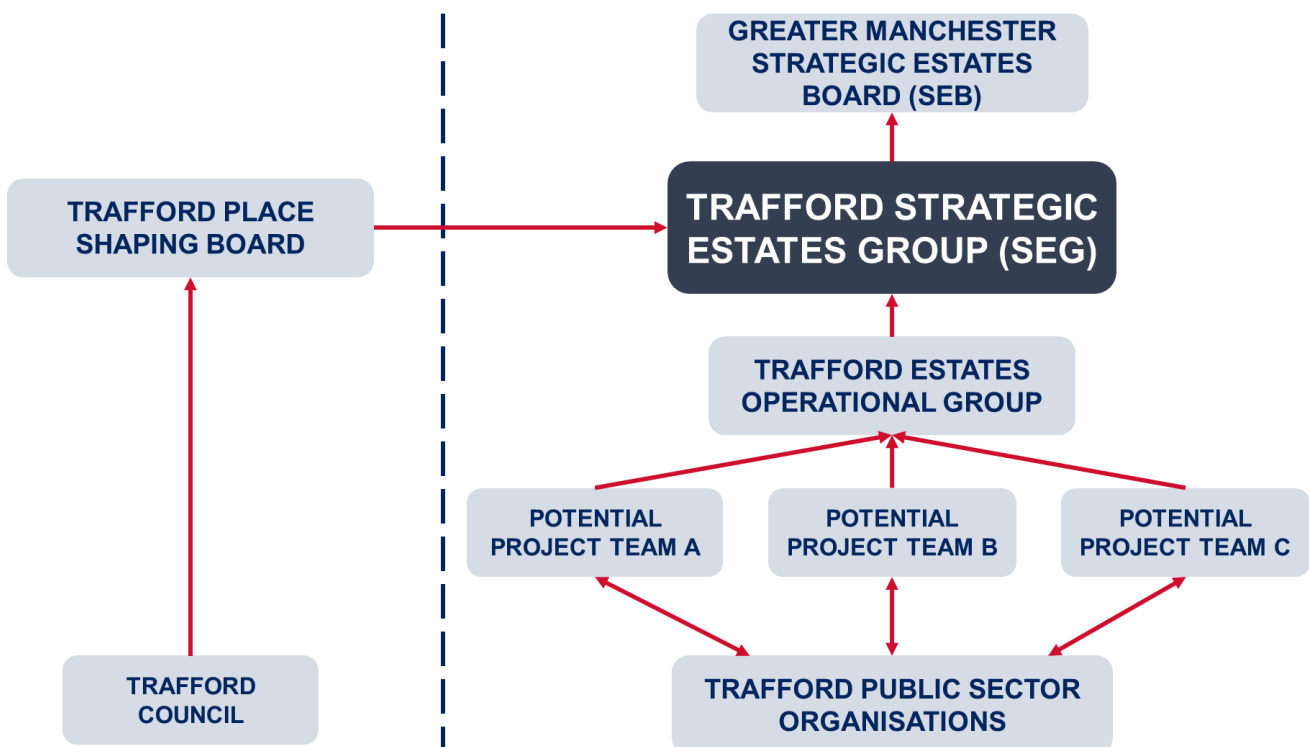
The delivery of a One Public Estate estates programme is an inherently complex undertaking. The programme is expected to address multiple community, health and social care service delivery issues

which have been identified, recognised and acknowledged through multiple internal, external and independent analyses.

To realise the maximum benefits from the Trafford LAR programme, a locality wide approach to governance, project management and reporting is required to ensure interdependencies between projects and associated project specific and locality wide benefits and risks are clearly defined and reported against.

Governance - It is recommended that a set of common template documents are produced for all LAR projects to ensure effective project management, clarity of strategic oversight and effective benefits capture and reporting and critically a robust governance structure is put in place to drive the LAR workstreams and projects forwards.

It is intended that all schemes be run via PRINCE2 compliant project governance and the figure below sets out a potential project governance structure for the LAR programme.



Formal governance mechanisms are required to ensure continued stewardship of the Trafford LAR programme and the principles of public sector collaboration contained within it. In particular, robust governance is required to ensure that the project delivers the right public sector facilities for the future and that the project is affordable and delivers value for money. The roles of formal groups are as follows:

- **Greater Manchester Strategic Estates Board:** GMCA level oversight and scrutiny of projects and their fit to both the Trafford LAR objectives and those of GMCA and GMHSCP.
- **Trafford Strategic Estates Group (SEG):** Terms of Reference for this group and its role as locality Board for the Trafford LAR will need to be drafted immediately on completion of the LAR process.
- **Trafford Estates Operational Group:** This group will in effect be the working group for the Trafford LAR Programme, drawing together work across different projects and acting as a single point of contact for information both up to Trafford SEG and down to the individual project teams.
- **Project Teams:** Each project or group of projects will require a project team for efficient delivery, core roles and responsibilities within these teams are outlined in section 7.3.
- **Public Sector Organisations:** There will be a continued need for effective and timely communication with public sector organisations throughout the LAR programme. The specific arrangements for these communications need to be set at a LAR programme level and fed down to Project Teams to provide structure and consistency of message.
- **Trafford Place Shaping Board:** Trafford Council's Place Shaping Board reviews locality wide issues that will need to be taken into consideration by every project to ensure alignment not only to organisations individual strategies but those of Trafford as a whole, driving the Trafford Together vision.

Programme/Project Roles - It is anticipated that each of the projects or workstreams will have as a minimum the following roles and responsibilities defined and allocated to specific individuals. The specifics of these should be included within the project specific PIDs produced at the outset of each project:

- Project Sponsor or SRO
- Project Director
- Project Manager
- Strategic Project Support

The success of any programme or project is enhanced using a range of management tools and techniques, these are discussed in more detail in the management case and include:

- Programme management
- Stakeholder engagement and communication plans and strategies
- Benefits management and realisation
- Change management
- Gateway reviews and approval
- Post project evaluation

Risk Management - A Risk Management Plan will need to be drafted by the Trafford Operational Group which describes in detail how risk will be managed throughout the life of the LAR programme to provide all stakeholders with better value. It is recommended that this is used as a template for all Risk Management Plans at an individual project level and all risk management tools are common to ensure clarity of risk identification, mitigation and escalation. When implemented properly Risk Management will:

- Improve the likelihood of success by encouraging forward thinking;
- Increase visibility through involving all stakeholders;
- Enhance communication and decision making; and
- Facilitate the implementation of innovation in a controlled manner.

Several strategic risks have been identified within the Strategic Case and these are set out in more detail below. These strategic risks will be useful as an initial series of risks to be entered into the LAR risk register, they are not however, comprehensive and the Trafford Operational Group will need to develop these further via a risk workshop and communicate these both to the Trafford SEG and down to individual LAR project teams.

Risk Category	Risk Description
Programme	There is a risk that, owing to the differing levels of strategic development between partner organisations, that some projects may face delay as they are effectively driven by the slowest entity leading to slower benefits realisation than planned.
	There is a risk that projects involving health elements are not able to be taken forward until formalisation of the updated Trafford CCG strategy leading to a revised timetable for delivery of these projects.
	There is a risk that continued uncertainty over Brexit causes a freeze in organisational decision making leading to delayed projects and / or reduced benefits realisation.
Stakeholders	There is a risk that stakeholders within the Trafford locality cease to feel part of the Trafford LAR programme leading to duplication of effort in bringing forward schemes and delays to implementation.
	There is a risk that stakeholders within the Trafford locality cease to feel part of the Trafford LAR programme leading to fragmentation of estate rationalisation delivery and reduced benefits realisation.

Risk Category	Risk Description
Programme Brief	There is a risk that the Trafford LAR programme does not achieve its stated objectives of addressing urgent locality issues such as deprivation, inequality of service and access to required services leading to reduced or negligible benefits realisation.
Financial	There is a risk that funding for enabling workstreams cannot be secured leading to reduced benefits realisation. There is a risk that the terms of the UK's exit from the EU are unfavourable resulting in reduced funding for public sector projects leading to delayed, reduced or nil benefits realisation.
Governance	There is a risk that Trafford LAR projects are taken forward in isolation by their respective organisations leading to inconsistent reporting and a failure to accurately capture benefits and maximise project impact at a neighbourhood and / or locality level.

1.14 NEXT STEPS AND RECOMENDATIONS

There are several next steps and recommendations which will be required following completion of the Trafford LAR process which we set out below;

- Approval of this Trafford Stage 3 Report by the SEG.
- Approval of this Trafford Stage 3 Report by Trafford Council, Trafford CCG and partner organisations (June 2019).
- Approval of this Trafford Stage 3 Report by GMCA and GMHSCP (June 2019)
- Agreement between all key partner organisations that the completion and approval of the Trafford LAR Stage 3 Report sets a clear mandate for how public sector projects should be managed and benefits realised as part of wider OPE and GMCA objectives.
- Set up programme and project governance through;
 - Defining Trafford SEG role as Programme / Project Board and issue of terms of reference
 - Set programme level governance including updating of the Trafford LAR PID and setting reporting lines and timescales.
 - Set up suite of programme and project management templates against which projects will be managed and assessed.
- Request list of funding streams available, including criteria and fund levels, from all partner organisations.
- Review both the full short list and the prioritised list of projects to identify those already underway or at the point of implementation and streamline accordingly.

- Set out a LAR programme plan with high level timescales, key milestones and Gateway Reviews.
- Trafford Operational Group to draft a Risk Management Plan.
- Trafford Operational Group to draft a Benefits Realisation Plan.
- Determine enabling projects (as set out in 7.8.1), routes to funding and allocation of resources, roles and responsibilities.
- Set out communications plan to ensure continued buy in and support from all partner organisations.
- Undertake Post Project Evaluation to capture the lessons learned from the LAR process and take forwards for future potential projects. Ensure this is widely disseminated to ensure full engagement from partner organisations.
- Implement a quarterly review of the LAR document, including allocation of a document owner and approvals process.

2.0 BACKGROUND & CONTEXT

This Locality Asset Review (LAR) has been commissioned by Mast Lift Co. on behalf of Greater Manchester Combined Authority (GMCA) and Greater Manchester Health and Social Care Partnership (GMHSCP) as part of a wider programme of LARs across Greater Manchester due to be completed within the 2018/19 financial year.

The past few years have seen a gradual shift in the way public sector, especially health, services are to be provided with a patient or user centred approach. Specifically, within health, a number of reviews and reports (the Five Year Forward View, the Naylor Review and the Carter Review) have recommended a place-based approach and driven GMCA to review all public sector estate across the Greater Manchester area.

GMCA and GMHSCP have adopted the LAR as an integrated placed based approach to understanding community performance and needs, public services delivery and service transformation, taking a holistic view across all public sector organisations and their combined asset base. This approach contributes to the delivery of the ambitions and priorities of the Greater Manchester Strategy Implementation Plan.

2.1 WHAT IS A LOCALITY ASSET REVIEW?

The purpose of a Locality Asset Review (LAR) is to appraise all public sector estate within a locality or series of neighbourhoods in order to ensure that it is effectively, appropriately and fully utilised where feasible. The LAR will appraise properties in accordance with local community need and ambitions for improved health and community outcomes. Completion of the LAR will be a work stream completed in advance of and used to inform the development of subsequent business cases for specific projects.

2.2 METHODOLOGY & OUTPUTS- STAGED APPROACH

The LARs have been divided into three stages as shown in figure 1 below.



Figure 1: The 3 stage Locality Asset Review process

The scope of each of the three stages is set out below.

2.2.1 STAGE 1 - COMMISSION SET UP

- Initial meetings with key stakeholders, Strategic Estates Group (SEG) Chair, CCG and Local Authority (LA)
- LAR planning meeting – key stakeholders
- Implementation / Launch Workshop – All One Public Estate stakeholders

2.2.2 STAGE 1 - ANALYSE: WHERE ARE WE NOW?

- Understand the existing service delivery models for the locality (made up of four neighbourhoods).
- Undertake a desktop review of the information, where available, for the property portfolio within the neighbourhoods including health and social care, Local Authority and other One Public Estate. To include for each asset where available:
 - Services and occupancy
 - Condition (including backlog maintenance costs)
 - Ownership and tenure (including overview of lease and HoTs)
 - Premises costs
 - Utilisation
- Analyse existing property management portfolio on SHAPE and EPIMS, tenure and heads of terms on premises costs etc.

2.2.3 STAGE 1 - TRANSLATE: WHERE DO WE NEED TO BE?

- Review the locality service needs including;
 - Shift in population and demographics
 - New housing developments
- Review of the locality service strategies including;
 - Locality Plan
 - CCG Strategies and Commissioning Plan
 - Locality Strategic Estates Plan (SEP)
 - New models of Primary Care (NMoPC)
 - Provider organisations' strategies
- Develop understanding of what the neighbourhood delivery model needs to support the Trafford locality.

2.2.4 STAGE 2 - FORECAST / SOLUTIONS: HOW DO WE GET THERE?

- Undertake gap analysis between where the locality is now and what the proposed delivery model needs to support to deliver efficiencies and improved outcomes.
- Identify what property assets are required to deliver the service model.
- Following the analysis review opportunities for;
 - Integration of services in a place-based approach
 - Plugging of asset gaps from within the portfolio in a suitable and cost-efficient manner

- Property rationalisation and release for housing development and potential capital receipts
- Undertake high level option appraisals for each of the neighbourhoods which make up the locality, including;
 - Capex implications
 - Revenue modelling
 - Programme implications
 - Appraisal of non-financial benefits
 - Constraints and dependencies
- Development of solutions including preferred high-level direction of travel for the locality.

2.2.5 STAGE 3 - FINAL REPORT: LOCALITY STRATEGIC OUTLINE CASE (SOC)

This report includes;

- Baseline position of place-based estate, which will be used to inform future investment decision making. This will detail (where available) tenure, occupation, demand, utilisation and costs associated with health and social care and a broader public sector owned estate within each neighbourhood.
- Options appraisals informed by local and organisation strategies and joint strategic needs. Where appropriate, this will include cross-neighbourhood appraisal to ensure optimum use of public sector estate.
- Recommendations for delivery, including prioritisation of future investments / disinvestments.
- Develop a robust pipeline of development opportunities for each neighbourhood – which may result in estate rationalisation and redevelopment projects for the wider health and social care service provision with a place based approach.

2.3 SOURCE OF FUNDING

Greater Manchester Health and Social Care Partnership has been successful in securing monies from the NHS England Estates and Technology Transformation Fund (ETTF) and Trafford Council worked with GMCA to secure OPE funding to undertake LARs across the localities in GM.

2.4 LIMITATIONS OF THIS REPORT

As previously noted within the Stage 1 and 2 reports there is some missing data in relation to condition data and occupation costs from a number of organisations. This is generally due to either there being no backlog maintenance information in existence or it being greater than 5 years old and therefore unreliable for the purposes of this report.

There were two potential methods for obtaining this information in relation to projects;

1. Enquiring with all stakeholders on a project by project basis for their financial data in relation to the properties in question.
2. Using BCIS data as a benchmark for different property types and ages.

The first option would not be deliverable within the timescales for the completion of the LAR process, however this could be undertaken as part of the next stage of work for the prioritised projects. In the case of the second alternative we recommend against the use of generic data in trying to inform strategic outline cases for public sector projects. Once financial figures are used in conjunction with a project it is our experience that these can become fixed within the corporate memory of stakeholders and lead to potentially unrealistic or misleading strategies in relation to the project. Where financial information has been provided for an asset it is included within the LAR Stage 1 report and asset register.

It is therefore our proposal that the Trafford LAR acts as a Strategic Outline Programme for all potential opportunities and workstreams within the Trafford Locality. Once this has been completed a number of workstreams and individual SOCs and OBCs can be undertaken in relation to each project or group of projects identified. Under the latest Treasury guidance for business case planning of capital projects there has been a move towards RAG (Red/Amber/Green) scoring projects as opposed to undertaking detailed financial analysis as this leads to overly cumbersome SOCs and a potential duplication of effort, and therefore cost, at OBC stage. We therefore propose that this methodology not only reduces risk for the Trafford Locality stakeholders, GMCA and GMHSCP but is more closely aligned with the latest guidance available for capital schemes.

The RLB team has discussed and confirmed with the SRO for the Trafford LAR and the client team the limitations of this report and the proposed process which has been implemented.

2.5 AIMS & OBJECTIVES FOR LAR EXERCISE

The LAR will set out to achieve the following objectives;

- Establish the local need through review of CCG commissioning plans, Local Authority commissioning plans, STPs (Sustainability and Transformation Plans), Strategic Estates Plans and models of care (where available).
- Co-ordinate input from a broad range of public sector providers (beyond the extent of health and care services).
- Appraise how organisations may work together on a place based approach.
- Assess what property assets are currently held in the locality (based on occupancy, condition, tenure and running costs).
- Agree what property assets would be required in terms of size, location and efficient use of estate.
- Establish what estate will be available for release and potential redevelopment as housing.

2.6 PROGRAMME

A programme for the full LAR process is included at Appendix A. Key dates for delivery are shown in table 1 below;

Table 1: Key LAR Milestones

Milestone	Date	Activity
Milestone 1A	August 2018	Completion of “Where are we now?” data gathering and review exercise.
Milestone 1B	November 2018	Review service needs and strategy; to determine where locality is now and where it wants to be.
Milestone 2	January 2019	Identify “How we get there” undertake a gap analysis along with high level options appraisal for each of the neighbourhoods.
Milestone 3	May 2019	Issue of final LAR report.

2.7 MEMORANDUM OF UNDERSTANDING

A Memorandum of Understanding (MoU) has been drafted and signed by Trafford Council and Trafford Clinical Commissioning Group (CCG) and is attached at appendix B.

The MoU sets out an agreed set of principles and behaviours that all Councils, CCGs and contracted parties undertaking the LAR will adopt. The MoU requires buy in from all parties and a consistent approach to the LAR process across all 10 localities, with the aim of ensuring the final GMCA LAR is coherent in its methodology, level of engagement and outputs.

2.8 PURPOSE OF THIS DOCUMENT

This document has been structured as a Strategic Outline Case (SOC) following the Treasury Greenbook Five Case Model and sets out proposals for increased integration and co-location of public sector services through asset rationalisation proposals. Due to the nature of the LAR process and the number of opportunities and projects being considered this report is more properly a Strategic Outline Programme (SOP) however the 5 case model still applies.

The five cases are as follows:

- **Strategic Case:** This section describes the strategic context and the case for change, together with the supporting investment objectives.
- **Economic Case:** This section proposes a preferred way forward which should meet the existing and future needs of the Locality and is likely to optimise value for money
- **Commercial Case:** This section describes potential procurement methodologies and available options.
- **Financial Case:** This section assesses the high level funding arrangements and affordability.
- **Management Case:** This section outlines a high-level programme and includes some next steps to take the programme forward.

It is noted that Treasury updated the Greenbook in November 2018 and amongst these updates is a move to RAG (red/amber/green) scoring in the options appraisal process at SOC and OBC. Due to the diverse timescales of the other projects for the GM wide locality asset reviews this latest methodology has not been adopted as part of the Trafford LAR to ensure consistency between boroughs for comparative analysis.

Once approved this document is designed to form the basis for the prioritised implementation of service delivery improvements and public sector estate rationalisation. The next steps following completion of this LAR process are outlined more fully in sections 7 Management Case and 8 Next Steps.

3.0 STRATEGIC CASE

This section of the Strategic Outline Programme (SOP) reviews how the proposed projects fit with key national and local strategies and ensures that the schemes continue to address the relevant identified organisational business needs and investment objectives. It also provides contextual information relating to healthcare demand and service provision in the Trafford Locality.

In undertaking the Locality Asset Review it should be noted that this Strategic Outline Programme represents a point in time where all organisations involved in the LAR are at differing stages of strategy formulation and implementation. It is our recommendation that it should be considered by Trafford Council and Trafford CCG as a working document and the continuation of a process of increased integration of services to place the service user, patient or customer at the centre of public sector service provision.

3.1 DEMOGRAPHICS

3.1.1 ONS AND CENSUS DATA FOR THE TRAFFORD LOCALITY

The Office of National Statistics (ONS) estimated the population of Trafford to be 235,500 in 2017 with a working age population of 144,800, it also noted that the locality has 122,200 economically active¹ people and an estimated job density of 164,000.

RLB has undertaken projections using this ONS data to 2041, figure 2 below shows the continued population rise however this rise is most significant in the 85+ age range as shown in figure 3.

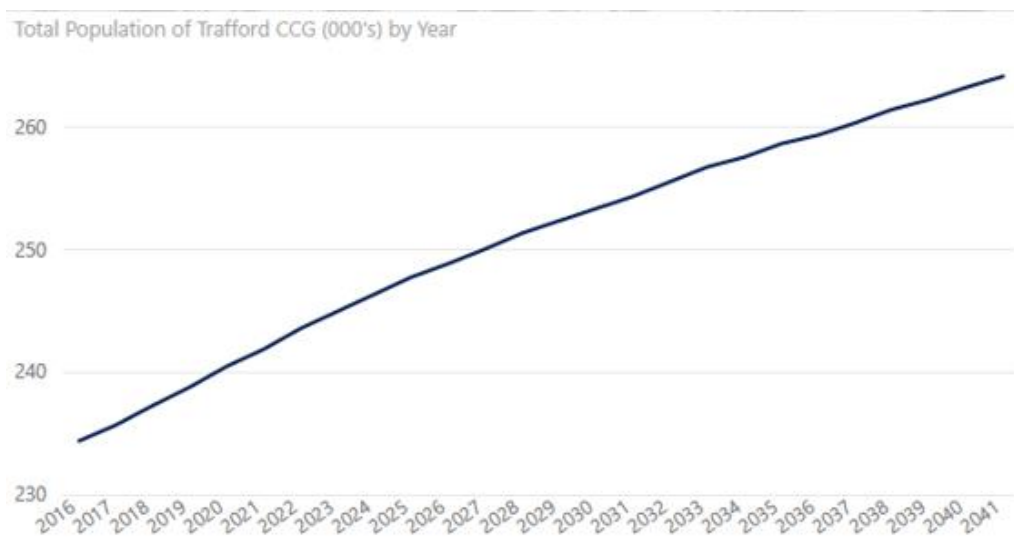


Figure 2: ONS Trafford population projection to 2041

¹ NOMIS Official Labour Market Statistics – <https://www.nomisweb.co.uk/reports/lmp/la/1946157089/report.aspx#tabempunemp>

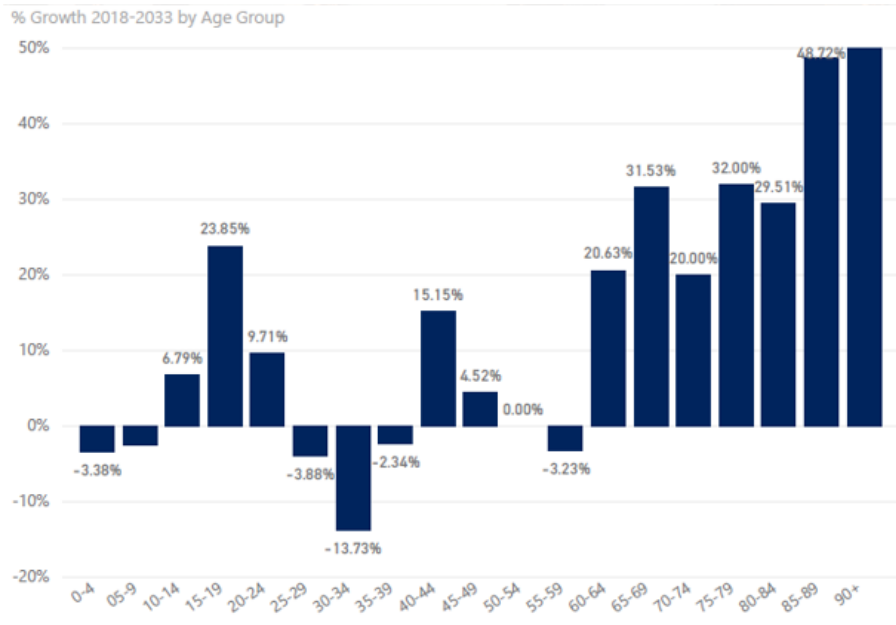


Figure 3: Population change by age range.

Figure 4 below shows that the majority of the population group is in the age ranges from 65 to 74, 75 to 84 and 85+ with some moderate increases in the 5-24 age range. This places pressure on health, social care and education resources within the locality in future years unless sufficient capacity and / or models of care are implemented to service this demand.

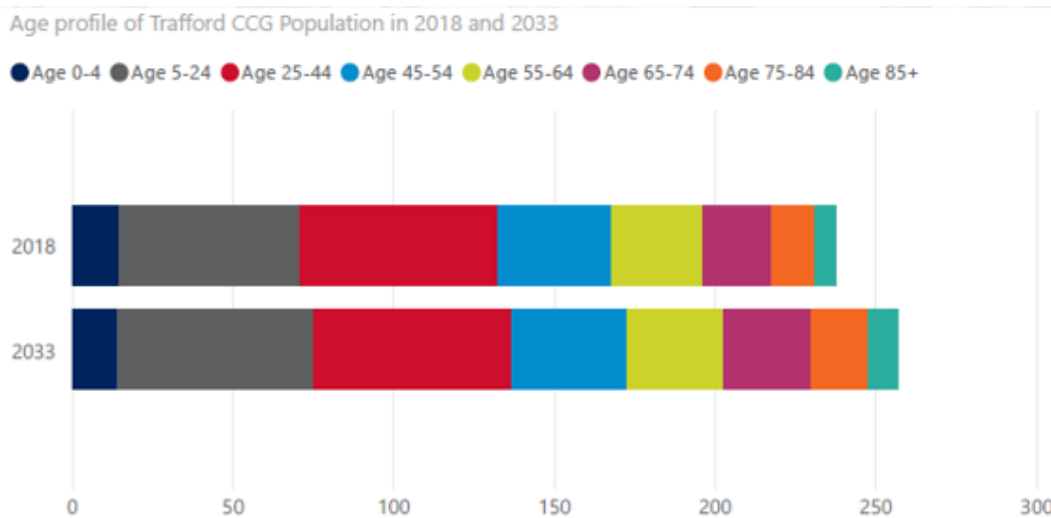


Figure 4: Age profile for Trafford 2018 and 2033.

ONS predictions for population growth between 2016 and 2026² show an increase of 14,800 people, in 2016 Trafford's baseline population was estimated to be 234,200, which would lead to a total forecast population of 249,000 by 2026. Table 2 below breaks down this forecast growth by 5 year age band.

Table 2: ONS forecast population growth to 2026

AGE GROUP	2016 BASELINE ('000)	2026 FORECAST ('000)	% Change
0-4	15.0	14.6	-3%
5-9	16.4	16.2	-1%
10-14	15.1	17.7	+17%
15-19	13.3	16.1	+21%
20-24	10.6	9.6	-9%
25-29	12.9	11.6	-10%
30-34	15.3	14.9	-3%
35-39	16.7	17.6	+5%
40-44	16.9	18.4	+9%
45-49	17.7	17.4	-2%
50-54	17.7	16.2	-8%
55-59	14.5	16.3	+12%
60-64	11.9	15.7	+32%
65-69	11.9	12.6	+6%
70-74	9.2	10.3	+12%
75-79	7.5	9.9	+32%
80-84	5.8	6.8	+17%
85-89	3.9	4.3	+10%
90+	2.1	2.7	+28%
TOTAL	234.2	249.0	+6%

² ONS Table 2 – 2016 based subnational population projections for Local Authorities and higher administrative areas in England.

Other key statistics for the Trafford Locality identified by the latest Census are as follows;

- The number of 0-4 year olds has increased by almost 25%. This is the second highest in Greater Manchester (Manchester being the highest), and higher than England as a whole (13%).
- 11.7% of Trafford's population is over the age of 70. This is higher than the Greater Manchester average (10.2%) but is very similar to the England average (11.8%).
- There are 4,600 more females than males in Trafford. This is not spread across all ages, however. There are more males in each age band from 0–24, and between 50 and 60. Females dominate other age bands. There are twice as many over 85 year old women than men.
- The response rate in Trafford was 93%, meaning 93% of Trafford's usual residents were included in the census. This is slightly lower than the national rate of 94%.
- The number of households in Trafford has increased by 4,500, from very nearly 90,000 to 94,500.
- The average life expectancy at birth in Trafford during 2014-16 was 83.7 years for females and 80 years for males. Average life expectancy in Trafford was slightly above England which was 83.1 years for females and 79.5 years for males.
- The Trafford Data Lab has undertaken data analysis of the ONS data and shown the estimated population demographic in 2026 to be made up as follows;
 - No change to the number of 0-4 year olds
 - 930 more 5-11 year olds
 - 2,160 more 11-16 year olds
 - 1,610 more 16-19 year olds
 - 1,632 more women of child bearing age (15-45)
 - 4,940 more people of working age
 - 7,340 more people aged 67 or over (pensionable age)
 - 5,400 more elderly people aged 75 or over

3.1.2 DEPRIVATION DATA FOR THE TRAFFORD LOCALITY

Trafford is a relatively healthy and prosperous borough with above national averages in the below areas:

- Educational attainment
- Employment
- Skills
- Earnings
- Health outcomes
- House prices

However, behind these headline figures lie significant inequalities between different parts of the borough. More specifically differences exist around skills, employment, earnings, educational outcomes, life expectancy and quality of life.

Data from the Trafford Data Lab highlights where these inconsistencies lie within the different neighbourhoods of the Trafford locality. Overall Trafford as a borough shows below national average levels of deprivation (see figure 5 below).

English Indices of Deprivation 2015: rank of average scores by local authority

Local authorities are ranked from most deprived (1st) to least deprived (326th)



Source: MHCLG, 2015 | @traffordDataLab

Figure 5: Indices of English Deprivation (courtesy of Trafford Data Lab)

There are however marked differences between, and sometimes within neighbourhoods in terms of relative deprivation. Figure 6 below shows the overall relative deprivation per neighbourhood, figure 7 shows this by population density. This is particularly helpful to show how isolated certain parts of the Trafford locality are and the increased sensitivity to deprivation as a result. These figures are produced in larger sizes at appendix [C].

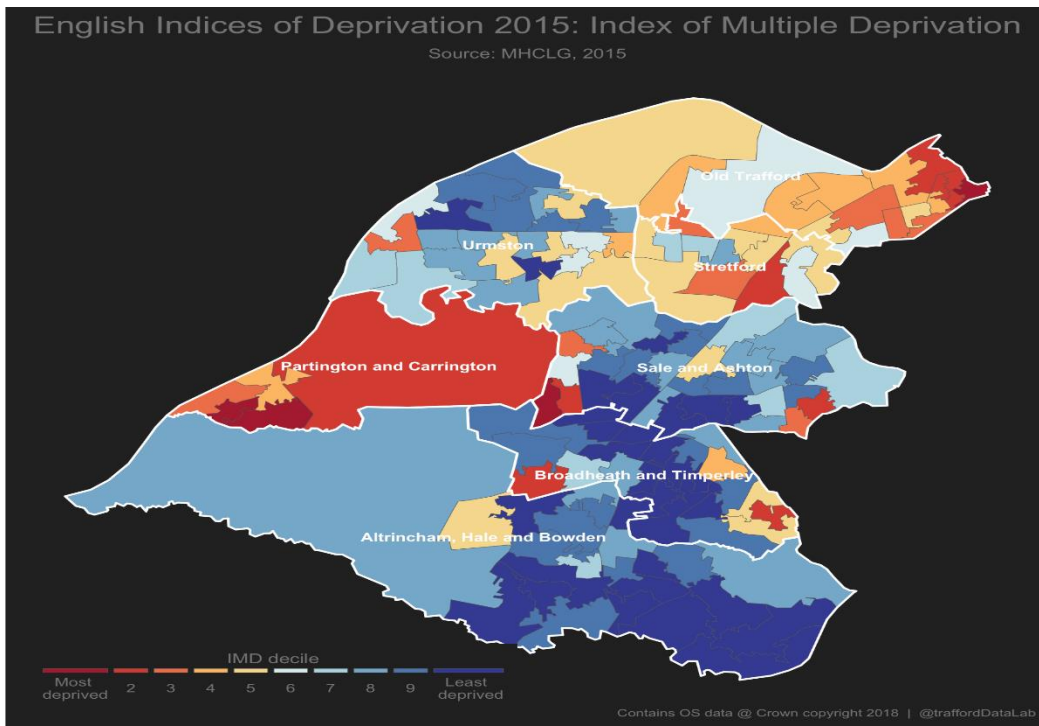


Figure 6: English indices of deprivation by ward and neighbourhood

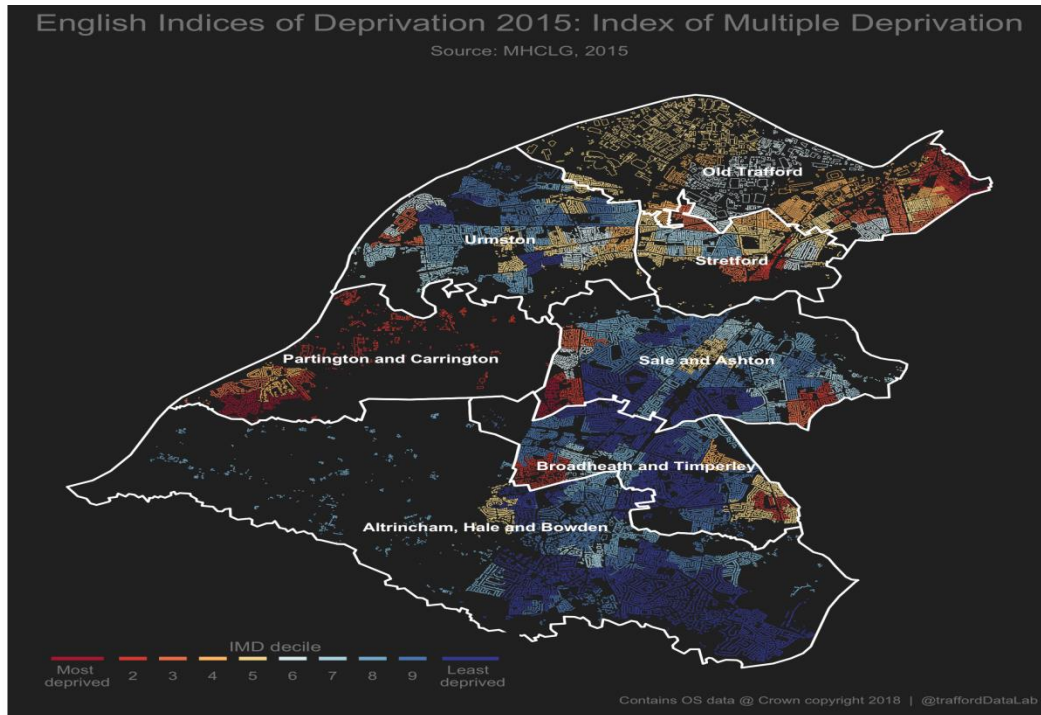


Figure 7: English indices of deprivation by population density

3.1.3 HEALTH INEQUALITIES FOR THE TRAFFORD LOCALITY

Within Trafford there are currently 33 general practices delivering primary care services to 236,837 patients. The population is amongst the healthiest in the region, but the North West is the least healthy region in the country. Life expectancy for men and women in Trafford is better than the national average, 79.5 years for men and 83.5 years for women.

One of the greatest challenges to health in Trafford is the impact of health and social inequalities which is often masked by Trafford's positive outcomes. Using lower super output areas (LSOAs) as a measure of geography, 24 Trafford LSOAs are ranked among the 10% most affluent in England; in contrast 9 are amongst the top 10% most deprived. Life expectancy is 10.6 years lower for men and 5.7 years lower for women in the most deprived areas of Trafford than in the least deprived areas. Deprivation has been shown to impact on demand for and use of primary care.

Over the last 10 years the rate of early deaths in Trafford, (people dying before their 75th birthday) from cancer, heart disease and stroke have fallen. However, cardio-vascular disease (CVD), cancer and respiratory disease are accountable for 80% of deaths and preventing these remains a challenge. This trend is consistent across Trafford’s population and mortality rates for these disease areas are consistently above the national average. Addressing lifestyle factors, including smoking, obesity and alcohol is central to preventing early deaths and reducing health inequalities. In Trafford, 21.4% of the adult population are obese, 20.8% smoke and 57.5% are achieving 150 minutes of physical activity per week. Locally, the rate of hospital stays for alcohol related harm is worse than the England average.

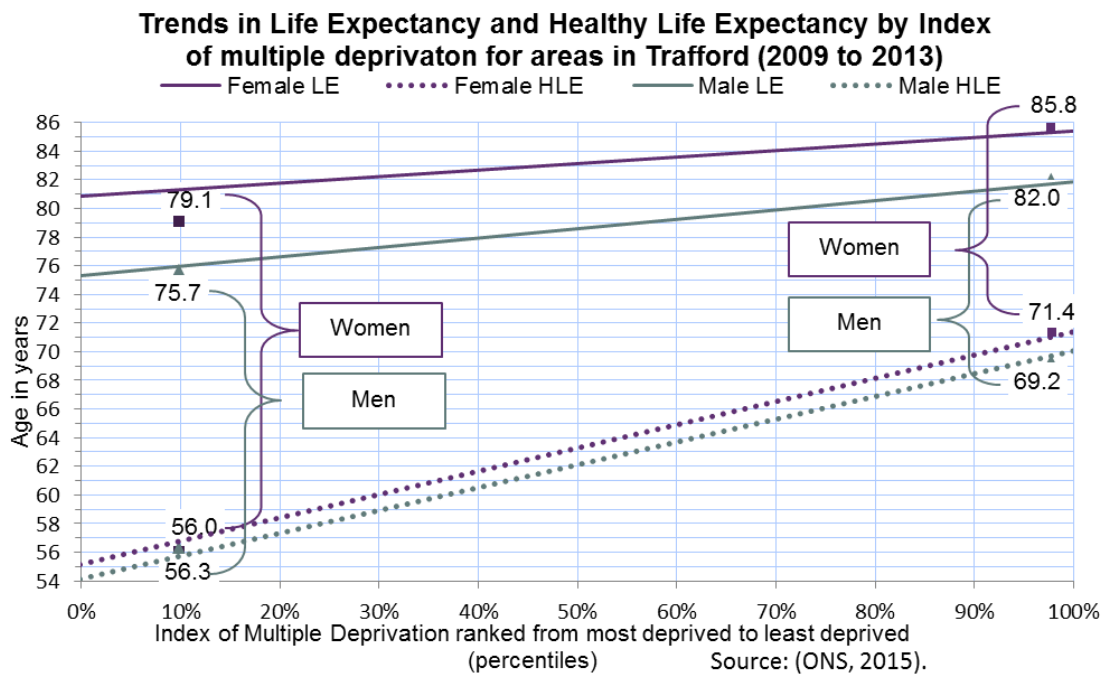


Figure 8: Healthy life expectancy by multiple deprivation index for Trafford (2009 – 2013)

Mental wellbeing increases longevity and the capacity to self-care, one in four people will experience a mental health problem at some time in their life. Primary care has a key role in identifying and managing mental health conditions and understanding the relation between physical, mental and social wellbeing. Trafford’s ageing population and social inequalities will affect the prevalence of mental ill health across the borough. Importantly, there is wide recognition that healthcare costs relating to mental health are likely to double over the next 20 years, particularly relating to the treatment and care of people with dementia.

A local dashboard of indicators suggests that Trafford CCG has variation across its general practices, which include access to primary care, services provided within practices, number of appointment slots per 1,000 population, use of acute services by patients and uptake of screening and immunisations.

3.2 TRAFFORD NEIGHBOURHOODS OVERVIEW

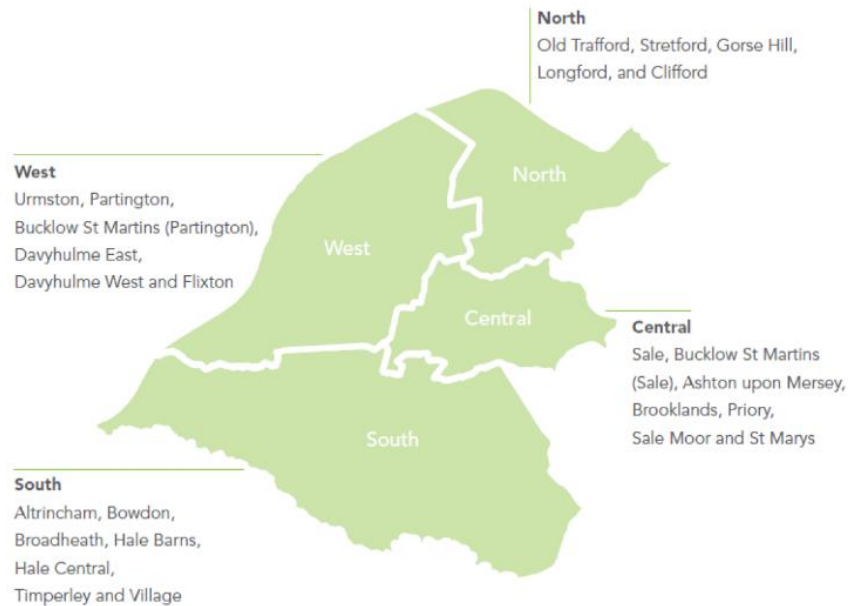


Figure 9: Trafford Neighbourhoods

The Trafford locality is managed within a series of 4 neighbourhoods North, West, Central and South as shown in figure 9 above.

Historically Trafford was split into 4 neighbourhoods as shown above however these have now been split to 7 community-based areas, table 3 below shows how the 7 current neighbourhoods relate to the 4 shown in figure 9 above. The data used for this report is analysed according to the old 4 neighbourhood allocation in recognition of the 4 Neighbourhood Teams which operate within Trafford Council.

Table 3: Trafford past and current neighbourhoods

Community Based Neighbourhoods	Historic Neighbourhoods
Old Trafford	North
Stretford	North
Urmston	West
Partington and Carrington	West
Sale and Ashton	Central
Altrincham, Hale and Bowden	South

Community Based Neighbourhoods	Historic Neighbourhoods
Broadheath and Timperley	South

3.2.1 NORTH NEIGHBOURHOOD

The North neighbourhood consists of the wards of Gorse Hill, Clifford, Longford and Stretford with a population of 49,817³. Clifford has the youngest average population of the Trafford locality at 32 and the highest proportion from a black and minority ethnic group of all Trafford's localities.

The North neighbourhood borders Salford and Manchester City Local Authorities to the North, East and West. The M60 runs to the south western boundary of the neighbourhood and cuts through the centre of Stretford ward. The presence of the M60 within the North neighbourhood and its proximity to Manchester City itself on key road routes into the centre is a key reason for the neighbourhood experiencing some of the highest pollution levels of anywhere within the locality.

The North neighbourhood is also home to Trafford Park, Europe's largest business park covering over 3,000 acres with 1,400 businesses employing over 35,000 people. The Trafford Park Masterplan has driven growth in the area and it remains the most economically productive area of the Trafford Locality. Trafford Park has also applied for Neighbourhood Area status via the Localism Act 2011 but has not issued a Neighbourhood Plan to date.

The Trafford Centre, a large indoor shopping centre, is also located in the North Neighbourhood, it was previously owned by Peel Holdings who remain a significant private landowner within the Trafford locality. Transport for Greater Manchester (TfGM) is in the process of rolling out a planned extension of the Metrolink tram service to the Trafford Centre, due to complete in 2020.

Despite the high economic productivity present in the North neighbourhood over 90% of Trafford Housing Trust's social housing stock is in this neighbourhood and it is home to some of the highest levels of deprivation in Trafford, with the Clifford ward's deprivation levels being significantly below the England average.

Male life expectancy at birth in the wards of Stretford, Clifford and Gorse Hill is worse than the England average whilst female life expectancy at birth in all four North wards is similar to the England average. Indicators of disease and poor health are generally worse than England average. Death rates for the main causes of death are generally worse than the England average.

³ Based on ONS Mid-Year 2015 Estimates supplied by Trafford Data Lab

3.2.2 WEST NEIGHBOURHOOD

The West neighbourhood consists of the wards of Davyhulme East, Davyhulme West, Urmston, Flixton and Bucklow St Martin with a population of 48,913. The proportion of the population from a black and minority ethnic group is lower than Trafford and England average. Bucklow-St-Martin ward is the most deprived in Trafford; levels of deprivation in the other wards of the West neighbourhood are similar to Trafford and lower than the England average

The West neighbourhood is bordered by the M60 to the north east, Salford Council to the north west and is currently isolated from the rest of the borough by the presence of a band of green belt land which surrounds the centres of Carrington and Partington and separates them from Sale to the east.

One of the largest strategic housing developments in the locality is planned for the Carrington area consisting of up to 11,500 number of homes and 1m sqm of commercial space.

Life expectancy at birth in Bucklow-St-Martin is worse than the England average, with the other wards similar to England. Indicators of disease and poor health are generally worse than the England average; although incidence of breast and prostate cancer is low relative to England. Death rates for the main causes of death are generally worse than the England average.

3.2.3 CENTRAL NEIGHBOURHOOD

The Central neighbourhood consists of the wards of Ashton Upon Mersey, Priory, Sale Moor, St Mary's and Brooklands with a population of 56,448. The population is broadly similar to England in age structure and has a lower proportion than Trafford and England from black and minority ethnic groups. The levels of deprivation in the wards of the central neighbourhood are lower than the England average.

This neighbourhood is characterised by the Mersey on its north eastern border and the M60 separating the river from the main built up area of the Central neighbourhood. It is the most densely developed area of the Trafford locality with most green spaces belonging to sports facilities and parks.

The A56, one of the main arterial roads leading into Manchester cuts directly through the Central neighbourhood and is the source of the main pollution hot spots in this area, it is also one of the main areas of focus of the Manchester Beelines programme within the Trafford locality.

Life expectancy at birth in the wards of the Central locality is similar or better than the England average. Indicators of disease and poor health are generally better or similar to the England average. Death rates for the main causes of death are mostly better or sometimes similar to the England average.

3.2.4 SOUTH NEIGHBOURHOOD

The South neighbourhood consists of the wards of Bowden, Broadheath, Timperley, Village, Hale Barns, Hale Central and Altrincham with a population of 78,110. Bowden contains the oldest average population at 48 although the neighbourhood has a slightly higher proportion aged under 20 and over

65 than England. Levels of deprivation are low relative to the Trafford and the England average and the south neighbourhood contains some of the least deprived wards in the whole of England.

The South neighbourhood is bordered by Manchester Airport to the south east, a site of major investment (£1bn over the next 10 years in Manchester Airport), and an associated plan for a new housing centre adjacent to the airport including residential development, commercial development and a new local centre to service these developments.

This is one of the Trafford locality's wealthiest areas where house prices are high and, in many cases, out of reach for many Trafford residents. The South neighbourhood is the only neighbourhood within Trafford to have prepared a Neighbourhood Plan, the Altrincham Business Neighbourhood Plan sets out the vision for their local area under the Localism Act 2011.

Life expectancy at birth in the wards of Trafford locality is similar to or better than the England average. Indicators of disease and poor health are generally better than the England average. Death rates for the main causes of death are generally better than the England average.

3.3 FUTURE STRATEGIC HOUSING DEVELOPMENT

Trafford Council has identified several significant strategic housing developments due to be rolled out over the next 10 years within the locality. The following maps (figures 10 to 13 below) show overall known proposed housing development at 2017.

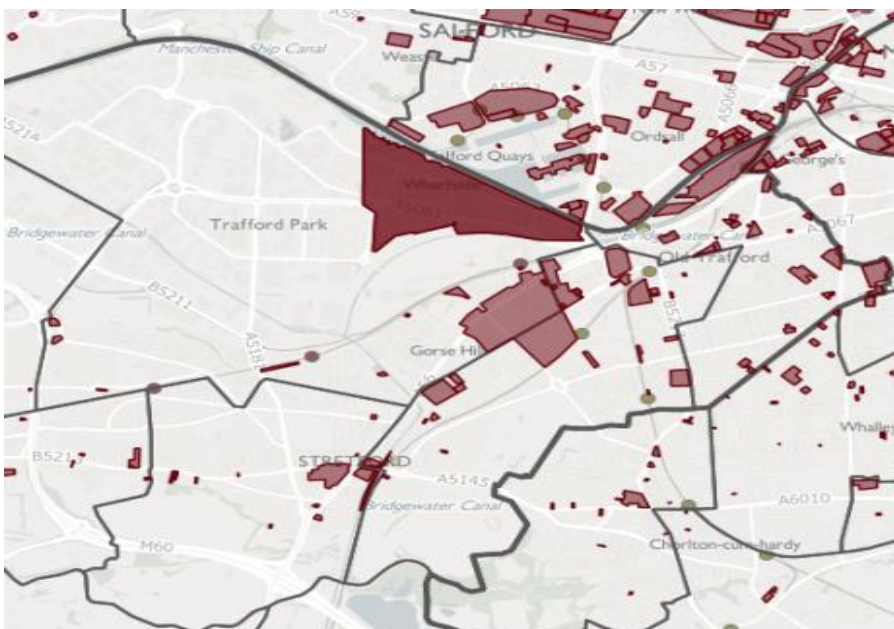


Figure 10: North neighbourhood strategic housing developments

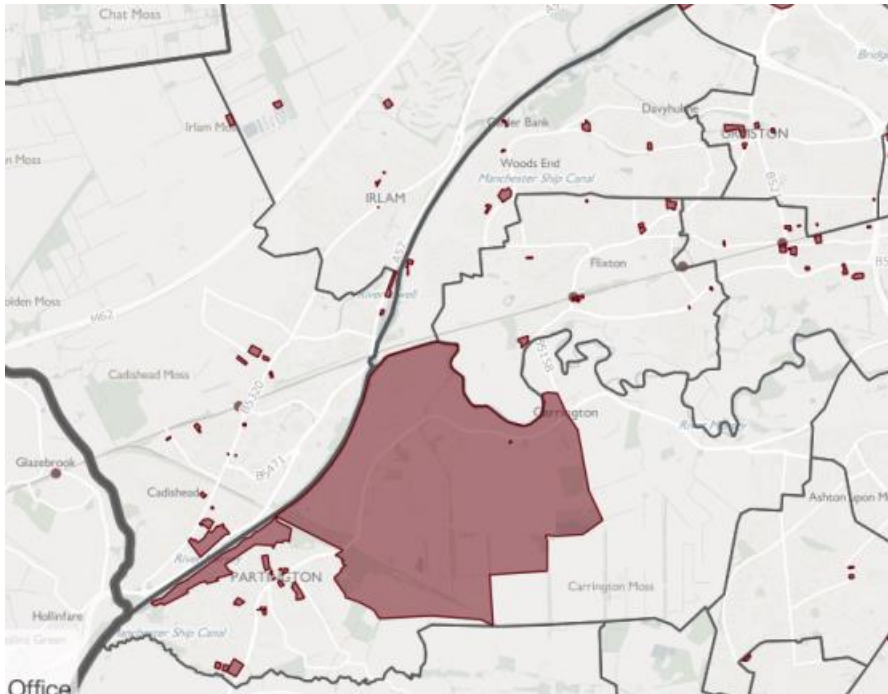


Figure 11: West neighbourhood strategic housing developments

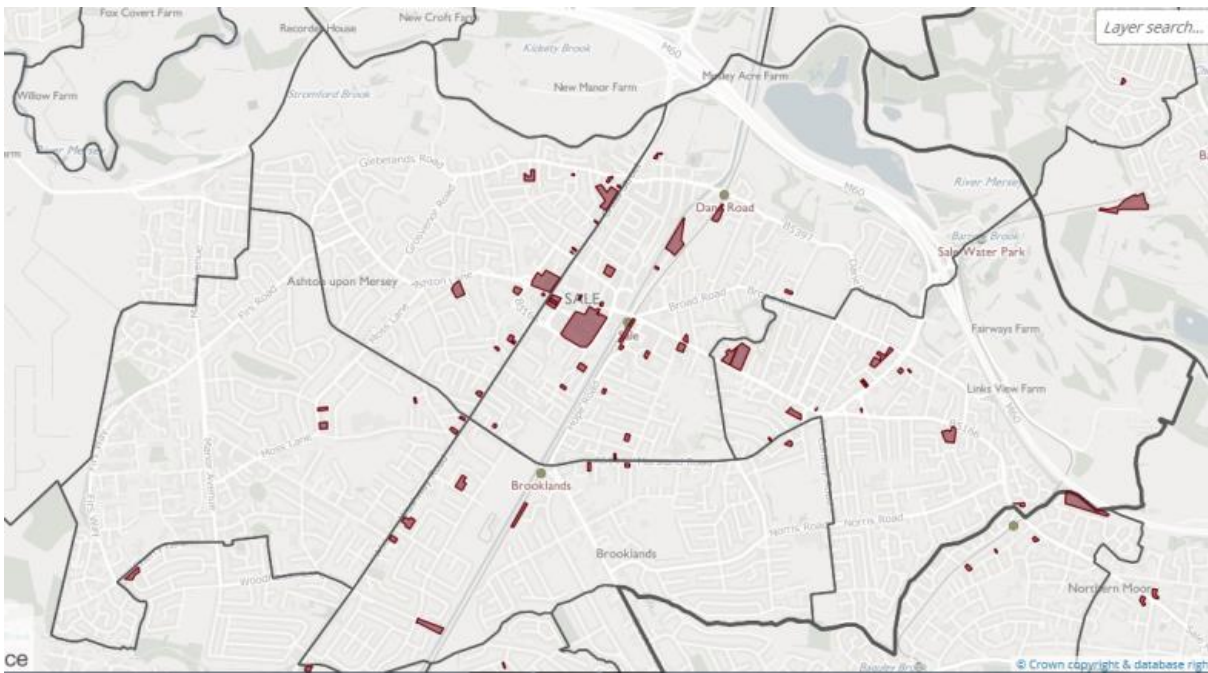


Figure 12: Central neighbourhood strategic housing developments

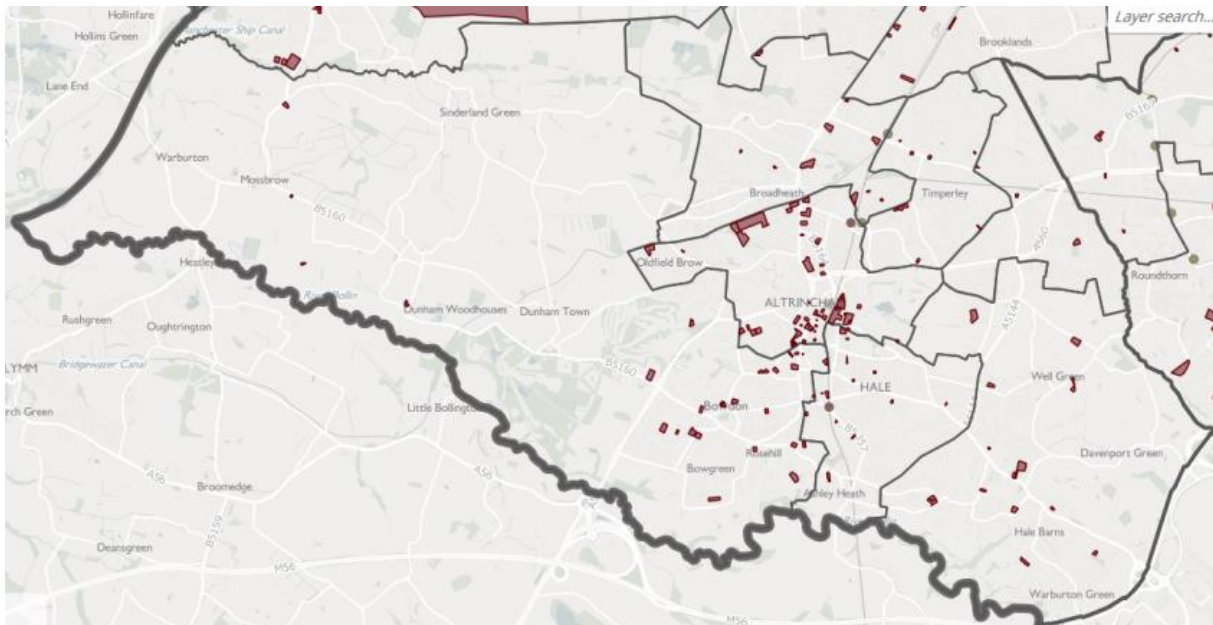


Figure 13: South neighbourhood strategic housing developments

3.3.1 KEY STRATEGIC HOUSING DEVELOPMENTS

North neighbourhood – Trafford Waters (consisting of 3,000 new homes, 750,000sqm of office space and small-scale business space and a proposed new primary school). The development has been progressing through the planning process over the last year, there has been ongoing negotiation between the Local Authority and the developer which now suggests that an application supported by the Trafford planning team will be submitted in 2019.

West neighbourhood – Future Carrington (10,000 new homes over 10 years, 75ha employment space, new secondary school). 6,100 homes a planned for the period covered by this LAR (up to 2035).

South neighbourhood – Timperley Wedge / Manchester Airport Gateway (2,400 new homes).

3.3.2 STRATEGIC HOUSING LAND AVAILABILITY ASSESSMENT

The Trafford Strategic Housing Land Availability Assessment (SHLAA) 2014 sets out the total potential housing supply within the locality over the next 5 -15 years, see table 4 below for details.

Table 4: SHLAA housing supply currently in the pipeline to 2029

LDF Place Name	<5 Years 2013/14- 2017/18	5 – 10 Years 2018/19- 2022/23	10 – 15 Years 2023/24 – 2027/28	15+ Years 2028/29+	Overall Total
North Neighbourhood					
Trafford Park	650	550	750	0	1950 (20%)
Old Trafford	1332	756	505	52	2645 (27%)
Stretford	271	271	26	10	578 (6%)
West Neighbourhood					
Partington	288	229	100	5	832 (9%)
Carrington	363	600	629	0	1592 (16%)
Urmston	323	65	8	0	396 (4%)
Central Neighbourhood					
Sale	301	98	59	22	480 (5%)
South Neighbourhood					
Rural Community (Warburton)	24	0	0	0	24 (0.2%)
Altrincham	841	338	70	10	1259 (13%)
Total	4493 (46%)	3017 (31%)	2147 (22%)	99 (1%)	9756

Table 4 above includes the strategic land developments outlined in section 3.3.1 however it should be noted that the unit numbers have in some instances been revised since the issue of the SHLAA, the above have been retained within the report for consistency.

A list of strategic land developments used to populate table 4 can be found below in table 5 below.

Table 5: Strategic land developments cited within SHLAA

	<5 Years 2013/14- 2017/18	5 – 10 Years 2018/19- 2022/23	10 – 15 Years 2023/24 – 2027/28	15+ Years 2028/29+	Overall Total
SL1 Pomona Island	350	450	0	0	800
SL2 Trafford Wharfside	400	300	200	0	900
SL3 LCCC Quarter	60	300	40	0	400
SL4 Trafford Centre Rectangle	250	250	550	0	1050
SL5 Carrington	360	600	600	0	1560
Total	1420	1900	1390	0	4710

3.4 ASSET BASELINE – CURRENT ESTATE

Asset maps have been produced which show all the public assets identified in each neighbourhood within Trafford into the following sectors:

- Health
- Blue Lights
- Education
- Leisure
- Council
- Social Care
- Government
- Community
- Housing

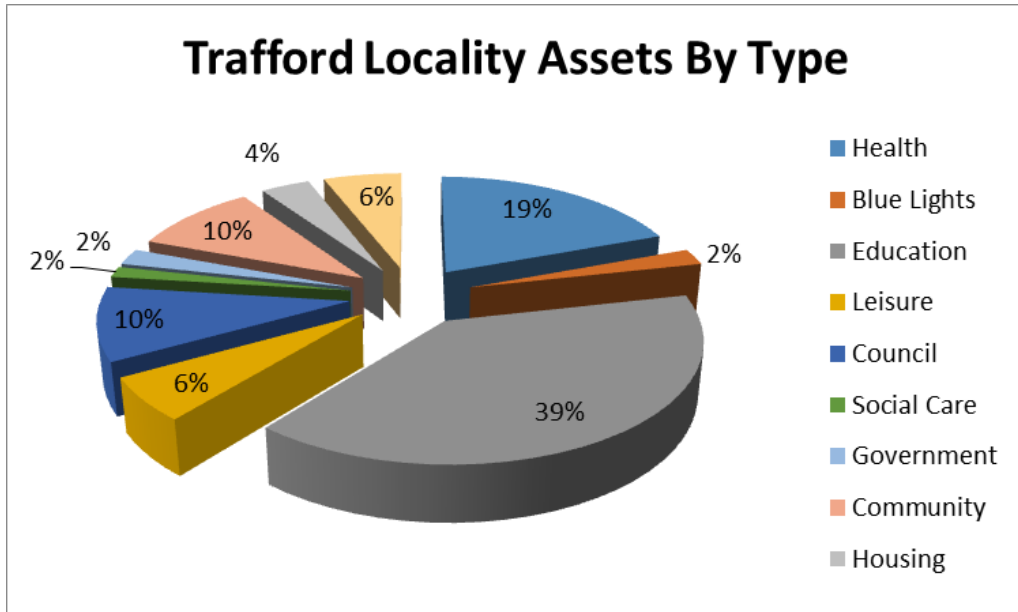


Figure 14: Trafford locality assets

A total of 17 key partner organisations returned property data as part of the request for information issued during the stage 1 LAR process. Unfortunately, there was quite a wide disparity between organisations in relation to the level of detail which could be provided in relation to each property holding.

Following discussions with partner organisations in relation to the lack of condition data, utilisation and occupancy data in general, it was noted that it is not a question of this information not being provided or found but that in most cases this information is either too old (greater than 3-5 years old) or does not exist. It was within the original LAR brief to provide a thorough analysis of the public-sector estate by condition and cost of maintenance and occupancy however with much of this information missing this would not be a useful exercise which would not generate any meaningful data.

However, the information provided on the primary care estate did provide backlog maintenance and cost of occupation data. Analysis could therefore be undertaken on these buildings but not the data for the whole of the Trafford public sector estate.

The lack of available condition data and the inability to provide a thorough analysis as planned has been flagged to the Trafford LAR Working Group, Steering Group (the Trafford Strategic Estate Group SEG) and subsequently escalated to the GM programme board. The proposed mitigation for this issue was to determine during stage 2 if there were certain key strategic properties where targeted surveys were required to prove or disprove a proposed change in use or retention of the building. At stage 2 it was agreed that no specific surveys would be undertaken at this stage but that all organisations with a property or asset associated with a potential project or workstream would be contacted and asked to start to prepare this information in relation to these properties where available.

A total of 755 property entries were provided to RLB by the partner organisations, these have been reconciled and compiled into a master spreadsheet (contained within appendix [D]), this will enable it to be a useful central database for One Public Estate and Trafford Council going forwards.

The maps below show the distribution of assets across each of the 4 neighbourhoods, these are replicated at a larger scale at appendix E.

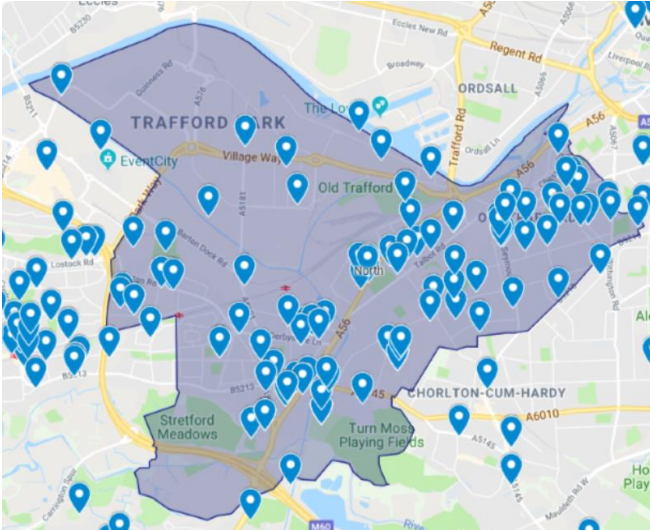


Figure 15: North neighbourhood property locations

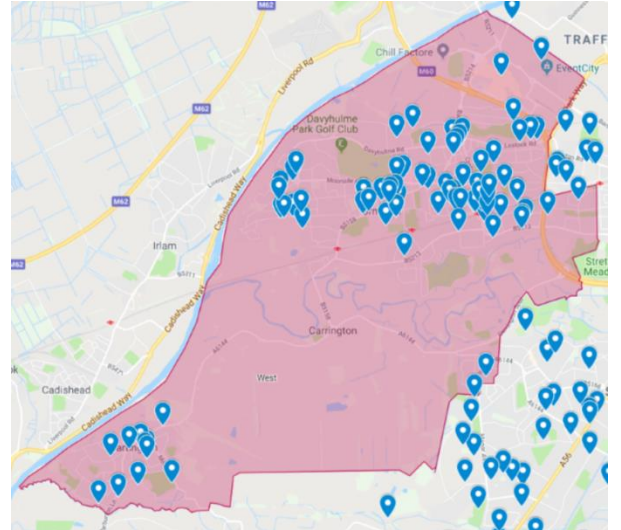


Figure 16: West neighbourhood property locations

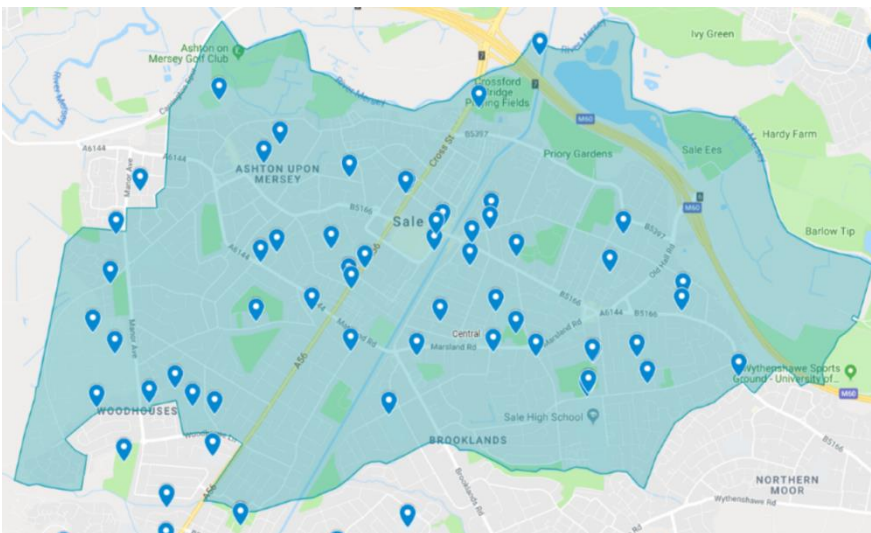


Figure 17: Central neighbourhood property locations

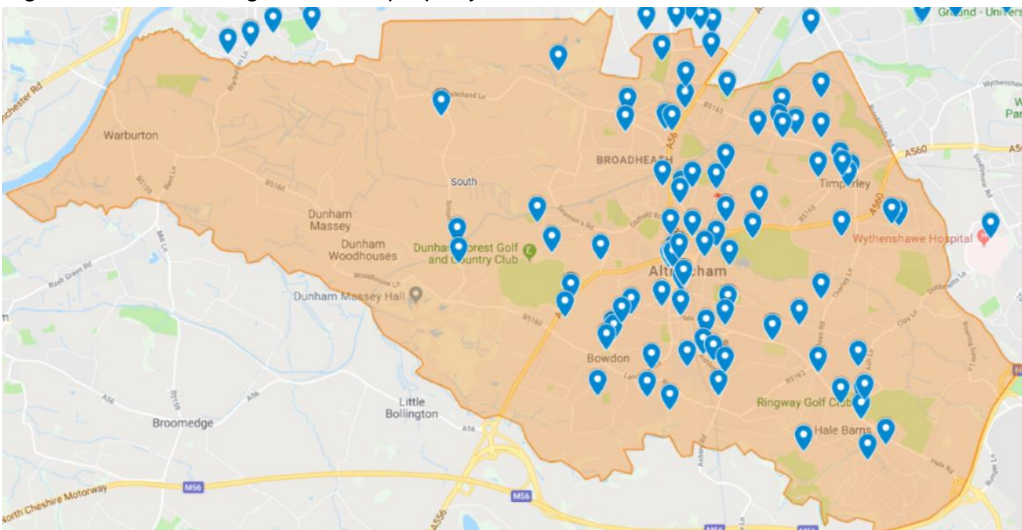


Figure 18: South neighbourhood property locations

The locality contains 23 vacant property entries, 33 GP surgeries, 71 primary schools, 18 secondary schools and 48 office property entries. The overall split of property entries by usage is set out in Figure 19 below.

A full breakdown of assets by neighbourhood is contained within the Stage 1 master Asset Spreadsheet attached at Appendix D.

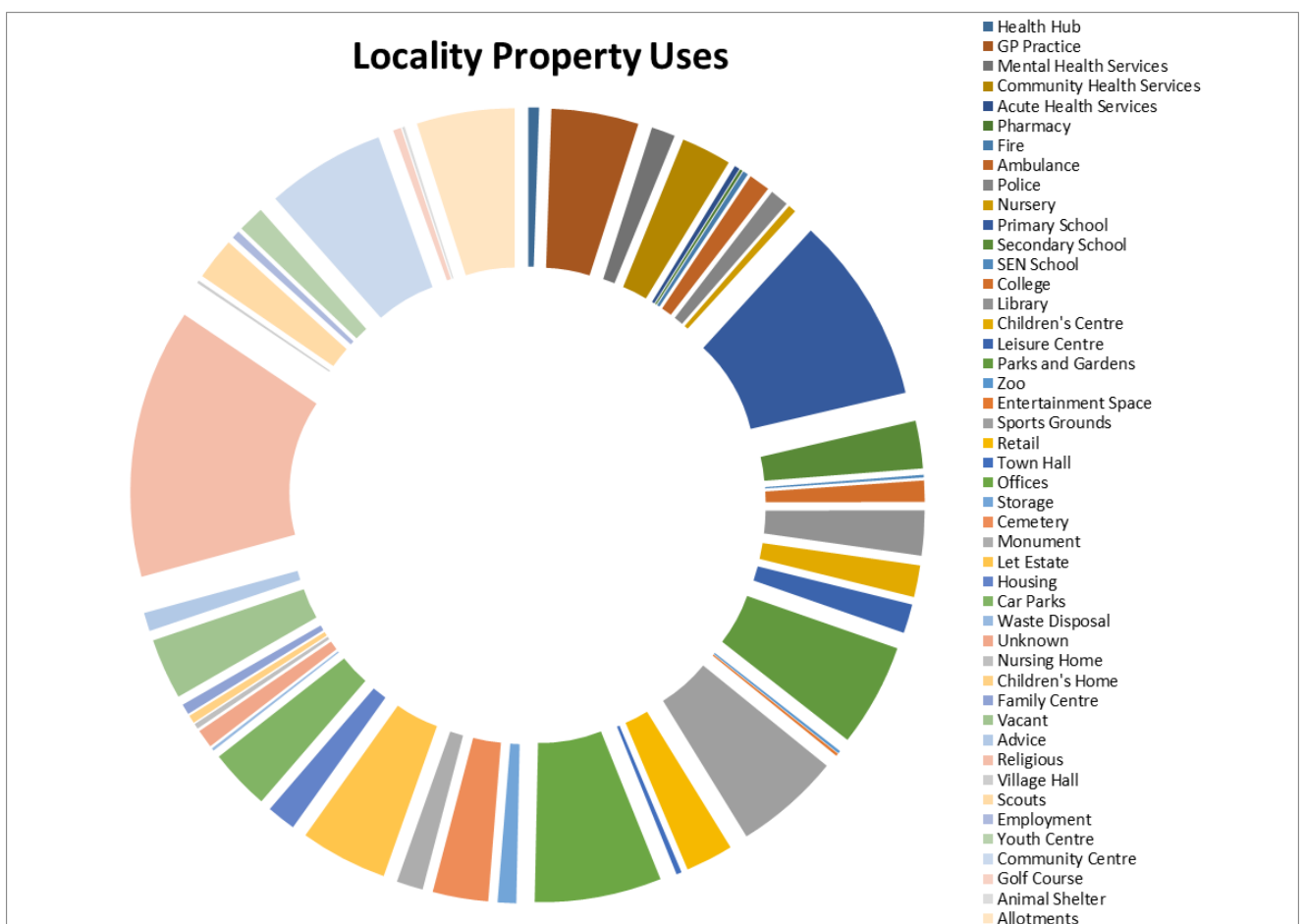


Figure 19: Property usage

3.5 STRATEGIC NEED AND CONTEXT

Many strategic documents have been reviewed as part of the LAR process. A full list of all those documents consulted in the production of this report is included at appendix F. This section sets out key information from all strategic documents requiring consideration as part of the Trafford LAR from a national to a local level. The key themes from this exercise have been extrapolated and detailed in the context of the LAR at section 3.6.

3.5.1 NATIONAL STRATEGIC CONTEXT

3.5.1.1 National Infrastructure Delivery Plan 2016-2021

The National Infrastructure Delivery Plan (NIDP) 2016-2021 sets out the government's plans to support infrastructure across the country in this current government. Specific areas which relate to the North West and Greater Manchester and the Trafford locality in particular are;

- Motorway upgrade works to junctions 6-8 of the M56 which forms the southern boundary of the Trafford locality;
- Implementation of HS2 to Birmingham and Manchester; and
- Support for a High Speed Line between Manchester and Leeds.

Whilst none of these projects will have a direct effect on land in the Trafford locality they will drive growth of the Greater Manchester area through increased connectivity and capacity between major centres such as London, Birmingham and Leeds, a proportion of which will inevitably be felt within the Trafford locality.

3.5.1.2 The Five Year Forward View

The NHS England Five Year Forward View (FYFV) 2015 – 2020 suggests how service transformation across health and social care organisations is vital to deliver the scale of reform required to support people to live longer, healthier lives with multiple conditions, but also to release efficiency savings to help deliver the changes needed. The strategy sets out several new care models which aim to dissolve traditional boundaries between general practice, community providers, hospitals, health and social care and mental health services.

The FYFV vision is for the delivery of integrated health and social care tailored in a place based approach to the needs of local communities with the person centred at the heart of the service redesign and subsequent provision. Following the issue of the FYFV in 2014 a number of supporting initiatives have been implemented, these include FYFV Next Steps in 2017, Sustainability and Transformation Partnerships STPs in 2016, and the development of Accountable Care Systems (ACS) across the country.

The introduction of STPs in 2016 is now enabling health and social care organisations within an area to develop and improve care, reduce health inequalities, manage finances, and work jointly on behalf of the people they serve. STPs are the chosen vehicles for delivering the FYFV ambitions. Trafford is part of the devolved Greater Manchester STP; Greater Manchester Health and Social Care Partnership (GMHSCP). The GMHSCP Taking Charge Plan is reviewed in further detail in section 3.5.2.4.

3.5.1.3 Carter Review

Lord Carter published a report which considered hospital efficiency and how improvements could be made; the focus of the work was focussed on the acute sector, looking at the efficiency of all 136 acute trusts in England to come to a target savings figure. He estimated that if 'unwarranted variation' was removed from Trust spend, that £5bn of savings could be saved by 2020.

His final report gave a breakdown of how that figure could be achieved, as well as providing a range of recommendations in order to get there. One of the recommendations stipulates that by April 2017 all Trusts were expected to have a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space. By April 2020 Trusts are expected to deliver against the targets.

Although the Trafford locality does not have a distinct acute health care provider like some of the other GM localities, acute provision is provided at a number of sites including Trafford General Hospital and the Altrincham Hospital by Manchester Foundation NHS Trust.

3.5.1.4 The Naylor Review

The Naylor review highlights the fact that one of the key parts of delivering the ambition of the FYFV is the NHS estate. Sir Robert Naylor's 'NHS Property and Estates: Why the estate matters for patients' sets out the vision for how the NHS could make best use of its estate and provides the government with recommendations to take the vision forward. The review highlights the need to:

- Tackle backlog maintenance to improve the quality of the estate
- Look at the future needs of the estate given new care models, increased demand and the impact of technology
- Create a robust capital investment plan with potential sources coming from property disposals, private investment and public funding
- Further explore the opportunity to release value from the estate

These recommendations are directly aligned with the LAR and OPE approach.

3.5.1.5 One Public Estate

OPE is a national programme focusing on the collaboration of local public organisations to get more from their collective assets. The OPE programme encompasses three core objectives:

- Creating economic growth (new homes and jobs)
- Delivering more integrated, customer- focused services
- Generating efficiencies, through capital receipts and reduced running costs

The OPE initiative also provides funding for projects delivering outcomes in line with these objectives. The LAR aims to deliver OPE objectives providing a full appraisal of public sector assets. These objectives generally run hand in hand with catalysing the service transformation plans outlined in organisational strategies. Viewing all public sectors as a whole will provide wider opportunities than just considering one or a few organisations.

3.5.2 REGIONAL STRATEGIC CONTEXT

Since the 2014 Devolution Agreement which led the way for Great Manchester's devolution from central government a number of devolution deals giving further powers both to GMCA as a council body and GMHSCP have been signed which give the following increased powers to both organisations;

- Greater control of local transport, with long-term government budget to aid the planning of a more modern, better connected network;
- New planning powers to encourage regeneration and development;
- A new £300m fund for housing, enough for an extra 15,00 new homes over ten years;
- Extra funding to get 50,000 people back into work;
- Incentives to skills providers to develop more work-related training;
- Extra budget to support and develop local businesses;
- Merged Police and Crime Commissioner and Mayor roles;
- Control of investment through a new earn back funding agreement which gives GMCA extra money for the region's infrastructure if certain levels of economic growth are achieved;
- £6bn devolved health budget.

3.5.2.1 Greater Manchester Strategy

GMCA has developed the Greater Manchester Strategy – Our People, Our Place with a vision to make Greater Manchester one of the greatest places in the world to grow up, get on and grow old. The following elements have been identified as key to the success of this vision;

- A place where all children are given the best start in life and young people grow up inspired to exceed expectations.
- A place where people are proud to live, with a decent home, a fulfilling job and stress-free journeys the norm. But if you need a helping hand you'll get it.
- A place of Ideas and Invention, with a modern and productive economy that draws in investment, visitors and talent
- A place where people live health lives and older people are valued.
- A place at the forefront of action on climate change with clean air and a flourishing natural environment.
- A place where all voices are heard and where, working together we can shape our future.

The GM Strategy also sets out 10 priorities for making things better;

1. Children starting school ready to learn.
2. Young people equipped for life
3. Good jobs, with opportunities for people to progress and develop
4. A thriving and productive economy in all parts of Greater Manchester
5. World class connectivity that keeps Greater Manchester moving
6. Safe, decent and affordable housing
7. A green city-region and a high quality culture and leisure offer for all
8. Safer and stronger communities
9. Healthy lives, with quality care available for those that need it
10. An age-friendly Greater Manchester

GMCA has identified five methods of working required to successfully deliver the vision for Greater Manchester as set out below.

Communities in control – Everyone with a stake in Greater Manchester has a part to play in our success. It's about everyone pulling together, including civic leaders, business, the voluntary, community and social enterprise sector and, most importantly of all, local people themselves.

People at the heart of everything we do – All our activity must put people at the centre. Our work must be designed and delivered in partnership with our diverse communities and integrated across organisations.

An integrated approach to “place-shaping” – We will take an integrated approach to investing in all places in Greater Manchester so that they are attractive environments in which to live, work, visit and invest.

Leadership and accountability – As well as an elected Mayor who is directly accountable to all of the people of Greater Manchester, each Leader in the Greater Manchester Combined Authority has a specific portfolio aligned to the strategy. Working with public, private and community, voluntary and social enterprise partners, they will develop a work programme to support the delivery of this strategy.

Taking control of our future – Devolution is now a reality in Greater Manchester. We have more powers to take control of our destiny than we have ever had before. But we will continue to make the case for more influence and control over how public money is spent in Greater Manchester.

3.5.2.2 GM Spatial Framework

The Greater Manchester Spatial Framework (GMSF) has been in draft since 2016 and aims to set out a GM wide plan for the provision of land for jobs and housing in line with the stated aims of the GM Strategy (as outlined in section 3.5.2.1 above).

The GMSF has been a contentious document as one of its core objectives is the release of Green Belt land to enable GM to deliver its regional housing targets. This has led to delays whilst the framework makes its way through consultation and it is now planned for publication in October 2018.

The GMSF has been developed jointly by all 10 localities and will allocate housing targets to each. The work which is being undertaken throughout GM is to ensure as many brownfield sites, or those not requiring the release of Green Belt have been identified as possible thereby limiting Green Belt release to only that which is necessary.

The housing numbers allocated to the Trafford locality under the GMSF will have a direct effect on the Trafford Local Development Plan which is also currently in the early stages of draft and consultation, see section 3.3 for more details.

3.5.2.3 Greater Manchester Transport Strategy 2040

Transport for Greater Manchester (TfGM) is aiming to deliver a number of significant changes across the transport network with the aim of;

- Improving national access to Manchester via highways upgrades, increased rail capacity and high speed networks with HS2 and HS3 and increased airport capacity and better links.
- Improving regional city travel through expansion of the Metrolink network (link to Trafford Centre a green lighted project), improved local bus and train network and service and implementation of blue and green transport zones.
- Improving neighbourhood access links via cycle-ways and footpaths, green spaces etc.

Further detail of how this GM wide strategy applies to the Trafford locality can be found at section 3.6.

3.5.2.4 GMHSC Partnership – The Plan

GMHSC Partnership has developed Taking Charge of Our Health and Social Care in Greater Manchester – The Plan as their overarching strategic document. This strategy document identifies a £2bn gap in health funding by 2021 with outcomes remaining below national average.

GMHSC Partnership’s vision is to “deliver the fastest and greatest improvement in the health and wellbeing of the 2.8m population of Greater Manchester, creating a strong, safe and sustainable health and care system that is fit for the future”. This requires change in two critical areas;

1. Creating a new health and care system
2. Reaching a “new deal” with the public

The Plan has been developed in conjunction with the ten locality plans, a range of GM strategies and has received input from NHS England, NHS Improvement and the Care Quality Commission and sets out proposed joined up working as follows;

Change our relationship with people – Helping them to stay well, care for themselves and prevent illness and intervene early.

Transform care in localities – Integration of primary, community, acute, social and third sector care through the development of new locality accountable platforms with single integrated commissioning hubs to facilitate clinical co-ordination.

Standardisation – Creating consistent, evidence based hospital services.

Redesign back office support – Creating the most efficient services we can.

Create systems once – Implement systems at GM level which incentivise new models of care and support.

The Plan sets out the formation of Local Care Organisations (LCOs) which will include community, social care, acute, mental health services and the full range of third sector providers and other local providers such as schools. The aim is making LCOs the place where most people use and access services in their communities, close to home.

In developing the Plan five key areas for driving transformational change were identified as follows;

1. **Radical upgrade in population health prevention** – A shift in focus to population health that supports GM residents to self-manage, innovates the model for prescribers and pharmacies and tackles the future burden of cardiovascular disease and diabetes.
2. **Transforming community-based care and support** – A new model of care closer to home that includes scalable, evidence-based models for integrated primary, acute, community, mental health and social care. Key features will be targeted case management of the population most in need delivered by up-skilled multi-disciplinary teams, together with streamlined discharge planning to reduce the demand placed on acute hospitals.
3. **Standardising acute and specialist care** – The creation of “single shared services” for acute services and specialist services to deliver improvements in patient outcomes and productivity, through the establishment of consistent and best practice specifications that decrease variation in care, enabled by the standardisation of information management and technology.

4. **Standardising clinical support and back office functions** – The transformational delivery of clinical support and back office services at scale across GM, including the establishment of co-ordination centres to help navigate GM residents through our complex system to the right services.
5. **Enabling better care** – The creation of innovative organisational forms, new ways of commissioning, contracting and payment design and standardised information management and technology to incentivise ways of working across GM, so that our ambitious aims can be realised.

3.5.3 LOCAL DIRECTION

3.5.3.1 Trafford Together

Trafford Council is continuing along a journey of a wide scale, place-based vision of the future that is seeing the local authority and its partners working together to close inequality gaps and maximise Trafford's huge potential since 2016. There is work taking place to update and refresh the Trafford Partnership's priorities considering the change in administration that occurred in May 2018. The priorities of the Council's executive that will feed into this refresh are as follows:

1. Housing – social, affordable, quality
2. Health Inequalities – improve health and well-being
3. Thriving Trafford – sustainable, successful, safe places
4. A fair start for all children and young people in Trafford – early years, school readiness, education, youth services
5. Places to be proud of – environment, crime and ASB
6. Greener Trafford – maximising our green spaces, transport and connectivity
7. Support our most vulnerable residents

3.5.3.2 Housing

Trafford Council has recently launched their Housing Strategy 2018-2023 and Housing Strategy Action Plan 2018-2023 documents. The Trafford Council Housing Strategy 2018-2023 sets out plans for accelerated housing development that supports planned economic growth whilst focusing on people and working to reduce the inequalities experienced across the borough. The strategy has been developed in accordance with the principles of Trafford Together and is structured around 7 priorities;

1. To accelerate housing growth
2. To support inclusive economic growth
3. To create neighbourhoods of choice through a better mix of homes and attractive, accessible environments
4. To reduce inequalities across the borough
5. To improve residents' health and wellbeing
6. To increase the range of, and residents' access to, opportunities

7. To reduce homelessness

3.5.3.3 Education

It is noted that within Trafford Council the education team continuously review population demographics against available school places within the locality. As the Trafford LAR programme continues any projects which could impact on education provision should liaise closely with this team to ensure correct assumptions are made in relation to education capacity and needs.

3.5.3.4 Blue Light Services

The strategies for the blue light services (fire, police and ambulance) are derived at a regional level through the three regional organisations; Greater Manchester Fire and Rescue Service (GMFRS), Greater Manchester Police (GMP) and the North West Ambulance Service (NWAS). All three organisations have undergone a review of their strategies in 2018 and these are available as follows;

- North West Ambulance Service – complete and attached at appendix G.
- Greater Manchester Fire and Rescue – complete but yet to be published. The key aims of the revised strategy are set out below.
- Greater Manchester Police – undergoing review and not due for publication until mid-2019.

All Blue Lights providers have a strong history of close working relationships across Greater Manchester and several lessons have been learned through co-location projects both within Trafford and the other GMCA boroughs.

RLB have met with GM Fire & Rescue to discuss their estates plans as they relate to the Trafford Locality. The key theme of the strategy, due to be published later this year, is to consolidate fire services around GM. There is also a Fire Recovery Review ongoing which is currently at OBC stage.

The location of GM Fire and Rescue headquarters in Salford is currently under review as part of the strategy re-refresh process. The team are also looking at a return to greater placed based working with individual fire managers contacting wider public sector partners in relation to potential estates opportunities. It is noted that this should be fed back up through Trafford SEG but that any potential projects involving GM Fire & Rescue will require close, localised working to ensure project success.

RLB also met with North West Ambulance Service (NWAS) to discuss their recently revised estates strategy. This can be summarised as the requirement for a smaller number of large ambulance station hubs which will act as fleet management sites. Ambulances will be collected from these large hubs at the start of a shift and deployed to strategic mini posts. It should be noted that the location of these satellite bases will be determined by the location of the Trafford ambulance hub and require detailed analysis of response time coverage to understand where these should be.

The timescales for the development of the Trafford ambulance hub were originally medium to long term however some potential opportunities exist to bring this forward. It is therefore recommended that any site redevelopment is undertaken in discussion with NWAS to ensure opportunities for these bases are not missed.

3.5.3.5 Leisure

Trafford Council's Sport and Physical Activity Strategy was launched in 2018 and directly supports the second priority of Trafford Together: improving health and wellbeing.

The strategy highlights that currently 24.3% of the Trafford population is inactive (defined as less than 30 minutes physical activity per week) and this costs Trafford £4.8m year. Furthermore, World Health Organisation statistics show that 1 million deaths a year in Europe are as a result of inactivity. The strategy recognises that it must target people across the population age ranges, not just focus on the young and amateur sports which have traditionally been the focus of many sports and leisure strategies. The strategy also follows the GM Strategy's aims of having every citizen start well, develop well, live well and age well as set out below.

- Start well; young children need to learn to value the importance of physical activity at as early and age as possible.
- Develop well: children and young people need to be presented with the right amenities in a style and setting that is appropriate.
- Live well: physical activity needs to become interwoven into both work and life to create a lasting habit that can be enabled in others.
- Age well: older people need to be encouraged and empowered to be physically active on their own terms.

These aims will be enabled by the provision of active places e.g. public realm and leisure facilities and active spaces e.g. pitches and parks.

3.5.3.6 Transport

The TfGM Transport Plan sets the strategy for both the regional and local level. Discussions with TfGM have identified a number of areas which would be applicable to the Trafford locality.

TfGM noted that there might be land available which might help Trafford to deliver schemes they have an interest in, or which should be safeguarded for future schemes.

The opportunities for place-making in any development should be well considered. It may be that through the LAR process sites can be assembled which can be used for place-making purposes (including the development of new residential, employment, service, retail and leisure areas), creating the sorts of neighbourhoods that support the Trafford 2031 vision. TfGM is very interested in the way we can get involved in urban design in order to bring about the sorts of neighbourhoods which enable trips to be made on foot, by bike and by public transport and which minimise the need for private car use.

TfGM has developed the Manchester Beelines programme which aims to promote cycling and walking across GMCA. The programme identifies routes and severance lines which prevent or deter people from cycling or walking from one location to another within the GM region and aims to create traffic measures which favour these modes of transport to overcome these issues. The Beeline programme will be rolled out over the next 10-15 years and the plans for the Trafford locality can be seen on the map extract in figure 20 below.

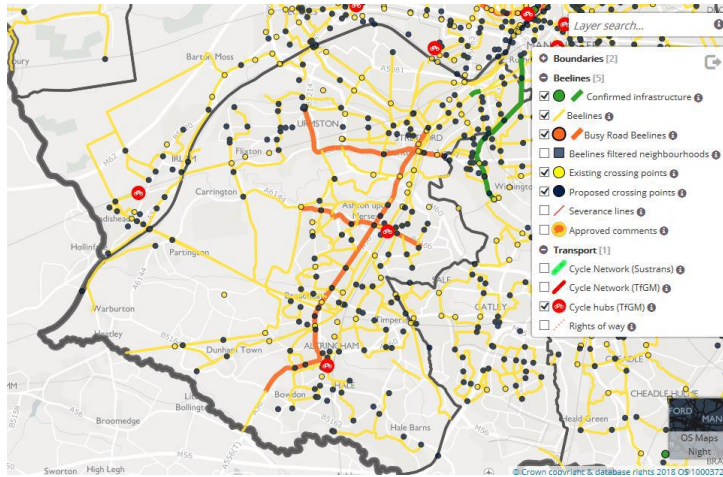


Figure 20: TfGM Beelines project

This is the agenda TfGM is interested in developing, for example through the rail station devolution agenda, TfGM's strategy includes proposals to gain control of the 97 rail stations in Greater Manchester currently operated by Northern Rail and thereby make better use of the land in the curtilage of these stations than Northern are currently able to. In addition, TfGM already own Metrolink stations, and there is likely to be the opportunity to further develop land in the curtilage of these too.

3.5.3.7 Community

Trafford's community strategy is largely contained within Trafford Together described under section 3.5.3.1 above however another strategy which needs to be considered is the One Trafford Response model. This model is designed to encourage a range of organisations across council partners and local communities to work together to understand, shape and develop an integrated place based approach. The aim is to redesign and improve the way frontline services are delivered to support individuals and families who are in need at the earliest possible opportunity.

This model will be rolled out in phases, starting with Stretford and then across the whole north neighbourhood before being implemented across the entire Trafford locality.

The trials in Stretford, undertaken since May 2017, have developed cross partner understanding into joint working opportunities and the sharing of skills and knowledge. The model works through the appointment of a key worker who acts as the main contact for an individual / family, empowers them to achieve their aspirations and supports the coordination of the agencies involved which allows residents to live their lives well without the support of services.

A number of operating principles for One Trafford Response have been set out as below;

- Doing what matters: focusing on the aspirations and personal outcomes of this we work with and the essential activities to achieve these.
- Measuring what we've done: evidencing that we are making a difference through hard and soft evaluation.
- Testing, learning and adapting: improving the effectiveness of the work we do and overcoming obstacles.

- Recognising and pulling in everyone's strengths: maximising the collective assets of citizens, employees and the community.

3.5.3.8 Libraries

Discussions with the team responsible for libraries within the council highlighted the following requirements and current projects.

- A new library is to be provided in the Altrincham Hub building which is now completed and is operational. The Library facility includes access to 4 interview rooms and 3 meeting rooms. The old library building is held on long lease to Trafford Council.
- Coppice Avenue library in Sale is currently run by BLuSci, not the council. It was noted that there is potentially underutilised space available including a meeting room and two interview rooms.
- Hale library is planned to be redeveloped and the capital receipt to be utilised to fund the redevelopment of the bowling pavilion into a community and library space.
- Lostock library is not a statutory library and is run by the local school. There are currently no plans for any changes to service or usage.
- Old Trafford library has been re-provided within the new Limelight building.
- Partington HLC is attached to Partington Health Centre, it is currently under-utilised and there is the potential for co-location with community-based services.
- Sale library is currently located in Waterside Council office however the layout is being reviewed as there is the need for the creation of more meeting rooms for community delivery. There are also plans or aspirations to increase the visibility of the library within the building.
- Stretford library has several backlog maintenance issues; however, it is one of the few historical buildings in Stretford and is highly valued by the local community. A recent consultation on its relocation failed to secure community support. There is accommodation on the first floor which is currently used as a back-up call centre, there are possibilities this could be used for another hot desk type uses, provided it is maintained if a backup call centre is required.
- Timperley library is due to move to a new facility which is being developed as a community spoke with health and social care facilities.
- Trafford – This is accommodated in the Town Hall.
- Urmston – The layout of the library is being reviewed and it was felt that the meeting rooms and interview rooms well utilised.
- Woodsend – This is a small community library which is operated on an "open plus" which means it is not staffed and customers gain access with a library card.

3.5.3.9 Health & Social Care

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

The Plan set out the new relationship between Trafford Metropolitan Borough Council and Trafford CCG who are collaborating on a scale not seen before to ensure a truly place-based, partnership around health and social care delivery, enabled by the establishment of a Joint Commissioning Board.

In terms of the transformation of health and social care there are a number of key themes which include:

- Changing the way primary care operates “Primary Care at Scale” – A shift from care delivered in hospital to care in a community setting; the role of local pharmacies in offering services and advice to residents will be enhanced; residential and nursing homes will get dedicated health and social care support; and make continued investment in, and potentially look to expand, enhanced community care services.
- Integrated health and social care services - integrated 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.
- Encourage independence and self-reliance when developing a new model of social care – ensure residents are 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.
- Ensure available resources are used more effectively to sustain health and social by pooling budgets and jointly fund services required by the Trafford population. With a holistic approach, taking account of an individual’s wider circumstances, such as employment status and housing.

The key initiatives to deliver the required transformation in Trafford are highlighted in table 6 below.

Table 6: Transformational areas identified within the Trafford Locality Plan

Transformational Area	Measure of Success	Impact on public services
Primary Care	1) Additional hospital appointments	15% reduction in the number of people attending A&E and being admitted to hospital
	2) Reduced <ul style="list-style-type: none"> • Acute attendances • Did Not Attends (DNAs) • Referrals to A&E by GPs 	30,000 additional primary care appointment slots as a result of 7-day working
	3) Development of 4 x health and well-being centres across Trafford with increasing community service support and access	Access to modern community and primary care facilities and services in 4 x Trafford locality health and well-being centres
	4) TCC will organise diagnostic tests prior to hospital referrals to speed up the care journey and provide an improved patient experience	
	5) All ‘over 75’ year olds to have a personal care plan	

6) Fewer hospital admissions from nursing homes due to increased level of primary care provision

Acute Provision	1) Reduced inappropriate admissions	Reduced number of outpatient appointments and follow ups in hospital clinics by 10%
	2) New services to meet patients' needs	Activity to address and prevent falls will reduce hospital admissions by 10%
	3) Services across Trafford to support access	50% more intermediate care bed nights available
Health and Social Care Teams	1) An all-age integration of health and social care services	10 % fewer frail elderly residents are in hospital or requiring high cost care
	2) Greater levels of independence for residents and service users	
	3) A workforce which is fit for the future.	
Community Enhanced Care	1) 7 day access to services	15% reduction in non-elective attendances and admissions
	2) Reduced demand on hospital services	A reduction in the number of admissions to residential and nursing care by 15%
	3) All over 75's to have a care plan	
	4) Flexible access to a range of appointments and diagnostic tests	
Social Care	1) Below average admission rates to residential care	Reduction in number of looked after children by 20%
	2) Reduced demand on services	Reduction in the number of adults with high cost packages of care
	3) Improved access to urgent services for those living in residential and nursing homes	
Learning Disability Services	1) Reduced numbers of people in contact with the Criminal Justice System / admitted to secure provision	A reduction in the number of young people and adults with high cost packages of care
Mental Health Services	1) Reduced waiting times	Increasing numbers of young people and adults will have intensive care at home
	2) Increased range of mental health support provision	

In addition to the above the Trafford Joint Strategic Needs Assessment (JSNA) has highlighted the following health and wellbeing priority areas;

- To reduce the impact of poor mental health
- To reduce physical inactivity
- To reduce the number of people who smoke or use tobacco
- To reduce harms from alcohol
- To improve cancer prevention and screening

The Trafford JSNA website gives full details of the environmental and social challenges within the Trafford locality which reflect the priorities identified above.

3.5.4 TRAFFORD COMMISSIONING INTENT OVERVIEW

During the Trafford LAR process Trafford CCG has undergone significant leadership and strategic change. The CCG is keen to ensure that patient centred service delivery is driven in a bottom up approach and is in the process of reviewing its previous strategic plans. Sections 3.5.4.1 to 3.5.4.5 and section 3.5.5 below provide the currently available, published information on the CCG's strategic intent. It is acknowledged that this is under review however it has been retained within this report to provide context and some insights into potential future intent of the CCG.

Some of the themes contained within the sections below are common themes across the country which have arisen as a result of programmes such as the Five Year Forward View and the as yet to be published 10 Year Plan. Whilst the ways in which these aims of greater integration and care designed to wrap around the patient are implemented may change some of the key principles which underpin it will not.

To have a better understanding of the joint commissioning intent for both Trafford Council and Trafford CCG a workshop was held, with all council and CCG commissioners invited. This meeting identified a number of key challenges and opportunities commissioners would like to see addressed over the next 5 to 15-year time horizon. Sections 3.5.4.1 to 3.5.4.5 of this report set these out in more detail and the presentations from commissioners themselves are included at appendix H.

3.5.4.1 Children & Young People Commissioning

The Children and Young People (CYP) commissioning team have identified that there is an issue with suitable housing stock in the area which is leading some children to be relocated out of the area. This is deemed as unacceptable and something which will require a solution. Furthermore, the commissioners have identified that there are high costs associated with locating children in third party provider property and that these could be reduced if the council's own asset base was utilised instead. Other key messages of note were as follows;

- Currently there are blockers to enabling staff to be truly agile in their working. Not all the assets from which staff work or visit have a fixed IP address which prevents their using the secure systems required to write up notes and carry out other essentials of their jobs.

- Figures on the number of children previously unknown to social services suggests that community outreach is not effective in its current format and that greater integration with GP surgeries, schools and other touch points for young people is required to prevent their cohort from reaching crisis stage.
- Currently the estate doesn't aid transition out of care as well as it could, further work required to understand what types of homes are required and where.
- Adaptations to homes is also required and is being investigated under the FM agenda for looked after children.

3.5.4.2 Learning Disability Commissioning

The Learning Disability commissioning team have been working extensively to reduce the number of vacant rooms (mainly caused by accommodation which is not fit for purpose) in residential care.

One of the potential options is that Trafford Council could become a landlord, giving the commissioners more control on the quality of facilities provided and potentially better value for money. Overall where services require residential accommodation the consensus is that the council should be the landlord, where it is simply service delivery then ownership of estate is less important.

3.5.4.3 Mental Health Commissioning

Supported accommodation has been identified by the Mental Health commissioning team as being a key area requiring investigation in the short term. There is no inspection framework around supported living and many of the placements come from the Manchester and Salford localities. Currently the team have identified that they are very good at treatment, but that recovery requires additional focus. Other key issues and challenges were identified as follows;

- It was noted that in a number of instances it is the building fabric which is currently letting down the estate rather than the building itself, although there are a few notable exceptions where properties are not fit for purpose.
- Currently there is no specialist provision in the locality for service users with autism or challenging behaviours (in some cases where people are close to being evicted from their accommodation, this is likely to lead to homelessness). The lack of provision for service users on the autistic spectrum is also proving expensive to the council as often they need to be accommodated in hotels or out of area for more specialist accommodation.

3.5.4.4 Older People Commissioning

The development of extra care villagers is a popular model with providers however, further work is required to understand how the appetite for different types of accommodation changes between neighbourhood. Limelight for instance in the north neighbourhood has struggled to sell its shared ownership apartments, whereas in the south neighbourhood these types of units have strong uptake.

It has also been identified that people are less likely to travel out of their local area (neighbourhood) for extra care. Most of demand is currently in the central and southern neighbourhoods and any requirement for additional accommodation in the north and west would need to be subject to further investigation.

It was noted that the residential nursing home market is fragile with five service providers exiting the market in the last six months alone. Another challenge on the system is that the nursing homes will not take those service users with challenging behaviours and needs such as severe (or sometimes even moderate) dementia. However, overall there has been a decrease in the numbers of people coming out of hospital and into nursing homes as initiatives have been successful in returning them to their own homes.

The commissioning team are currently reviewing the clinical pathway between patients being cared for in their own homes, through to nursing, extra care and hospital and down again, assessing the level of demand to assess if additional capacity and further assets are required.

3.5.4.5 Trafford Clinical Commissioning Group

Trafford CCG are in the process of reviewing their strategic plan and estates strategy. A set of principles which will guide the development of these documents is currently being developed by the commissioning team and this report will be updated with these once completed.

Overall the long term ambitions of the CCG mirror those of wider national campaigns to place the patient at the centre of services (and not force them to travel around the locality to access the services they need). There is a clear ambition to maximise the current estate before considering the need for any new or additional estate. Furthermore, a more integrated model which addresses key issues such as hours of access, transport links to services, support services and digital access is being pursued.

3.5.5 TRAFFORD TRANSFORMATIONAL PROGRAMME

The Transformation associated with the Locality Plan in Trafford is being delivered by the Trafford Transformation Programme, as above this programme is under review however the below is the current articulation of the programme.

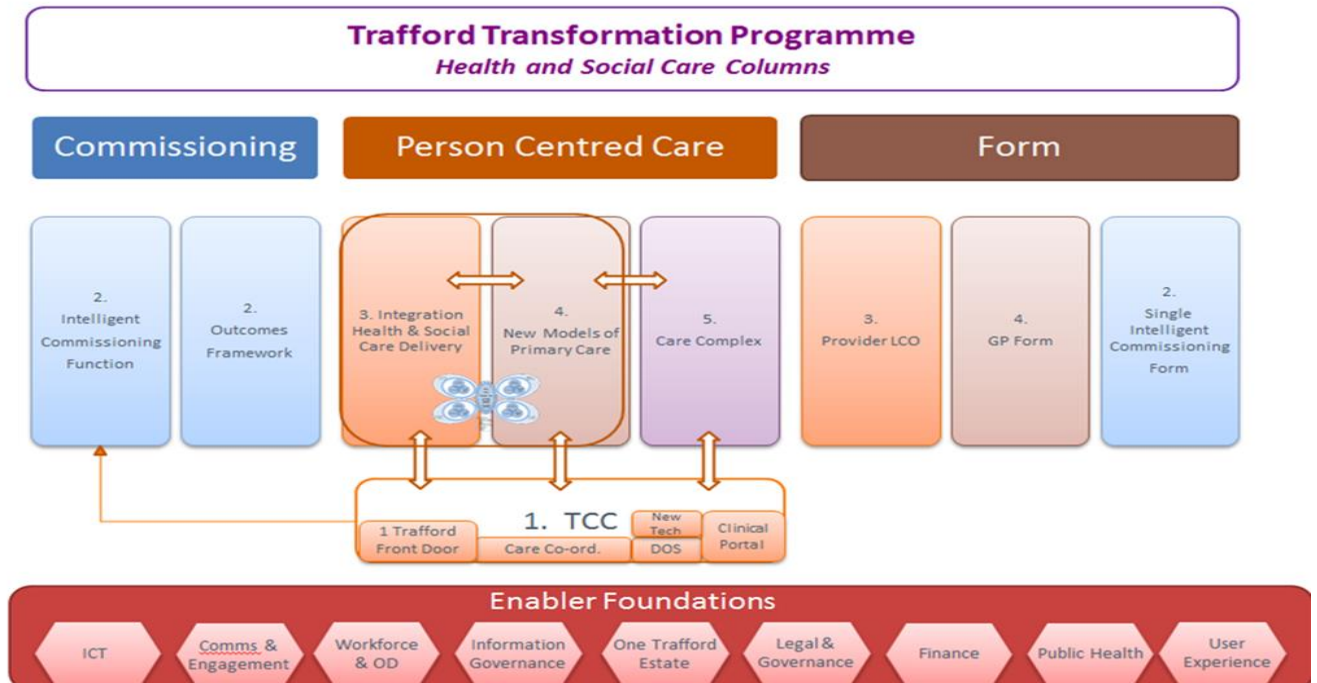


Figure 21: Trafford Transformation Programme structure

To deliver the Transformation Programme integration will be critical between now and 2020; an increasing number of services will be delivered in community settings as part of the changes. This covers all pathways of care and includes the following areas;

- Acute (hospital) unplanned care
- Acute(hospital) planned care
- Community based care
- Primary care
- Social care

For Trafford CCG, 'out-of-hospital' services will be provided in the four neighbourhood and will require the on-going transformation of the whole health and social care system to one that focuses on integrated care with much greater emphasis on knowledge systems, local clinical leadership and empowerment, and new service delivery and enhanced patient and clinical engagement. This is illustrated in the model below:

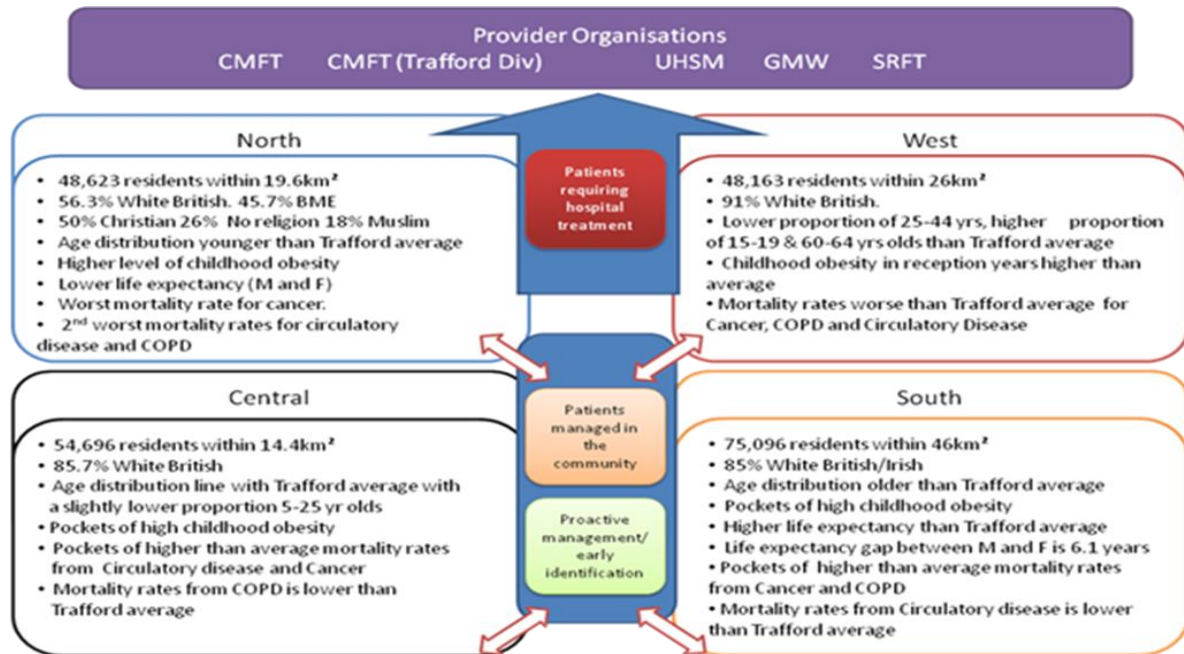


Figure 22: Trafford Transformation Programme within neighbourhoods

As part of the previous strategy there was an intention for health and wellbeing hubs to cater for all ages, offering integrated health and social care services. With hubs being run along multi-agency lines with physical health, mental 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 would be likely to include District Nursing, 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.

Services would be fully aligned with the TCC and this relies on three factors:

- 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 a comprehensive Directory of Services.
- A single point of access for agencies and care professionals so concerns about safeguarding of vulnerable people living in the community can be notified centrally.
- Development of an 'All Age Multi-Agency Safeguarding Hub' (MASH).

3.5.6 TRAFFORD CO-ORDINATION CENTRE

A key part of the integration of health and social care services in Trafford is the development and operation of the Trafford Co-ordination Centre (TCC) it has been designed to bring about whole-system reconfiguration and a radical approach to co-ordinating our population's care. It is the flagship development of Trafford CCG and the first of its kind in the country.

TCC 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, the TCC has been rolled out in two phases.

Phase 1 - Referral management went live in early 2016 and delivers improved experience for patients and carers, assisting them with any health and social care queries.

Phase 2 – Improved commissioning function; bringing integrated working between health and social care providers. Firstly, so an individual's needs are considered from each angle and secondly, to ensure neighbourhoods, and the wider community, receive the right clinical and social amenities to match their needs. Care co-ordination is continuing to develop since the implementation of Phase 1, with more cases being referred through the TCC more care co-ordination has been possible.

The TCC system will be able to deliver behavioural insights, by spotting health trends and highlight efficiencies in real time; this will be essential to the way health and social care is commissioned Trafford. 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. Utilising risk stratification techniques within the TCC will also enable identification of citizens within Trafford who need additional support and regular reviews. This will proactively manage their conditions before their needs escalate.

3.5.7 NEW MODELS OF PRIMARY CARE

The concept of 'New Models of Primary Care' (NMoPC) has evolved from the NHS Five Year Forward View as a solution to provide a sustainable primary care service in answer to ever increasing pressures in the health and care economy.

Trafford has a clear aspiration to provide a new model of primary care delivery concentrating on providing the best quality of care, delivered via a comprehensive range of services with excellent patient access.

The vision is that there will be a Trafford-wide single system of primary care delivery with common goals and a single ethos. Services will be delivered locally where appropriate and practicable, in an environment which is conducive to low stress, high levels of job satisfaction and improved patient experience.

The New Models of Primary Care (NMoPC) programme board is developing a vision of providing primary care through a single system that will require a new contractual and organisational form, delivered at a neighbourhood level throughout Trafford. Within the single system it would be recognised that each neighbourhood has its own particular needs and healthcare inequalities, for example, 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). A single system could start to deliver solutions to these differences. There are a number of drivers for this system change including:

- System demand – This includes a requirement to ease the considerable pressure on the secondary care system, preventing unnecessary unscheduled hospital admissions but also facilitate timely discharge and appropriate aftercare, in order to prevent readmissions. Also enabling primary care delivery to keep up with the anticipated change in demand from population growth and demographic profile.
- Workforce – There is a national shortage of GP's and the key issues for the primary care workforce is the recruitment and retention of appropriately skilled staff.

3.5.8 PRIMARY CARE SYSTEM REDESIGN

In re-designing primary care in Trafford, it is important to consider what the component parts of the system are and how these will be restructured to achieve the desired outcomes.

The NMoPC will produce significantly improved patient outcomes through a whole system pathway approach which starts with prevention and concludes with end-of-life care, with all of the component stages in-between.

There is a requirement to create capacity within primary care to enable patients to readily and appropriately access the service they require (and truly need), provided by the appropriate professional in the best location and environment. This has required an analysis of population needs, current provision and a projection of 5-10 years forward to identify provision; what the workforce needs to look like within the new system and how Trafford moves to that position.

Alongside this there has been an analysis of management and estate provision in order to be sustainable in the future.

There is also a clear understanding that the interface with partners within mental health settings, community, social and secondary care, will need to change in order to integrate services where appropriate; building on the work that has been on-going for several years.

This system re-design has led to a new service model for primary care delivery in Trafford and the details of this model can be found within the New Models of Care Prospectus and covers:

- Working differently
- Prevention
- Cancer screening programme
- Mental health
- Immunisations
- Find and treat
- Planned care
- Urgent care
- Domiciliary care
- Specialised care role

The document also highlights the enablers that will be required in order to deliver the NMoPC for Trafford, these include:

- Workforce
- Technology
- Administration
- Governance
- Communications and engagement
- Medicines management
- Trafford Co-ordination Centre
- Estates

3.5.9 PRIMARY CARE ESTATE REQUIREMENTS

In order to deliver the NMoPC there will be a need to create capacity within the primary care system to enable patients to readily and appropriately access the service they require (and truly need), provided by the appropriate professional in the best location and environments.

The current model in terms of built assets focuses on a on a main Health and Wellbeing Hub per neighbourhood with corresponding spokes offering the most flexible outcome for patients and reflects the overview on NMoPC.

The hub model describes GP led centres or larger community facilities but equally provides additional services for the wider locality. Smaller hubs will provide a wider range of community services (phlebotomy or podiatry) as well as their basic diagnostics and other extended services to patient populations of approximately 20k. Larger hubs will provide additional services with the addition of selected outpatient services, which could include X-ray and other scanning technologies. Opening times for these facilities will be 8am to 8pm Mon-Fri with additional extended services at weekends. Hubs opening hours for certain services will be linked to their 'spokes' within development areas.

A Primary Care Estate Strategy (March 2018) was developed by the CCG and had further detail on the hub and spoke model. However, this is currently under review and will be updated following the CCG review of its primary care commissioning strategy.

3.5.10 COMPLEX CARE

The market for care in South Manchester, including the Trafford locality, is under considerable strain to meet the demand for services. This, in turn, has created pressure on the timely discharge of patients from local hospitals and the ability for health and social care services to commission high quality, proactive support services. When analysing the pressure areas, the following was confirmed, there is a:

- Lack of nursing care home placements;
- Need for increased sustainable support at home services, need for increased services to support informal carers to begin or continue caring;
- Need for increased specialist placements for patients with complex needs;
- Need for increased Continuing Healthcare (CHC) provision at home or within private nursing care homes;
- Need for increased respite and short break opportunities;

- Need for improved support and provision for people with palliative conditions and/or at end of life;
- Need to reduce pressures around excess bed days and delayed transfers of care.

For Trafford CCG and Trafford Council to fill some of the current service and commissioning gaps across the wider health and social care system, the organisations have a joint vision of developing innovative community-based service which addresses current shortfalls in provision and provides short and long-term care for adults and older people living in Trafford.

The original intention was to develop purpose-built facilities within Trafford, this strategic direction of travel was explained in a Strategic Outline Case (SOC) which was developed by the CCG. However, since approval of this document there has been a considerable amount of work undertaken to review and develop the model of care and its built asset requirements. This work is on-going and led by the Chief Nurse at the CCG, currently activity and demand assessment is being undertaken to ascertain the service model however, it is anticipated that this will be more community-based potentially using existing intermediate care assets.

An updated strategy for complex care is due to be issued in early 2019.

3.5.11 ACUTE HEALTH SERVICES

Manchester Foundation NHS Trust

Acute health services in the Trafford locality are provided by several acute organisations, one of the key partners is the newly formed Manchester Foundation NHS Trust (which is a merger of Central Manchester Foundation Trust, University Hospital of South Manchester and North Manchester Hospital).

Following the merger of the Trusts an overarching clinical strategy is under development which will consider how and where services are delivered across the GM footprint, this includes the services which are delivered at the acute sites in the Trafford locality including Trafford General Hospital (TGH) and Altrincham Hospital. Following a meeting with the Group Director of Estates & Facilities at MFT the following key points were noted:

- MFT are currently working through a post-merger clinical strategy in phases. It is anticipated that following the development of the clinical strategy there may be changes in the utilisation of the space at TGH. The strategy is due for completion later in the year.
- TGH is seen as a core asset for the MFT strategy. The development of the site plans will follow the developing clinical strategy in order to ensure it can enable the clinical delivery.
- MFT see there being the potential to use or develop the TGH site in an innovative way and are open to discussions and suggestions as part of the Trafford LAR process.
- As part of the merger due diligence CMFT conducted a 6-facet survey of the TGH estate. This was a comprehensive review of the site detailing all of the issues by facet for each block on site. At the time 65% of the site was condition B, with 26% condition C and 9% condition D.

Subsequent to the survey;

- 90% of the condition D space has been demolished (old nurses' home) and the remaining is E&F space rather than patient/ service facing

- 67% of the condition C space is either vacant (16%) or has been refurbished or is undergoing refurbishment (51%). The vacant space is held on the basis that it may, one day be returned to use.
- Stretford Memorial is a vacant building and as, yet no plans have been developed for the future of the site. Due to the size of the site, future use may be quite restricted, however, dependent upon the outcome of the LAR, further discussion with MFT regarding future potential usage would be welcome.
- It was noted by the trust that Altrincham General Hospital is well utilised except for an area that was originally planned for a shop, and two vacant wards which are due to be re-developed by MFT.

It should be noted that from the 1st April 2019 that MFT will be the commissioned provider of the majority of community-based health services across Trafford. As a consequence, MFT are currently undertaking due diligence on both the service delivery and the assets required to deliver these across the locality.

3.5.12 MENTAL HEALTH SERVICES

Mental health services in Greater Manchester are provided by Greater Manchester Mental Health Foundation Trust (GMMHFT) and Pennine Care NHS Foundation Trust (PCFT), in the Trafford locality most of the services are provided by GMMHFT.

GMMHFT provides both community-based services and inpatient services in the locality, inpatient services are delivered from the Moorside unit which holds adult and older adult inpatient facilities and is located in Urmston. GMMHFT accepts referrals from Community Mental Health Teams (CMHT) or via GMMH Liaison Team based within A&E departments at Trafford General Hospital. The service users on the unit are either informal or sectioned. The staff on the unit offer service users and their carers information about mental health, recovery and the choices and resources available to them.

Table 7: Trafford General MH unit wards

Ward Name	Service delivered
Bollin	10 bed mixed sex ward for older people who are suffering from a functional illness, for example bipolar disorder, schizophrenia. Treatments include a variety of therapeutic interventions.
Brook	22 bed adult male only ward that supports people in the acute phases of their mental illness.
Greenway	11 bed mixed sex ward for older people suffering from dementia. The ward supports patients and their carers during admission and to maximise their life potential, to plan and deliver care.
Irwell	6 bed psychiatric intensive care unit.

Medlock

21 bed adult female only ward that supports service users with their mental illness.

The Moorside Unit is also the location for many of the consultant led outpatient clinics delivered to the Trafford population.

The Trust also provides a wide range of community based mental health services in the locality as set out in table 8 below.

Table 8: GMMHFT community services

Service Name	Service	Location
Achieve Recovery Services	Delivering innovative and high performing substance misuse treatment and recovery supporting people affected by alcohol or drug misuse into appropriate treatment.	Chester Road, Old Trafford, M16 9HD Bridgewater House, Bridgewater Street, Sale
Dementia Crisis and Prevention Team (DCPT)	Multi-disciplinary assessment, treatment and care for people diagnosed with dementia.	Moorside Unit, Moorside Road, Davyhulme
Early Intervention Team (EIT)	The team works with people who have experienced a first episode of psychosis. It is a multidisciplinary team supporting young people experiencing a first episode of psychosis.	Crossgate House Cross Street Sale
Trafford Extended Service (TES)	specialist, multi-disciplinary, community-based team providing a range of National Institute for Health and Care Excellence (NICE) compliant interventions and support for service users with Autism and ADHD.	Manor House 5 Queens Road Urmston
Home Based Treatment Team (HBT)	Team of multi-professionals, supporting people who are currently in a mental health crisis or having a relapse of their existing mental illness and require intensive support in their own homes.	Chapel Road Clinic, 71a Chapel Road, Sale
Heath and Justice Service	Provide care and support to service users with mental health problems or LD across a number of different criminal justice settings.	Crossgate House Cross Street Sale
Memory Assessment Service	Early identification of dementia, by encouraging people to attend a specialist assessment, with service users referred to the service by their GP following initial tests.	Crossgate House, Cross Street, Sale

North Community Mental Health Team (CMHT)	The team provide a specialist assessment of health and social care needs, recovery-based care planning as well as diagnosis, treatment and support for service users who live in north Trafford and have mental health difficulties.	Crossgate House, Cross Street, Sale
Older Adult Community Mental Health Team (CMHT)	Provision of comprehensive support to enable people with complex mental healthcare needs to live safely in the Trafford community and sustain independent living for as long as it is appropriate within their own environment.	Crossgate House, Cross Street, Sale
Psychological Therapies	Provides a variety of evidence-based talking therapies to people aged 16 and over who are registered with a GP in Trafford and are currently suffering from anxiety and depression-related problems.	1-3 Ashton Lane Sale
RAID: Rapid Assessment, Interface & Discharge service	The team specialises in understanding the link between people's physical and mental health. We support the assessment, diagnosis and management of people aged over 16 years who attend A&E, or are admitted to hospital, who might be suffering with mental health issues.	Moorside Unit, Trafford General Hospital, Davyhulme
South Community Mental Health Team (CMHT)	As per the North team.	2A Craven Drive, Brook Heys, Broadheath, Altrincham
Working Well Talking Therapy Service	This is a GMMH IAPT (Improving Access to Psychological Therapies) service for adults of working age. The service is operating as part of the wider Working Well ecosystem and aims to support people citing mental health problems as a barrier to being in employment.	Manor House 5 Queens Road Urmston

GMHSCP have commissioned, in partnership with GMMHFT and PCFT, a full estate strategy for mental health services across the whole of Greater Manchester including the Trafford locality. As part of this review the future clinical strategies are being reviewed to ensure that the premises from which they are delivered are fit for purpose and in the best location for the communities they serve.

The review of services has been completed and the draft report will be available in 2019.

3.6 SUMMARY OF STRATEGIC NEED

Trafford is a largely affluent and economically resilient locality within the Greater Manchester region however ONS data and the various regional and local strategy documents point to increased pressure on local services of all types due to an increasing and ageing population to 2035 and beyond. The data also shows a locality where affluence and positive health and education benefits are not distributed evenly throughout the locality.

The two key golden threads which run through all the strategy documents are “place making” and “people centred”. Almost all documents and teams refer to these themes which are complimentary and run from a national to a local level demonstrating support at every level of public sector governance. What this means in practice is that the LAR must look not just to how services can be provided more efficiently within the public sector estate but also at how they can positively affect the process of place making whilst enabling a people centred approach for all public sector services.

The Trafford locality has the following key challenges to overcome;

- A £111m health budget deficit by 2020 (part of the wider £2bn GMCA wide deficit).
- Unequal health outcomes between and within neighbourhoods where cancer, cardio vascular and respiratory disease account for 80% of deaths.
- A chronic shortage of GPs which is unlikely to be filled through recruitment and retention incentives alone.
- An ageing population and increasing pressure on dementia and end of life services.
- An increasing population with limited housing stock and expansion potential.
- Demand for increased primary, secondary and further education spaces.
- Areas of high air pollution, particularly in close proximity to arterial routes into and around Manchester.

The various public sector bodies within Trafford have responded to these challenges and identified a number of solutions;

- Development of New Models of Primary Care
- Development of One Trafford Response
- Development of Complex Care Strategy
- Identification and promotion of strategic housing developments with planning permissions granted on the basis of additional school’s provision.
- Manchester Beelines project to promote alternative methods of travel and extension of the Metrolink tram route to the Trafford Centre.

Trafford Together also provides a good framework when considering any public sector project through its 7 interventions (see section 3.5.3.1 detail).

3.7 LOCALITY SPECIFIC OBJECTIVES

Several locality specific objectives have been identified for the project as set out below;

All Neighbourhoods:

- Address the differences between the needs of the populations across the locality and within neighbourhoods.
- Provision of suitable fit for purpose assets from which neighbourhood specific services can be delivered.
- Provide linkages with the roll out of fibre broadband across the locality.
- Maximise utilisation of the existing asset base within the locality where the physical condition is of a suitable quality.
- Review and inform the requirements of the Primary Care Estate.
- Encourage service integration through co-location.
- Support work place strategy transformation and drive a common culture on space utilisation.
- Encourage service improvement and outcomes through high quality estate which is fit for purpose.
- New developments to have good transport links.

North Neighbourhood

- Address the lack of adequate GP service provision.
- Aim to avoid adding to air quality issues within certain areas of the neighbourhood.
- Identify potential options for the future use of Stretford Memorial Hospital (owned by MFT).
- Identify potential options for changes in the use of Stretford Library.

West Neighbourhood

- Identify ways to increase the utilisation of Partington Health Centre
- Identify potential redevelopment opportunities for the former Moss View Primary School building and the former Youth Centre. A full condition survey and contents audit will be required.
- Identify potential solutions to increase utilisation of the Healthy Living Centre.

Central Neighbourhood

- Address the lack of adequate GP service provision.
- Firsway Health Centre should be a priority retention.
- Identify ways to ease the immediate issues associated with Conway Medical centre and some of the other Sale Moor practices.
- Identify potential services which could be accommodated in Waterside and improve the utilisation of the building and its use as a hub.

South Neighbourhood

- Understand the requirements for primary care delivery in the south neighbourhood.
- Consider services which could be delivered from the Altrincham Health and Wellbeing Hub.
- Consider the needs of the neighbourhood team.

- Opportunities for rationalisation of public sector assets and disposals given the higher land values in the south neighbourhood.
- Identify potential uses for the former Brentwood School site, acknowledging the presence of the Brentwood Community Centre and a nursery on site.

3.8 DEMAND (ACTIVITY MODELLING)

As part of the LAR process one of the key work streams is to develop an understanding of the increase in demand for services (the activity) in the context of the capacity to deliver that activity from a built asset perspective.

3.8.1 PRIMARY CARE CAPACITY ANALYSIS

NHS Trafford CCG commissioned a Primary Care Capacity Report in 2017, it undertook two analyses to assess future primary care estate requirements, these were:

- Workforce capacity analysis
- Estate capacity analysis

The workforce analysis looked at the GP Whole Time Equivalent (WTE) workforce and highlighted any current and future capacity issues. The analysis used housing data from the Trafford Local Plan Core Strategy which was adopted by the Council in January 2012.

It was not feasible at that stage to identify which specific practices would be impacted and the analysis was done over a neighbourhood wide basis. The modelling was based on several working pattern scenarios

Alongside the workforce analysis the modelling looked at the estate capacity implications of the population increase and the associated likely increased clinical workforce.

The capacity analysis predicted that all neighbourhoods will experience some level of capacity issues because of the planned housing development. The most significant impact will be felt by the North, South and West Neighbourhoods both from a workforce and an estate perspective.

The capacity analysis predicted that by 2030 there will be a borough-wide deficit of 26 clinical rooms (see figure 23). This also illustrates that the borough currently has 21 fewer GPs per head of population when compared to the England average. The analysis predicts that by 2021 the borough will require an extra 29 WTE GPs to achieve a comparable list size to the national average; this will increase to 53 by 2030 (and beyond).

It should be noted that this piece of work was undertaken prior to the development of the New Model of Primary Care (NMoPC) which was developed by the CCG as part of the Transformation Programme to answer some of the issues faced by the locality in terms of primary care delivery. It should be noted that the CCG are currently reviewing the NMoPC and the commissioning strategy for primary care services.

Following on from the LAR process and following confirmation by the CCG of their commissioning intent it is recommended that a review of the outcomes of this piece of work is undertaken.

Practice Name	Current					Year 2021					Year 2030						
	Surplus/Deficit Rooms				WTE	Surplus/Deficit Rooms				WTE	Surplus/Deficit Rooms				WTE		
	2 session days, 5 days per week	2 session days, 6 days per week	3 session days, 5 days per week	3 session days, 6 days per week	Additional WTE GP to equate to England average list size 3,800 / WTE (current)	2 session days, 5 days per week	2 session days, 6 days per week	3 session days, 5 days per week	3 session days, 6 days per week	Additional WTE GP to equate to England average list size 3,800 / WTE (Year 2030)	Additional WTE GP to equate to maintain current Trafford average list size (Year 2030)	2 session days, 5 days per week	2 session days, 6 days per week	3 session days, 5 days per week	3 session days, 6 days per week	Additional WTE GP to equate to England average list size 3,800 / WTE (Year 2030)	Additional WTE GP to equate to maintain current Trafford average list size (Year 2030)
Central Neighbourhood	+12	+23	+32	+37	0.95	+4	+14	+25	+31	2.07	-3.50	+4	+14	+24	+31	2.42	-3.20
North Neighbourhood	+14	+22	+28	+32	8.71	-2	+7	+26	+22	13.27	8.45	-9	+1	+11	+18	17.36	11.89
South Neighbourhood	+11	+25	+35	+42	4.36	0	+13	+25	+34	4.73	-2.10	-8	+6	+20	+29	9.59	1.99
West Neighbourhood	+19	+30	+38	+42	6.90	+12	+21	+30	+36	9.16	4.18	-13	0	+30	+22	23.64	16.39
All Neighbourhoods	+56	+100	+133	+153	21	+14	+55	+96	+123	29	7	-26	+21	+85	+100	53	27

Figure 23: Primary care clinical and staffing shortages forecast to 2030

3.8.2 EDUCATIONAL ANALYSIS

To support the level of population growth that has been highlighted in section 3.1.1 the Council has identified the following high level educational needs will need to be met;

- 31 additional primary school classes
- 72 additional secondary school classes
- 1,610 more sixth form, apprenticeship, volunteering or employment opportunities for 16-19-year olds

3.8.3 ADDITIONAL DEMAND ANALYSIS

There are significant gaps in terms of the demand analysis and as part of the next steps to this review further work will be required with the various partner organisations to ascertain if additional demand analysis can be undertaken for the following areas:

- Mental Health Services – GMMHT and Pennine are currently working on a joint Estate Strategy for Mental Health Services across Greater Manchester. This document is being influenced by the service strategies for both Trusts which consider growth in population and service.
- Blue Light – NWAS are currently working on a revised service and property strategy which will consider the anticipated service needs of the changing population profile.
- Acute Health Services – MFT are currently working on a clinical strategy which reviews the footprint of the now merged hospitals and the anticipated service needs of the populations they serve.
- Community Health and Social Care
- Community and Youth Services

- Higher Education

3.9 THE CASE FOR CHANGE

The Trafford locality is typified, as most areas of the country are, by an ageing population and whilst at a locality level it sits within the top quartile for least deprivation in the country there are pockets of significant deprivation particularly in the North and West neighbourhoods. With a rising population and few areas of land available for housing development there is also a significant housing pressure in the locality.

The One Public Estate agenda is well known and well utilised within the Trafford locality with a number of organisations already in the process of reviewing their estate requirements alongside an OPE agenda.

At the outset of the LAR, during Stage 1, several strategic projects were identified within the locality. These have been noted in table 9 below along with a brief description.

Table 9: Summary of strategic projects

Project	Description	Timeline
EDUCATION		
Broadheath Primary Expansion	Expansion of the school to 3FE recently completed.	Complete
Brooklands Primary Expansion	Expansion of the school to 3FE due to complete soon.	Complete
Gorse Hill Primary Expansion	Expansion of the school to 2FE is planned.	Works due to start Q4 2018 / Q1 2019
Former Brentwood School Site	Different provision currently being assessed for the site which may release further sites for sale.	TBC
Trafford High	The campus will be based in Stretford and will encourage significant investment into Stretford town centre and the surrounding area.	TBC
Secondary School Feasibility Studies x 3	There are some feasibility studies underway to improve the condition of the buildings.	TBC
UA92 – Former Kellogg’s Building	UA92 is a collaboration involving the Class of '92, Lancaster University, Trafford Council, Microsoft, Trafford College and Bruntwood. UA92 students will have paid work placements with a business or other organisation as an integral part of their studies. Through its Target Talent curriculum, UA92 will help its students develop in a more rounded way – building life	TBC

skills, resilience and self-reliance alongside academic achievement.

Students will be awarded their degrees from the University of Lancaster – which was recently named ‘University of the Year’ by The Times and Sunday Times Good University Guide 2018.

The campus will be based in Stretford and will encourage significant investment into Stretford town centre and the surrounding area."

HEALTH		
Stretford GP Hub	Proposed Primary Care Hub potentially required in Stretford, subject to confirmation of commissioning intent.	TBC
Altrincham Hub	Health and wellbeing hub designed for health and social care provision completed Autumn 2018. The hub is currently the subject of a detailed review and has its own workstream across the locality.	Complete
Trafford Medical Education Service	Site redevelopment.	TBC
Sale West Community Centre	Potential of relocation to Firsway.	TBC
HOUSING		
UA92 Student Accommodation	Phase 1 will be within the vicinity of the main education site.	TBC
Regent Rd	Residential development including car parking.	TBC
Brown St, Hale	Residential development including car parking.	TBC
Land Adjacent to Sale West Community Centre	Land is owned by Irwell Valley, masterplan has been completed.	TBC
Carrington	Residential opportunities, for example Future Carrington.	
Trafford Waters	Residential development planned on land adjacent to the Trafford Centre, which includes planning for a new primary school and health and social care facility.	TBC

RETAIL / OFFICE		
Stretford Civic Quarter	Potential developments as part of the Stretford Locality Plan.	TBC
Clarendon House	Clarendon House is located on Stamford New Rd, it has been earmarked for a change of use, with the 2 nd floor upwards having potential conversion to residential accommodation.	TBC
Grafton Shopping Centre	Retail led development with a partner to be determined.	TBC
LEISURE		
Altair	Between Oakfield Rd and the Interchange where a new leisure centre along with residential is included within the plans.	TBC
Timperley Health and Social Care Centre	Development of a new facility which will accommodate a new library and health facility. The health aspect will provide accommodation for two GP practices and the delivery of community health and social care services.	TBC
Hale Library	The old library site to become residential and new library and community centre to be developed.	TBC
Sale Leisure Centre	Several redevelopment options are currently being explored.	TBC
George Carnell Site	Manchester Giants Basketball will have a licence for use of the existing facility. Council to work with a partner to redevelop the site.	TBC
Stretford	Potential relocation of leisure facilities as part of the redevelopment of the Civic Quarter as part of the Stretford Masterplan.	
Urmston Leisure Centre	Refurbishment of Urmston leisure centre.	
OTHER		
Veterans MH Complex Treatment Service	A national programme that is looking for a regional base for a team of 4. Look to co-locate with other office space requirements for the locality.	TBC
Sale Magistrates Court	Planned redevelopment opportunity.	TBC

Sale Moor	Potential development opportunity for community facility and other associated users.	TBC
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3.9.1 STAKEHOLDER ENGAGEMENT

The Trafford LAR has involved continuous and extensive engagement with all public sector and representation from voluntary sector organisations. The table below lists all partner organisations that have been part of engagement as part of this LAR.

Table 10: Trafford LAR stakeholders list

Organisation	Key Contact	RFI Information Returned?
Trafford Council	Hazel Kimmitt	Yes
Trafford Council – Children’s Social Care	Glynis Williams	N/A
Trafford Council – Commissioning	Jayne Hynes	N/A
Trafford Council – Economic Growth	Stephen James	N/A
Trafford Council – Integrated Health & Social Care	Diane Eaton	N/A
Trafford Council – Libraries & Customer Services	Simon Davis	N/A
Trafford Council – Partnerships & Communities	Sarah Grant	Yes
Trafford Council – Place Shaping	Chris Jennings	N/A
Trafford Council – Public Service Reform	Jenny Hunt	N/A
Trafford Council – Reshaping	Joy Preston	N/A
Trafford Councils – Schools Capital	Claire Fisher	N/A
Trafford College	Craig Wilkinson	No
Trafford Leisure	Jo Cherrett	N/A
Trafford CCG	Rebecca Demaine Louise Rigg	Yes
North West Ambulance Service (NWAS)	David McNichol	Yes
GM Fire & Rescue	Andrea Heffernan	Yes

GM Police	Matt Yates	Yes
Citizens Advice	Julian Spencer	Yes
Community Rehabilitation Company	Danielle Buckley	No
DFT / Highways England	Hasan Karolia	N/A
Department of Justice (Probation Service)	Beth Chappell	Yes
DVSA	Rosalind Groves	Yes
DWP	Sue Timperley	Yes
GMCA	Murray Carr	N/A
Home Office	Sara Kahner	N/A
Homes England	Nick Cumberland	N/A
Manchester Foundation Trust	Joanne Royle David Furnivall	Yes
NCS	Tracey Harmer	No
NHS PS	Darren Hunter	Yes
Pennine Care	Richard Walker	Yes
Skills for Employment	Naomi Ilagoswa	No
TfGM	John Cookson	No – previously provided
Trafford Housing Trust	Graeme Scott	Yes
Pulse / Thrive Trafford	Caroline Lewis	No
Greater Manchester Mental Health Trust	Louis McFadyen Jonathan Campbell	Yes
Great Places	Anila Khalid	No
Irwell Valley	Mali Pocsai	No
Motiv8	David Barrington	No

Workshops have been the main form of engagement with stakeholders and table 11 below details those held throughout the LAR process. In addition to these there have been a number of one to one meetings and sessions with individual organisations to understand further detail around their strategic intent and current estate plans.

Table 11: Trafford LAR workshops

Workshop	Date	Topic
Trafford LAR Launch Workshop	24/04/18	Workshop to introduce all public sector organisations to the LAR process and gather views on priorities for the locality and current needs.
Trafford Stage 1 Workshop	10/09/18	Review of the Stage 1 process and opportunity to gather any further views on potential projects within the locality.
Trafford Commissioning Workshop	16/11/18	Workshop between commissioners from Trafford Council and Trafford CCG to determine the strategic direction of commissioning within Trafford prior to issue of the CCG's updated Strategic Plan
Trafford Options Workshop 1 (North and West Neighbourhoods)	05/12/18	Workshop and brain storming session to look at potential options and opportunities across the neighbourhoods, attended by several organisations.
Trafford Options Workshop 2 (South and Central Neighbourhoods)	13/12/18	Workshop and brain storming session to look at potential options and opportunities across the neighbourhoods, attended by several organisations.
Trafford Stage 2 Workshop	29/01/19	Options appraisal process, agreement of options appraisal criteria

Alongside the workshops there have been regular LAR working group meetings along with regular updates and presentations to the Trafford SEG.

Further engagement will be required throughout the subsequent stages of the LAR programme and individual potential project business cases. This is set out further in section 7.6 Stakeholder Engagement and Communication.

4.0 ECONOMIC CASE

4.1 INTRODUCTION

The final output of the LAR is a Strategic Outline Programme which is part of a Treasury model for the delivery of capital projects in the public sector. The SOP must reflect the 5 pillars of; Strategic Case, Economic Case, Commercial Case, Financial Case and Management Case. The options appraisal forms part of the economic case but importantly is an assessment of the non-financial benefits of the project. It ensures that the selected projects address the case for change and wider public sector strategic requirements.

The main purpose of the Economic Case is to demonstrate that the proposed opportunities deliver value for money for the public-sector stakeholders and the wider economy. It explains how this is achieved by identifying and appraising a wide range of realistic and achievable projects and workstreams, known as the “longlist”, in terms of how well they meet the critical success factors agreed for the Trafford LAR; and subjecting a reduced number of options, known as “the shortlist”, to further detailed appraisal.

4.2 LONG LIST

A comprehensive spreadsheet of all public sector estate has been compiled from the returns of the Request for Information issued to all project stakeholders. These properties were mapped digitally, and a series of workshops held with key stakeholders (Trafford Council, Trafford CCG, NWAS, neighbourhood teams, Trafford Commissioning Group etc.) to identify potential workstreams, projects and issues.

Several known projects already planned or in the process of implementation by stakeholders have been incorporated into the long list to ensure the LAR represents the most up to date and comprehensive review of OPE opportunities. Further projects have been identified through an assessment of the strategic need for specific services in certain locations against existing public sector assets and the assessment of current challenges to service delivery and options for improvement.

4.2.1 LOCALITY WIDE OPPORTUNITES AND WORKSTREAMS

Locality Wide Objectives;

- Address the differences between and needs of the populations across the locality and within neighbourhoods.
- Provision of suitable fit for purpose assets from which neighbourhood specific services can be delivered.
- Provide linkages with the roll out of fibre broadband across the locality.
- Maximise utilisation of the existing asset base within the locality where the physical condition is of a suitable quality.

- Review and inform the requirements of the Primary Care Estate.
- Encourage service integration through co-location.
- Support work place strategy transformation and drive a common culture on space utilisation.
- Encourage service improvement and outcomes through high quality estate which is fit for purpose.
- New developments to have good transport links.

Based on these objectives several locality wide opportunities and workstreams have been identified and described in table 12 below:

Table 12: Locality wide long-list opportunities and workstreams

Ref	Opportunity / Workstream	Description	Potential Benefits
L001	Utilisation studies of community and health and social care estate including primary care.	To determine the utilisation of community estate, the locality is rolling out utilisation reviews across all GP Practices and has also been part of a wider GMHSCP roll out of utilisation sensors. The review of community buildings will be part of a rolling programme.	Increased use of community estate, reduced / shared costs for community services
L002	Learning Disability Commissioned Services (residential offer)	Currently the accommodation where people with Learning Difficulties are placed is with private providers and Housing Association's. Places which are not fit for purpose are removed from the vacant rooms list. However, there are still issues with some of the existing stock of accommodation and its suitability. From a commissioning perspective there is a potential for the Council to become the landlord for the residential offering in Trafford	Better control of the quality and cost of the residential offer within Trafford and expansion of the current provision.
L003	Mental Health Commissioned Services	Across the locality it is felt that a more recovery-based model is required and that current assets are not fit for purpose. This will need to be reviewed as a workstream and aligned with the work GMMHT are undertaking.	Rationalisation of assets and improved accommodation for service users and staff.
L004	Provision for service users with Autistic Spectrum Conditions.	Currently ASC services are predominantly provided out of area or occasionally in hotels which puts financial strain on the locality. The requirement for supported accommodation for service users with ASC in the borough is a priority.	Reduction in cost for ASC commissioned services and improved services.
L005	Review of Mental Health Services Greater Manchester Mental Health Trust.	GMMHT are currently working on a GM wide property strategy, both in terms of inpatient services but also community-based services. The Trust currently deliver services from a	Rationalisation of assets and improved accommodation for service users and staff.

Ref	Opportunity / Workstream	Description	Potential Benefits
		range of sites across the locality, including Moorside which is adjacent to the Trafford General site. As part of the of their ongoing strategic work they are looking at more of a Hub based model for their community mental health services and this will need to be factored into the wider public sector workstreams.	
L006	Community Services Review	The community-based services contract for the Trafford has been retendered and a new provider will be providing the services from 1st April 2019. The new provider organisation is currently undertaking due diligence as part of the transition period. This due diligence includes both service delivery and assets from where services are delivered. Following the review period and formal start of the contract there may be opportunities for services to be delivered from other locations and this will need to be factored into the wider public sector workstreams.	Rationalisation of assets and improved accommodation for service users and staff.
L007	Children and Young People Services	As part of the All Age Commissioning Intent for Trafford, the Children's and Young People aspect comes under Start Well. This includes a place-based approach with services re/commissioned dependant on the outcomes of a service review. This is likely to have implications from an asset perspective in terms of capacity and location.	Better utilisation of assets, improved accommodation for service users plus reductions to costs.
L008	Services for Care Leavers	Within the locality there is currently a shortage of places for young people who are being supported during the transition from care to independence. This is currently provided within the private sector at considerable cost. Potential to utilise existing public sector properties.	Better utilisation of assets, improved accommodation for service users plus reductions to costs.
L009	Locality wide touch down bases	As part of the need to support agile working and improved service delivery in the community a wide range of services require touch down bases across the locality where they can access IMT, a hot desk and welfare facilities.	Improved service delivery and efficiency along with better use of community assets

Ref	Opportunity / Workstream	Description	Potential Benefits
L010	Primary Care at Scale Patient Note Storage Solution	Patients are living longer with more complex conditions which leads to increased volume and pressure on note storage. The CCG has sought a solution to this problem by working with a fully managed note storage service that allows for the quick and easy retrieval of records, with a data cleansing exercise. Currently 8 practices have been involved in the exercise and this is to be rolled out to a further 12 practices. This is aligned with the NMoC programme in terms of some administrative functions delivered at scale.	The off-site storage of notes provides much needed estates capacity back into general practice. This capacity can be utilised to deliver an increased range of services to patients within the neighbourhoods.
L011	Services for homeless people	This service supports people in the locality to transition out of homelessness. It is currently located in Christine Court however this building does not provide the correct model. Alternative accommodation is therefore required.	Improved service delivery and better utilisation of a community-based assets.
L012	Changing Places	The council are providing changing places spaces in new or refurbished leisure centres. However, the provision of "Changing Places" should be considered in all new publicly funded projects.	Improved accessibility to assets across the locality.
L013	Review of Extra Care Provision	Across the locality there is growing demand for extra care accommodation and the council work closely with partner organisations to ensure that any future developments are in the appropriate locations. Demand is currently highest in the central and south neighbourhoods.	Increase in capacity for extra care places and improved choice for residents of Trafford, aligned with demand.
L014	Nursing and Residential Care Home	Currently all residential nursing home provision is provided by the private sector. As part of the commissioning intentions the CCG and Council are developing an integrated approach to commissioning homecare for older people and residential and nursing care which will need to include a review of current provision and ensure services are delivered in suitable quality environments. There is a specific need in the North neighbourhood.	Increase in capacity for nursing and residential care places and improved choice for residents of Trafford, aligned with demand.
L015	Specialist Dementia Care Provision	It has been identified within the locality and generally across Greater Manchester that there is a lack of specialist dementia beds.	Improved service delivery and efficiency.

Ref	Opportunity / Workstream	Description	Potential Benefits
		This is being reviewed by commissioners but may require an asset-based solution within the locality.	
L016	Intermediate Care Provision	It has been identified within the locality that there is a need for intermediate care. This is being reviewed as part of the complex care workstream as part of the transformation programme, which may lead to requirements for assets.	Improved service delivery and efficiency along with being able to deliver services closer to people's home and away from an acute hospital setting.
L017	Develop Community Masterplans where appropriate	Development of masterplans for areas such as Partington and Urmston (which do not currently have masterplans) which seek to re-dress deprivation and community specific issues.	A more proactive approach to managing deprivation communities

4.2.2 NORTH NEIGHBOURHOOD

Locality Specific Objectives

- Address the lack of adequate GP service provision.
- Aim to avoid adding to air quality issues within certain areas of the neighbourhood.
- Identify potential options for the future use of Stretford Memorial Hospital (owned by MFT).
- Identify potential options for changes in the use of Stretford Library.

Table 13: North neighbourhood long-list opportunities

Ref	Property Name	Description	Landlords & Tenants involved	Services and potential benefits
N001	Stretford Mall	Potential development opportunity for health and wider community uses and improved utilisation of Stretford Job Centre.	Private landlord, Trafford Council, Trafford CCG, MFT, DWP	Combined delivery of Primary Care, Children's Community Centre and Sexual Health services.
N002	Stretford Hall / Stretford Library	Potential development opportunity for relocation of Sale Driving Test Centre. Driving test centre (1,152m ²). Access to national speed limit road within test route radius. Car parking (5-10 spaces).	DVLA, Trafford Council	Improved utilisation of existing estate and potential disposal of Sale Driving Test Centre.

Ref	Property Name	Description	Landlords & Tenants involved	Services and potential benefits
N003	Stretford Library	Potential to better utilise Stretford Library with other community services or ventures	Trafford Council	Maximise links provided by proximity to Stretford Mall redevelopment. Will require funding to address backlog maintenance.
N004	Stretford Memorial	No uses identified to date in this process	Manchester Foundation Trust	Derelict site released for residential, capital release for MFT.
N005	Lacy Street	Relocation of probation services and subsequent termination of Lacy Street lease with control of freehold.	GMFR, Justice Dept, Trafford Council	Fire station has 1 st floor empty. Require like for like accommodation.
N006	Stretford Children's Centre	Relocation of services to Stretford Mall or Stretford Library and disposal of site	Trafford Council	Current accommodation is in a poor state of repair.
N007	Gorse Hill Medical Centre & Trafford North Group Practice	Re-provision of these GP surgeries within modern accommodation	Trafford CCG	Improved patient access (current facilities are not fully DDA compliant), potential reduction in lease costs.
N008	Support Primary Care at Scale with health and wellbeing facility	Review the location and needs of three GP practices (Gorse Hill, Trafford North and Old Trafford Medical Practice) as a hub for the north neighbourhood.	Trafford CCG	Reduction in property costs, alignment with CCGs planned hub and spoke model for healthcare provision, improved patient access
N009	Seymour Grove Medical Centre	Review utilisation and alternative development opportunities for the site (including potential site for new north neighbourhood health and wellbeing hub)	Trafford CCG	Reduction in property costs, improved patient access
N010	Gorse Hill Studios	Potential to relocate youth centre within existing public / private sector estate	Trafford College, Stretford Sports Village, UA92	Reduction in property costs, creation of high-quality community spaces
N011	TDAS Relocation	Potential relocation of TDAS to a community facility	Trafford Council	More anonymity, cost saving
N012	12 Ayres Road	Potential for disposal or change of use of this vacant property	Trafford Council	Reduced costs associated with the building, or reduced costs associated with leasing other property from private landlords.

Ref	Property Name	Description	Landlords & Tenants involved	Services and potential benefits
N013	151 & 157 Stamford Street	Review utilisation of these properties and determine suitability for disposal or re-use	Trafford Council	Reduced costs associated with the building, or reduced costs associated with leasing other property from private landlords.
N014	9 Beaver Street	Potential for disposal or change of use of this vacant property	Trafford Council	Reduced costs associated with the building, or reduced costs associated with leasing other property from private landlords.
N015	609 Stretford Road	Review occupancy and utilisation of community services within this site and options for relocation	Trafford Council	Reduced rent and / maintenance costs. Better co-ordination of services, better access
N016	Stretford Fire Station	Re-locate GMMHT community team from Chapel Road to disused 1 st floor of the fire station	Trafford CCG, GM Fire & Rescue	Potential disposal of Chapel Road site for housing. Increased security for community MH team who operate a 24/7 service.

4.2.3 WEST NEIGHBOURHOOD

Locality Specific Objectives;

- Identify ways to increase the utilisation of Partington Health Centre
- Identify potential redevelopment opportunities for the former Moss View Primary School building and the former Youth Centre. A full condition survey and contents audit will be required.
- Identify potential solutions to increase utilisation of the Healthy Living Centre.

General points for the locality;

- The west has two centres of population (Partington and Urmston) but still requires teams to work across the two communities, therefore the provision of drop points and hot desks will be essential across the neighbourhood.

Table 14: West neighbourhood long-list opportunities

Ref	Property Name	Description	Landlords / tenants involved	Benefits
W001	Sale West Community Centre	Potential relocation to Firsway Health Centre. Irwell Valley own land adjacent to the centre,	Trafford Council, Irwell Valley	Reduce under-utilised estate and release of land for housing development.

Ref	Property Name	Description	Landlords / tenants involved	Benefits
		potential for housing development.		
W002	Partington Healthy Living Centre	Improved utilisation of this LIFT building. West neighbourhood team could be located here. Also, potential to look over the border as the building is at the western extreme of the Trafford locality. Contains library and community services currently	Trafford Council, Trafford CCG, provider organisation.	Improved utilisation and reduced costs of occupation for the public sector. Improved community feel for Partington.
W003	Partington Health Centre	Review the utilisation of the current practices in the Health Centre (Partington Family Practice and Partington Central Surgery) to provide additional capacity.	Trafford CCG	Improved utilisation and reduced costs of occupation improved access to primary care.
W004	Gloucester House Medical Centre, Urmston	The centre provides primary care services for circa 5,000 patients. However, it is in an older Victorian property which is no longer fit for modern primary care delivery and is underutilised due layout and accessibility. Further review required as part of a wider west neighbourhood strategy for primary care at scale.	Trafford CCG	Improved access to primary care services, reduction in potential backlog maintenance and potential disposal.
W005	Flixton Road Medical Centre, Urmston	The centre was refurbished in 2012 and provides primary care services for circa 5,500 patients. However, it is in an older Victorian property which is no longer fit for modern primary care delivery and is underutilised at first floor due to access issues. Further review required as part of a wider west neighbourhood strategy.	Trafford CCG	Improved access to primary care services and potential disposal.
W006	Primrose Surgery, Urmston	The practice provides primary care services for 6,000 patients. It is accommodated in a converted library. Further review required as part of a	Trafford CCG	Improved access to primary care services, reduction in potential backlog maintenance and potential disposal.

Ref	Property Name	Description	Landlords / tenants involved	Benefits
		wider west neighbourhood strategy.		
W007	Future review of Primary Care Provision	A detailed review of primary care services across the West neighbourhood is required to ensure parity of access to services. This will be critical in terms of future provision with the large number of new dwellings being developed in the neighbourhood and the subsequent increase in population.	Trafford CCG	Improved access to primary care services and delivery of primary care at scale.
W008	Moss View Primary School	The building has been flagged for disposal due to poor condition. An alternative location for storage of equipment will be required.	Trafford Council	Release of land for residential (although only where school building was due to open land protection)
W009	Cornhill Clinic (Neighbourhood Team)	Closure and sale of clinic and potential relocation of west neighbourhood team to Park House adjacent to Trafford General or Partington LIFT building.	Trafford Council, MFT & GMMHT	Improved accommodation for the West neighbourhood team and potential disposal.
W010	Cornhill Clinic (Service Delivery)	Closure and sale of clinic and potential relocation of children's and community services to Partington Health Living Centre.	Trafford Council and MFT	Improved accommodation for service delivery, improved utilisation of an existing asset and potential disposal.
W011	Park House, Bowers Avenue (Adjacent to Trafford General)	Park House is owned by GMMHT and is currently vacant, undertake a feasibility study to see if the west neighbourhood team could be accommodated in the building.	Trafford Council, Trafford CCG GMMHT	Use of vacant public sector estate and with greater integration of health and social care services in the west neighbourhood.
W012	Trafford General	Long term project to understand how health services can be developed on the site for better long-term provision of health and social care in the neighbourhood.	Trafford Council, MFT	MFT happy to consider opportunities for closer partner organisation working and development of the site.
W013	Medical Education Centre	Relocate service to former Brentwood School site. Release	Trafford Council	Release of poor quality, under-utilised estate, contribution to local

Ref	Property Name	Description	Landlords / tenants involved	Benefits
		land for re-use or sale for residential development.		affordable housing need and wider GM housing need.
W014	Partington Foodbank	Determine long term solution for provision of this and other associated community uses within the Partington area. Currently the foodbank is being limited in sourcing funding due to an inability to reach a long-term lease agreement.	Trafford Council, Partington Foodbank	Secure the long term provision of foodbank services to the west neighbourhood. Improved utilisation of property.
W015	George Carnell Centre	Potential opportunity subject to engagement with the local community,	Trafford Council	Reduction in under-utilised estate, potential community benefits.
W016	Trafford High School (Nexus)	Develop school on former Brentwood School SEN site in south neighbourhood.	Trafford Council	Reduction in under-utilised estate.
W017	Woodsend Clinic	Requires utilisation study, does not appear to be busy and services could potentially consolidate with general practice at Urmston Group practice. Alternatively, part disposal of additional land for residential development	Pennine Care or NHS PS	Reduction in estates costs, recycle capital in NHS

4.2.4 CENTRAL NEIGHBOURHOOD

Locality Specific Objectives;

- Address the lack of adequate GP service provision.
- Firsway Health Centre should be a priority retention.
- Identify ways to ease the immediate issues associated with Conway Medical centre and some of the other Sale Moor practices.
- Identify potential services which could be accommodated in Waterside and improve the utilisation of the building and its use as a hub.

General points about the locality;

- Spokes for healthcare hubs will need to be in each of Ashton, Sale and Sale Moor due to the identity of these community centres.

Table 15: Central neighbourhood long-list opportunities

Ref	Property Name	Description	Landlords / tenants involved	Benefits
C001	Firsway Health Centre	Undertake utilisation review with a view to use as GP spoke for the Ashton area. Potential to expand to mini community hub.	Trafford Council	Good quality building in suitable location, potential to consolidate public sector estate and improve GP capacity.
C002	Chapel Road	Relocate GMMHT Home Based Treatment Team to Stretford Fire Station and release the site for disposal	Trafford Council, GMMHT, GM Fire & Rescue	Consolidation of public sector estate and improved utilisation of under-utilised building. Potential reduced costs for both TC and GMMHT.
C003	Conway Medical Centre	Poor use of site, potential to reconfigure to act as hub / spoke for GP services in Sale Moor. Derbyshire Road, Boundary House & Conway	Trafford CCG, NHS PS	Optimisation and potential increased capacity for GP services.
C004	Support Primary Care at Scale with new health and wellbeing facility	Review the location and needs of three GP practices (Derbyshire Road, Boundary House & Conway Medical) as a hub for the Neighbourhood.	Trafford CCG	Reduction in property costs, alignment with CCGs planned hub and spoke model for healthcare provision, improved patient access
C005	Washway Road Medical Centre	Utilisation review required to see if the space could be used more efficiently due to influx of new patients with closure of other practices in neighbourhood.	Trafford CCG	Improved access to primary care services and improved utilisation of existing estate.
C006	Bodmin Road Health Centre	Utilisation review required to see if the space could be used more efficiently and form a spoke for the central neighbourhood.	Trafford CCG	Improved access to primary care services and improved utilisation of existing estate.
C007	Oriel Court	CAMHS is currently delivered in Oriel Court which is underutilised and owned by a private landlord. Transfer the service to Altrincham Hub and terminate lease.	Currently delivered by Pennine Care with new provider on 1 st April 2019.	Reduce property costs and better co-location of services. Improved service delivery.
C008	Sale Police Station	Determine a potential use for the site and if none found recommend disposal to landlord.	Mayor's Office	Reduce property costs, potential disposal or reuse of Sale Police Station.

Ref	Property Name	Description	Landlords / tenants involved	Benefits
C009	Claremont House	Relocate Trafford Music Service.	Trafford Council,	Reduced public sector property costs, potential reuse or disposal of Claremont House.
C010	Waterside	Utilisation study of Waterside to determine optimum layout and makeup of building. Potential to bring GMMHT to the site. Prioritise customer / patient facing services on ground floor and admin functions above. Currently library & council services on ground floor along with 7 interview rooms (requirement for more). Call centre to move up. Redevelop ground floor with additional interview / contact rooms. Could also bring Ashton lane services into Waterside.	Trafford Council, GMMHT	Improved co-location of services, reduced property costs through divestment of private landlord lease, improved access to services.
C011	1-3 Ashton Lane	Relocate GMMHT services from Ashton Lane to Waterside ground floor	Trafford Council, private landlord, GMMHT	Improved service user experience and access, co-location of services, reduced property costs.
C012	Sale Fire and Ambulance Station	Fire and Rescue and ambulance station are located adjacent to each other. Potential for rationalisation or redevelopment opportunity involving a combined development and disposal. This will be subject to response time mapping by both organisations.	GM Fire and Rescue, NWAS and Trafford Council	Integration of services, reduced property costs and disposal of assets with potential for a larger scheme involving both blue light sites and a council owned carpark for development.
C013	Crossgate House	Already progressing: Trafford CCG relocated to Trafford Town Hall.	Private Landlord	Greater integration between health and social care services. Financial saving associated with lease of this building.
C014	Crossgate House	GMMHT are currently located here, potential to move to another public sector estate – potentially Waterside.	Private Landlord	Greater integration between health and social care services. Financial saving

Ref	Property Name	Description	Landlords / tenants involved	Benefits
				associated with lease of this building.
C015	Sale West Development Centre	Underutilised building, either relocate services elsewhere or bring new services to site.	Trafford Council	Reduction in under-utilised estate.
C016	Ascot House	Not fit for purpose, potential use for intermediate care beds being investigated, potential relocation to Trafford General. This is part of a wider locality wide review of intermediate care beds.	Trafford Council, Pennine Care	Reduce estate with high backlog maintenance risk
C017	Magistrates Court	Council pursuing development opportunities, potential to co-locate GP surgeries for Sale hub and residential.	Trafford Council, Trafford CCG	Reduction in under-utilised estate, capital release for Council & provision of potential additional GP capacity in central neighbourhood.
C018	One Stop Resource Centre	Currently rented from private landlord. Can be anywhere within reason. Alternative public sector land for storage.	NHS PS	Reduced property costs
C019	Claremont House	Relocate Trafford Music Service to former Brentwood School Site	Trafford Council	Reduced property costs, potential to create small scale education campus at former Brentwood School site.

4.2.5 SOUTH NEIGHBOURHOOD

Locality Specific Objectives;

- Understand the requirements for primary care delivery in the south neighbourhood.
- Consider services which could be delivered from the Altrincham Health and Wellbeing Hub.
- Consider the needs of the neighbourhood team.
- Opportunities for rationalisation of public sector assets and disposals given the higher land values in the south neighbourhood.

Table 16: South neighbourhood long-list opportunities

Ref	Property Name	Description	Landlords / tenants involved	Benefits
S001	Altrincham Health and	The Altrincham Health and Wellbeing Hub was completed in late 2018 and there is a clear	NHS PS, Trafford CCG, Trafford Council	Improved patient and service user access and experience,

Ref	Property Name	Description	Landlords / tenants involved	Benefits
	Wellbeing Centre	commissioning intent to ensure the building is fully utilised. There are on-going negotiations with Barrington Medical Centre and St Johns Medical Centre to move into the new facility. There is also potential for the Hub to serve as a base for a range of community services and a base for the south neighbourhood teams and the Early Help Service.		reduce under-utilised public estate, improve co-ordination and co-location of health and social care teams and services. Along with delivery of primary care at scale and potential disposals.
S002	Altrincham Medical Practice	The practice is accommodated in a converted 1940's building, it delivers primary care services to a population of circa 6,900 patients. Future estates requirements (5-10 years) should be regularly reviewed linked to service and contract changes with a focus on utilising existing NHS facilities.	Trafford CCG	Improved patient and service user access and experience reduce under-utilised public estate. Along with delivery of primary care at scale and potential for disposal.
S003	Family Practice, Navigation Road	Small practice with population of circa 2,200 in a converted Victorian building. It has two clinical contact rooms and due to access issues is underutilised. Future estates requirements (5-10 years) should be regularly reviewed linked to service and contract changes with a focus on utilising existing NHS facilities.	Trafford CCG	Improved patient and service user access and experience reduce under-utilised public estate. Along with delivery of primary care at scale and potential for disposal.
S004	Timperley Health Centre	Timperley Health Centre currently accommodates three practices (Grove medical, Westwood and the Village Surgery). The utilisation of the clinical rooms should be reviewed to understand if there is scope for additional primary care capacity. However, the building is generally in need of refurbishment and upgrade especially in the reception area which is poorly designed and overcrowded.	NHSPS, Trafford CCG.	Improved patient and service user access and experience reduce under-utilised public estate. Along with delivery of primary care at scale

Ref	Property Name	Description	Landlords / tenants involved	Benefits
S005	Altrincham Library	Library has moved to Altrincham hub, alternative use required.	Trafford Council	Alternative use.
S006	Timperley Library	Library is due to move to Baker Street Development, alternative use required or disposal.	Trafford Council	Alternative use or disposal.
S007	Christine Court	Currently used to provide support to people who are transitioning out of homelessness. However, the accommodation does not provide the correct model. Investigation required to consider if the accommodation could be used to provide supported accommodation for service users with Autistic Spectrum Conditions.	Trafford Council, Great Places Housing Trust	Improved provision in the locality and accommodation for service users with ASC. Reduction in the cost of out of area placements.
S008	Baker Street Development (library and GP Practice), Timperley	Development of a new facility which will accommodate a new library and health facility to accommodate Park Surgery.	Trafford Council and Trafford CCG.	Improved access to primary care and library services and disposal of assets.
S009	Hale Library	Library moving to Hale Bowling Green Pavilion and the land is being sold for residential	Trafford Council	Reducing under-utilised public sector estate and release of land for residential.
S010	Meadway Centre	Reduce over-utilisation of this building through relocation of children's services to Altrincham hub.	Trafford CCG, Trafford Council, NHS PS	Improved service delivery and reduce overcrowding.
S011	Bramley Farm Community Centre	New centre in Broadheath, investigate if there is any touch down space available for council and health teams.	Trafford Council, Trafford CCG, private landlord	Enhanced co-location of services, increased potential for flexible working of teams.
S012	Dunham Cemetery	Vacant bungalow within the cemetery, Council looking to rent.	Trafford Council	Reduce liability associated with un-occupied buildings.
S013	Broomwood Centre	BluSci currently occupy this building but is it the best use of the building. Utilisation study to be undertaken and alternative uses considered	Trafford Council, BluSci, THT	Reduce under-utilised public sector estate.
S014	Former Brentwood School Site	Utilise the site for the co-location of Trafford High School and the Medical Education Centre with the potential to also add the	Trafford Council	Bring vacant site back into use, sale or re-use of 2-3 sites

Ref	Property Name	Description	Landlords / tenants involved	Benefits
		Trafford Music Service to this location.		

4.3 CRITICAL SUCCESS FACTORS

Critical Success Factors (CSF) relate to the deliverability of the opportunities. They provide a rationale to discard long list options before any detailed review is undertaken. The CSFs are based on the Treasury Greenbook CSFs for capital projects and also match the four CSFs identified by GMCA and GMHSCP for the GM wide LAR process. These were confirmed at a Trafford LAR workshop to review the economic case and appraisal process held on the 29th January 2019. The agreed CSFs are as follows:

Table 17: Trafford LAR Critical Success Factors (CSFs)

Key CSFs	Broad Description	Translated to Trafford LAR
Strategic Fit and Business Needs	<p>How well the option:</p> <ul style="list-style-type: none"> Meets agreed spending objectives, related business needs and service requirements Provides holistic fit and synergy with other strategies, programmes and projects. 	<p>Does the option:</p> <ul style="list-style-type: none"> Aligns with National Strategies Aligns with Regional Strategies Aligns with locality-based strategies Aligns with OPE Principles
Potential VfM	<p>How well the option:</p> <ul style="list-style-type: none"> Maximises the return on the required spend (benefits optimisation) in terms of economy, efficiency and effectiveness from both the perspective of the organisation and wider society. Minimises associated risks. 	<p>Is the option likely to provide improved benefits to the population of Trafford?</p> <ul style="list-style-type: none"> Contributes to improving utilisation across the estate and making best use of estate. Contributes to an integrated place-based approach Delivers services in line with the needs of the local community within and across neighbourhoods Encourages service integration via co-location of services Reduces risk
Potential achievability	<p>How well the option:</p> <ul style="list-style-type: none"> Is likely to be delivered in view of the organisation's ability to assimilate, adapt and respond to the required level of change 	<p>Is the option:</p> <ul style="list-style-type: none"> Practically deliverable in from a property perspective including planning consents (where applicable)

- Matches the level of available skills which are required for successful delivery.

- Aligned with Locality and organisational time frames.
- Deliverable within a programme of works.

Supply-side capacity and capability	<p>How well the option:</p> <ul style="list-style-type: none"> • Matches the ability of the service providers to deliver the required level of services and business functionality • Appeals to the supply-side. 	<p>Would the option:</p> <ul style="list-style-type: none"> • Appeal to all parties associated with the change including, landlord, staff, service users. • Appeal to the market in terms of any disposals • Deliver on providing opportunities for residential development to support the Trafford aspect of GMSF.
Potential affordability	<p>How well the option:</p> <ul style="list-style-type: none"> • Meets the sourcing policy of the organisation and likely availability of funding • Matches other funding constraints. 	<p>Is the option likely to offer an affordable and financially sustainable model?</p>

Achieving the critical success factors will be a key part of delivering a successful project. All the longlist options have been assessed against them and ranked based on the below scoring matrix.

Table 18: Scoring Matrix

Score	Description
5	Meets all objectives with additional value
4	Good alignment meets all the criteria
3	Good alignment meets most of the criteria
2	Some alignment partially meets the criteria
1	Poor alignment does not or barely meet criteria

All the long list options have been assessed against the CSF's described above and scored, with a maximum score of 25 and a lowest score of 5 all projects scoring 16 or above have been shortlisted to be assessed as part of a more detailed non-financial benefits appraisal.

A copy of the "longlist" to "shortlist" scoring sheet is attached at appendix I for reference.

4.4 QUALITATIVE BENEFITS ANALYSIS

The second stage of the option appraisal process involved scoring each of the shortlisted options against a set of specific qualitative benefits. These benefits were reviewed at the Option Appraisal workshop held on the 29th January 2019 having been developed following:

- A review of national, regional and local strategies and identification associated key drivers.
- Identification of the benefits which would arise from the Greater Manchester objectives.
- Identification of Trafford specific objectives.

The shortlist was evaluated by undertaking a qualitative analysis using the benefit criteria derived from investment objectives. Due to the high-level nature and the lack of detail available, it was decided that a quantitative analysis which applied discounted cash-flow techniques would prove very difficult to undertake and, due to the high percentage of assumptions and caveats that would be required, it would not provide any meaningful benefit to the process at this stage. As noted previously this approach was confirmed at the option appraisal workshop and agreed by the SRO for the Trafford LAR programme.

As the shortlisted opportunities described in this programme are developed into individual projects and business cases, quantitative analysis will need to be undertaken based on the HMT's "Appraisal and Evaluation in Central Government" rules and supplementary guidance which are mandatory for investment appraisal in the public sector.

The benefits criteria were then assigned a weighting dependent upon their relevant importance within the Trafford locality and across the wider Greater Manchester area. The table below shows the benefits criteria used during the appraisal process and its associated weighting.

Table 19: Benefit Criteria

Ref	Benefit	Assigned Weighting
Improvements to Service Delivery		40%
1	Meets customer/patient needs in terms of improved experience and accessibility to services.	8%
2	Supports the place-based integration of services and closer working relationships between public sector organisations via co-location.	8%
3	Alignment with national, regional and local strategies.	8%
4	Supports recruitment and retention of staff within the Trafford locality by improving working environment and staff wellbeing.	8%
5	Supports the development of locality wide efficient workplace strategy based on best practice in terms of workplace and a mobile enabled workforce using modern technology.	8%

Improved Health & Wellbeing		30%
6	Improves the population health of Trafford whilst reducing the gap in health outcomes between the most and least deprived areas.	10%
7	Provides services which align with the health and social care needs of the community.	10%
8	Increases capacity for health and social care services delivered in a community setting, especially within primary care.	10%
Delivery of One Public Estate		30%
9	Contributes to improving utilisation across the public estate (especially where costs are fixed or committed).	10%
10	Provides opportunities for disposals involving capital receipts and potentially residential development opportunities to support the need for new homes.	10%
11	Delivers on making the best use of the existing estate to minimise public sector costs.	10%

4.5 SHORTLISTED OPTIONS AND SCORING

The top five highest scoring projects or workstreams within each neighbourhood and across the locality are highlighted in each table.

4.5.1 LOCALITY WIDE SHORTLIST

Table 20: Locality wide short listed workstreams and opportunities

Ref	Project Summary	Score	Project / Opportunity	Work-stream
L005	Review of Mental Health Services GMMHT: GM wide property strategy for inpatient services and community-based services.	70%		✓
L006	Community Services Review: Contract has been retendered and a new incoming provider appointed from 1 st April 2019. Full asset review being undertaken by incoming provider which may require services to be delivered from different locations.	62%		✓
L010	Primary Care at Scale Note Storage Solution: Trafford CCG implementing a fully managed note storage service that allows for the quick and easy retrieval of records, with a data cleansing exercise. Exercise is intended to release extra space for clinical rooms.	60%	✓	
L001	Utilisation Study of primary care and community estate: Determine utilisation of community estate across all GP	60%		✓

Ref	Project Summary	Score	Project / Opportunity	Work-stream
	Practices and has also been part of a wider GMHSCP roll out of utilisation sensors.			
L009	Locality wide touch down bases: A wide range of services require touch down bases across the locality to support agile working.	59%		✓
L007	Children and Young People Services: Start Well initiative includes a place based approach with services re/commissioned dependant on the outcomes of a service review.	58%		✓
L008	Services for Care Leavers: There is a shortage of places for young people who are transitioning from care to independence. Currently provided within the private sector potential to utilise public sector properties.	58%		✓
L013	Review of Extra Care Provision: Demand is growing for extra care accommodation. Demand is currently highest in the central and south neighbourhoods.	54%		✓
L014	Nursing and Residential Care Home: Currently all residential nursing home provision is provided by the private sector. Trafford CCG and Council are developing an integrated approach to commissioning and residential and nursing care which will include a review of current provision. There is a particular need in the north neighbourhood.	54%		✓
L015	Specialist Dementia Care Provision: There is a lack of specialist dementia beds locally and GM wide. Review is being undertaken which may require an asset-based solution.	54%		✓
L016	Intermediate Care Provision: There is a need for intermediate care. This is being reviewed as part of the complex care workstream as part of the transformation programme, which may lead to requirements for assets.	54%		✓
L002	Learning Disability Commissioned Services (Residential offer): Currently this cohort are placed with private providers and Housing Associations There are issues with some of the existing stock of accommodation the Council may become the landlord.	52%		✓
L004	Provision for service users with Autistic Spectrum Conditions: Currently predominantly provided out of area or in hotels. The requirement for supported accommodation for service users with ASC in the borough is a priority.	52%		✓
L011	Services for homeless people: Currently located in Christine Court however this building does not provide the correct model. Alternative accommodation is therefore required.	51%	✓	
L003	Mental Health Commissioned Services: More recovery-based model is required, and current assets are not fit for	47%		✓

Ref	Project Summary	Score	Project / Opportunity	Work-stream
	purpose. This will need to be reviewed as a workstream and aligned with the work GMMHT are undertaking.			
L012	Changing Places: The council are providing Changing Places spaces in new or refurbished leisure centres. However, the provision of “changing places” should be considered in all new publicly funded projects.	46%		✓
L017	Development of Community Masterplans where required: In areas such as Partington and Urmston (which do not currently have masterplans) which seek to re-dress deprivation and community specific issues.	43%		✓

4.5.2 NORTH NEIGHBOURHOOD SHORTLIST

Table 21: North neighbourhood shortlisted opportunities

Ref	Description	Score	Project / Opportunity	Work-stream
N001	Stretford Mall – Community Health and Social Care: Potential development opportunity for health and social care plus wider community uses.	71%	✓	
N009	Seymour Grove Health Centre Utilisation: Review utilisation and alternative development opportunities for the site (including potential site for new north neighbourhood health and wellbeing hub)	70%	✓	
N008	Development of a new health & wellbeing facility: Review the location and needs of three GP practices as a hub for the north Neighbourhood. Plus, additional community services.	70%	✓	
N007	Gorse Hill Medical Centre & North Trafford Group Practice: Re-provision of these GP surgeries within modern accommodation	69%	✓	
N016	Stretford Fire Station: Re-locate GMMHT community team from Chapel Road to disused 1st floor of the fire station - disposal of Chapel Road	65%	✓	
N004	Disposal Stretford Memorial Hospital: Potential disposal of this site due to a lack of alternative OPE uses for the site	60%	✓	
N006	Stretford Children’s Centre: Relocation of services to Stretford Mall, potential hub or Stretford Library and disposal of site	56%	✓	

Ref	Description	Score	Project / Opportunity	Work-stream
N002	Relocation of Sale Driving Test Centre within Stretford Hall or Library: Subject to driving route parameter review.	52%	✓	
N011	TDAS Relocation: Potential relocation of Trafford Domestic Abuse Service TDAS to a community facility	50%	✓	
N010	Gorse Hill Studios: Potential to relocate youth centre within existing public / private sector estate	48%	✓	
N005	Lacy Street: Relocation of probation services to fire station and subsequent disposal of Lacy Street site	39%	✓	
N003	Stretford Library: Potential to better utilise Stretford Library with other community services or ventures.	35%	✓	

4.5.3 WEST NEIGHBOURHOOD SHORTLIST

Table 22: West neighbourhood shortlisted opportunities

Ref	Description	Score	Project / Opportunity	Work-stream
W004	Gloucester House Medical Centre: Located in an older Victorian property which is no longer fit for modern primary care delivery and is underutilised due layout and accessibility. Further review required as part of a wider west neighbourhood strategy for primary care at scale.	72%	✓	
W005	Flixton Road Medical Centre: The centre was refurbished in 2012 however, it is in an older Victorian property which is no longer fit for modern primary care delivery and is under-utilised at first floor due to access issues. Further review required as part of a wider west neighbourhood strategy.	72%	✓	
W006	Primrose Surgery: It is accommodated in a converted library. Further review required as part of a wider west neighbourhood strategy.	72%	✓	
W010	Cornhill Clinic: Closure and sale of clinic and relocation of west neighbourhood team to Park House adjacent to Trafford General.	70%	✓	

Ref	Description	Score	Project / Opportunity	Work-stream
W003	Partington Health Centre: Review the utilisation of the current practices in the Health Centre to provide additional capacity.	68%	✓	
W009	Cornhill Clinic: Closure and sale of clinic and relocation of children's community services to Partington Health Living Centre.	68%	✓	
W001	Sale West Community Centre: Potential relocation to Firsway subject to utilisation review or potential extension.	67%	✓	
W002	Partington Healthy Living Centre: Improved utilisation of this LIFT building. Subject to utilisation, potential to accommodate additional services or reconfigure.	65%	✓	
W011	Park House, Bowers Avenue: Owned by GMMHT and currently vacant, undertake a feasibility study to see if the West Neighbourhood team could be accommodated in the building.	64%	✓	
W015	George Carnell Centre: Redevelopment of George Carnell Centre to better suit the needs of the community including potential partnerships with other OPE partners.	62%	✓	
W007	Future review of Primary Care Provision: Detailed review of primary care services across the neighbourhood to ensure parity of access to services in light of increased population due to Future Carrington housing development.	54%		✓
W016	Trafford High School (Nexus): Relocate school to former Brentwood School site. Release land for re-use or sale for residential development.	55%	✓	

4.5.4 CENTRAL NEIGHBOURHOOD SHORTLIST

Table 23: Central neighbourhood shortlisted opportunities

Ref	Description	Score	Project / Opportunity	Work-stream
C007	Oriel Court: CAMHS is currently delivered in Oriel Court which is underutilised and owned by a private landlord. Potential transfer the service to Altrincham Hub and terminate lease.	68%	✓	
C010	Waterside: Utilisation study to determine optimum layout and makeup of building. Potential to bring GMMHT to the site.	67%	✓	

Ref	Description	Score	Project / Opportunity	Work-stream
	Redevelop ground floor with additional interview / contact rooms. Could bring Ashton Lane services into the building also.			
C011	1-3 Ashton Lane: Relocate GMMHT services from Ashton Lane to Waterside ground floor	65%	✓	
C004	Support Primary Care at Scale with New Health & Wellbeing Facility: Review the location and needs of three GP practices (Derbyshire Road, Boundary House & Conway Medical) as a hub for the Neighbourhood.	64%	✓	
C001	Firsway: Undertake utilisation review with a view to use as GP spoke for the Ashton area. Potential to expand to mini community hub.	64%	✓	
C002	Chapel Road: Disposal of site, subject to relocation of GMMHT Home Based Treatment Team to alternative location.	64%	✓	
C017	Magistrates Court: Council pursuing residential development on the site and potential to co-locate GP surgeries.	62%	✓	
C003	Conway Medical Centre: Poor use of site, potential to reconfigure to act as hub / spoke for GP services in Sale Moor.	60%	✓	
C013	Crossgate House: Already progressing: Trafford CCG relocated to Trafford Town Hall.	60%	✓	
C012	Sale Fire and Ambulance Station: Fire and Rescue and ambulance station are located adjacent to each other. Potential for rationalisation or redevelopment opportunity involving a combined development and disposal.	60%	✓	
C005	Washway Road Medical Centre: Utilisation review required to determine capacity due to influx of new patients with closure of other practices in neighbourhood.	55%	✓	
C006	Bodmin Road Health Centre: Utilisation review required to see if the space could be used more efficiently and form a spoke for the central neighbourhood.	55%	✓	
C016	Ascot House: Not fit for purpose, potential use intermediate care beds being investigated, potential relocation to Trafford General. This is part of a wider locality wide review of intermediate care beds.	51%	✓	

Ref	Description	Score	Project / Opportunity	Work-stream
C009	Claremont House: Relocate Trafford Music Service	49%	✓	
C019	Claremont House: Relocate Trafford Music Service to former Brentwood School Site.	49%	✓	

4.5.5 SOUTH NEIGHBOURHOOD SHORTLIST

Table 24: South neighbourhood shortlisted opportunities

Ref	Description	Score	Project / Opportunity	Work-stream
S001	Altrincham Health & Wellbeing Centre: The Altrincham Health and Wellbeing Hub was completed in late 2018 and there is a clear commissioning intent to ensure the building is fully utilised. There are on-going negotiations with Barrington Medical Centre and St Johns Medical Centre to move into the new facility. There is also potential for the Hub to serve as a base for a range of community services and a base for the south neighbourhood teams and the Early Help Service.	78%	✓	✓
S003	Family Practice, Navigation Road: Currently in a converted Victorian building. It has two clinical contact rooms and due to access issues is underutilised. Potential for practice to relocate, Altrincham Health and Wellbeing Hub or Altrincham Medical Centre.	67%	✓	
S008	Baker Street Development (library and GP Practice), Timperley: Development of a new facility with new library and health facility to accommodate Park Surgery.	66%	✓	
S004	Timperley Health Centre: Library is due to move to Baker Street Development, alternative use required or disposal.	57%	✓	
S009	Hale Library: Library moving to Hale Bowling Green Pavilion and the land is being sold for residential	54%	✓	
S005	Altrincham Library: Library has moved to Altrincham hub, alternative use required.	40%	✓	
S006	Timperley Library: Library is due to move to Baker Street Development, alternative use required or disposal.	40%	✓	

Ref	Description	Score	Project / Opportunity	Work-stream
S014	Former Brentwood School Site: Utilise the site for the co-location of Trafford High School and the Medical Education Centre. Release of 2-3 sites for disposal or alternative Public Sector Uses	62%	✓	

5.0 COMMERCIAL CASE

The procurement strategy identifies the best way of delivering the objectives of a programme or project and value for money, taking in to account the risks and constraints. This should lead to the decisions about funding mechanisms and ownership of the completed asset. This section outlines the procurement options considered for potential projects within the LAR programme, potential procurement strategies will be project specific and will need to be undertaken as part of the individual project business case process.

5.1 FUNDING CONSIDERATIONS

It is important to note that whilst the LAR programme is designed to deliver system wide benefits in alignment with an OPE agenda the initial feasibility and business case stages of individual projects may not always be eligible for, or receive, OPE funding. The LAR programme has also involved many different partner organisations who have their own specific potential funding solutions.

Public sector funding routes has become less, rather than more, clear over the last few years with 403 agencies and 94 public corporations between the 25 ministries. It is recommended that the Trafford Operational Group request a comprehensive list of all potential funding routes with qualification criteria and potential fund size from all stakeholders to enable an efficient assessment of funding routes and prioritisation of LAR programme projects and avoid project delays.

5.1.1 POTENTIAL FUNDING ROUTES

There are several sources of capital funding available to Trafford public sector bodies and the details are laid out below. The key sources of funding are as follows:

- NHS Provider Capital – Capital Resource Limits - CRLs are set each year for NHS trusts based on agreed spending plans for that year; Foundation Trusts in financial distress operate under a similar regime with some addition freedoms available to FTs not in financial distress.
- NHS England Capital (ring fenced for Primary Care Developments).
- Local Authority Funding – Prudential Borrowing – Councils are typically only able to borrow for capital expenditure, i.e. for the creation and acquisition of assets. There is no legal limit to the amount a Council can borrow, and they set their own limits based on the Prudential Code.
- Local Improvement Finance Trust. (MAST LiftCo)
- Third Party Development – 3PD
- A new Public Private Partnership for Trafford.
- Development Partner(s).

Table 26: Potential NHS funding sources

Project Category	NHS Trust Capital	NHS FT Capital	NHSE Capital	Prudential Borrowing	LIFT	New PPP	3PD
Acute standardisation and specialist reconfiguration	✓	✓		?		✓	
Intermediate / community care beds	✓	✓		✓	✓	✓	✓
Multi-purpose community based hubs	✓	✓	✓	✓	✓	✓	✓
Business as usual – primary care and community	✓	✓	✓		✓	✓	✓
Business as usual - acute	✓	✓				✓	

Specifically, for the NHS, NHS Foundation Trusts, NHS Trusts and NHS England capital spend all scores against the Department of Health capital limit (CDEL). This is the case regardless of whether funding is provided through a central allocation in the form of Public Dividend Capital (PDC) or a loan, or if it is sourced locally through depreciation or accumulated surpluses. It is the availability of CDEL rather than the cash for central funding which is the constraining factor for NHS Capital in the spending review period.

5.1.2 FUNDING LOCAL AUTHORITY PROJECTS

Local Authorities have a degree of flexibility to determine their own capital investment plans within the Prudential Framework. The Prudential Framework is an umbrella term for a number of statutory provisions and professional requirements that allow authorities largely to determine their own plans for capital investment, subject to an authority following due process in agreeing these plans and being able to provide assurance that they are prudent, affordable and sustainable. Prudential Borrowing will be considered for schemes as self-financing on an invest-to-save basis.

5.2 LEGAL ISSUES

At the outset of any individual potential project proof of ownership and exact site boundaries will need to be provided by the organisation that owns the land identified for disposal. Any covenants or restrictions over the land will need to be identified and factored into considerations of potential alternative uses for the site.

It is recommended that one of the earliest tasks of any individual LAR project is to derive proof of ownership and a high level legal appraisal to determine any potential restrictions relating to disposal of the land in question.

5.3 STATUTORY APPROVALS

The disposal and / or redevelopment of any asset will require adherence to relevant planning and building regulations. All individual project risk registers should contain the relevant risks associated with statutory approvals specific to the project.

6.0 FINANCIAL CASE

The Financial Case typically examines the affordability of the potential options and sets out the financial implications for the organisation in terms of capital expenditure and cash flow, income and expenditure and borrowing. The purpose of this section in subsequent business cases would be to set out the forecast financial implications of the preferred option as set out in the Economic Case and the proposed procurement route, as described in the Commercial Case.

6.1 TRAFFORD LAR PROGRAMME

As previously noted within the Economic Case there is currently insufficient asset information to enable a robust financial appraisal of the potential LAR projects. All areas of land potentially available for disposal as a result of the LAR programme have been mapped and provided to Avison Young (formerly GVA) to undertake an analysis of their potential value for residential or, where appropriate, other development.

6.2 INDICATIVE FINANCIAL IMPLICATIONS

Avison Young has undertaken a high-level commercial viability appraisal on each of the potential short-listed sites where there is the potential for land release and this is included within a separate confidential annexe to this report.

Neighbourhood	Total No. Potential Projects	Total Potential Areas for Land Release	Total No. Potential Residential Units	Total Potential Capital Value
North				
West				
Central				
South				

Table 27: Indicative residential units and capital values in each neighbourhood

6.3 SOURCES OF FUNDING

The Greater Manchester Transformation Fund was set up following devolution in April 2016 and the transfer of control of £6bn of public money to look after and pay for its own health and social care throughout the region. Several organisations in Greater Manchester, in agreement with NHS England, approved the establishment of the £450m Transformation Fund to help make the changes required to dramatically improve health and social care in Manchester and ensure population needs are met within the devolution budget.

Funding has been allocated over five years from 2016/17 to 2020/21 as follows;

- Year 1 (2016/17): £60m
- Year 2 (2017/18): £120m
- Year 3 (2018/19): £153m
- Year 4 (2019/20): £70m
- Year 5 (2020/21): £48m

Localities, such as Trafford, can apply to the Transformation Fund provided that a strong Locality Plan, which sets out plans that all local organisations such as the NHS and the council are signed up to, is provided.

7.0 MANAGEMENT CASE

This Strategic Outline Case is more properly a Strategic Outline Programme (SOP), as outlined in section 3. Following completion of this LAR process the projects proposed will be separated and assessed individually, or as a series of combined projects, at Outline Business Case stage. This Management Case demonstrates how the development and implementation of the proposed potential projects is managed to successful delivery, in accordance with recognised best practice. This section sets out how the programme will be taken forward in accordance with a recognised programme and project management methodology, outlines the robust arrangements in place for change management and contract management, the delivery of benefits and the management and mitigation of risk. It is supported by the project management disciplines of PRINCE2, which will be tailored to suit the needs of the individual project or group of projects.

7.1 OVERALL PROJECT MANAGEMENT STRUCTURE AND METHODOLOGY

The Trafford LAR has identified over 80 projects and workstreams which potentially meet the objectives of the GMCA LAR process and One Public Estate programme and promote greater integration and co-ordination of health and social care services within the Trafford Locality.

The delivery of a One Public Estate estates programme is an inherently complex undertaking. The programme is expected to address multiple community, health and social care service delivery issues which have been identified, recognised and acknowledged through multiple internal, external and independent analyses.

To realise the maximum benefits from the Trafford LAR programme a locality wide approach to governance, project management and reporting is required to ensure interdependencies between projects and associated project specific and locality wide benefits and risks are clearly defined and reported against. There is a risk that without a common reporting and governance structure the projects will use differing methodologies and may cease to become visible to the Trafford SEG which could lead to locality wide benefits not being realised by individual projects (see project risks at section 7.9)

We would recommend that a set of common template documents are produced for all LAR projects to ensure effective project management, clarity of strategic oversight and effective benefits capture and reporting.

7.2 LAR PROGRAMME GOVERNANCE

The projects are to be run via PRINCE2 compliant project governance and figure 24 below sets out the project governance structure for the LAR programme.



Figure 24: Proposed Trafford LAR governance structure

Formal governance mechanisms are required to ensure continued stewardship of the Trafford LAR programme and the principles of public sector collaboration contained within it. In particular, robust governance is required to ensure that the project delivers the right public sector facilities for the future and that the project is affordable and delivers value for money. The roles of formal groups are as follows:

- **Greater Manchester Strategic Estates Board:** GMCA level oversight and scrutiny of projects and their fit to both the Trafford LAR objectives and those of GMCA and GMHSCP.
- **Trafford Strategic Estates Group (SEG):** Terms of Reference for this group and its role as locality Board for the Trafford LAR will need to be drafted immediately on completion of the LAR process.

- **Trafford Estates Operational Group:** This group will in effect be the working group for the Trafford LAR Programme, drawing together work across different projects and acting as a single point of contact for information both up to Trafford SEG and down to the individual project teams.
- **Project Teams:** Each project or group of projects will require a project team for efficient delivery, core roles and responsibilities within these teams are outlined in section 7.3 below.
- **Public Sector Organisations:** There will be a continued need for effective and timely communication with public sector organisations throughout the LAR programme. The specific arrangements for these communications need to be set at a LAR programme level and fed down to Project Teams to provide structure and consistency of message.
- **Trafford Place Shaping Board:** Trafford Council's Place Shaping Board reviews locality wide issues that will need to be taken into consideration by every project to ensure alignment not only to organisations individual strategies but those of Trafford as a whole, driving the Trafford Together vision.

Further formal groups are likely to be identified during the formation of project teams to take potential projects forward. These should be captured within the governance section of project specific Project Initiation Documents (PIDs) for each individual project as not all will be relevant for the purposes of the wider LAR programme.

7.3 PROJECT ROLES & RESPONSIBILITIES

Each project should have as a minimum the following roles and responsibilities defined and allocated to specific individuals. The specifics of these should be included within the project specific PIDs produced at the outset of each project.

Project Sponsor / Senior Responsible Officer: This individual should be a decision maker within the respective organisations which make up the Project Team for a given potential project or workstream. Where more than one organisation is involved (for example where one organisation is disposing of an asset and moving into an existing asset owned by another organisation) the SRO should be from the organisation who is retaining estate.

Project Director: There should be an individual from each organisation involved in the project who acts as Project Director for their respective organisations. These individuals should be authorised to direct the use of project resources (within agreed budgets) for their respective organisations to support project work. These individuals will chair the Project Team Meetings with perhaps pre-agreement as to who acts as chair or rolling 6 monthly change as appropriate to the project. This individual is also responsible for reporting on progress to their individual organisations and should carry sufficient seniority to act as a pathfinder within the organisation.

Lead Project Manager: There will need to be a lead Project Manager for the potential LAR project to avoid confusion as to role and remit. This individual can be from any of the organisations involved but

should have the requisite project management skills and experience to undertake the role of Lead Project Manager.

Project Manager: There should be a project manager for each of the organisations involved in the potential LAR project. These individuals will be responsible for project management of all elements which fall specifically within their individual organisations and report to the Lead Project Manager and their respective Project Director's for the project. These individuals should also have the requisite project management skills and experience to undertake the role of Project Manager.

There may also be the requirement to use external specialist advisors in the production of any business case and these will need to have a clear scope of work, be procured through agreed procurement channels between organisations and contractual arrangements made clear. This information should be contained within the PID for the individual potential projects where applicable.

7.4 PROGRAMME PLAN

Whilst the potential Trafford LAR projects and workstreams have been prioritised there is insufficient information available at present to place timescales on the delivery of these projects. A first task for the Trafford Operational Group as Project Board for this LAR programme will be to agree the prioritisation contained within this report and map a high level programme plan. Projects which are already in process or mature in their scoping should be included within this programme to ensure the Trafford SEG has full oversight of all LAR projects.

7.5 GATEWAY APPROVALS PROCESS

It is best practice for public sector capital projects to follow the Treasury Greenbook Guidance which includes the use of Gateway Reviews as a governance tool. This is common for NHS capital projects and we note the recent update of Treasury Greenbook guidance (in November 2018) and the requirement to ensure that any capital projects that fall within the qualifying criteria for Treasury or NHSI approval follow this process.

The Gateway review process is a series of short, focused, independent peer reviews at key stages of a project or programme. The reviews highlight risks and issues, which if not addressed would threaten successful delivery.

The Gateway Project Review Process looks at a project or programme at six key stages in the life of the project and considers the readiness to progress to the next phase. The six stages, or Gates are:

Gate 0 - Strategic Assessment

Gate 1 - Business Justification

Gate 2 - Delivery Strategy

Gate 3 - Investment Decision

Gate 4 - Readiness for Service

Gate 5 - Operations Review and Benefits Evaluation

The approval of this Strategic Outline Programme by Trafford Council, Trafford CCG and Trafford SEG acts as the Gate 0 Review and minutes from the SEG meeting where this document is formally approved should be retained and included within any project business case as evidence of completing this Gateway.

7.6 STAKEHOLDER ENGAGEMENT AND COMMUNICATION

The success of any programme or project is enhanced through active engagement with stakeholders throughout the business case and implementation phases. Project specific stakeholder engagement plans will need to be developed which will be specific to the type and scale of project to be undertaken and the number of organisations involved. This should be referenced within the PID for each project and, as with the PID, act as a live document throughout the project lifecycle.

It may be useful for each project reporting to the Trafford Operational Group to submit a regular list of planned communication events to ensure clarity of message to all stakeholders and to allow opportunities for public consultation message impact to be maximised.

7.7 BENEFITS MANAGEMENT & REALISATION

The extent and impact of the anticipated benefits of the individual potential LAR projects, and the probability that they will be realised, constitutes one of the key criteria on which investment decisions will be based. The potential benefits delivered at the LAR programme level are set out in the Strategic Case of this document. Project specific benefits and their links to LAR programme benefits will need to be captured as part of the Benefits Realisation Plan of each project.

A LAR programme Benefits Realisation Plan (BRP) will need to be drafted by the Trafford Operational Group and approved by the Trafford SEG on completion and authorisation of this document. This will set out the anticipated benefits which could be realised as a result of the proposed LAR programme and should include the following information:

- The benefits that are expected to arise from the programme.
- The measures/indicators that will be used to assess whether or not the expected benefits are realised.
- Establish the baseline measure for each expected benefit.
- Set the target measure for each expected benefit, to be achieved through implementation of the project.
- Set out the timescales for delivery of the expected benefits.
- Identify the potential organisations responsible for delivering each benefit

The benefits realisation process is critical in ensuring that a programme or project delivers the key benefits and outputs anticipated by investment and requires careful management and close measurement, forming an integral part of the implementation process before being adopted into business as usual. The purpose of developing benefits framework as described is to:

- Provide description and detail around both the financial, qualitative and quantifiable benefits which the locality / organisation expects to achieve through the implementation of the investment into the identified programme or project.
- Demonstrates the impact of the changes to service delivering being implemented to a wide range of stakeholders including:
 - Service users / patients / customers
 - Staff
 - Public
 - Commissioners
 - Other key stakeholders
- Provide a focus for stakeholders throughout the implementation process and beyond into business as usual within the reconfigured estate and monitor the value the investment is delivering through changes and achievements.
- Provides specific and measurable indicators so that benefits can be measured and monitored.
- Provide an early warning to the relevant organisations if the programme or project is not delivering the benefits as expected and allows mitigating action to be taken.

7.8 CHANGE MANAGEMENT

Change management is the planning and implementation of any workstreams required in order for a programme or project to be delivered successfully. A number of change management projects will be identified during the business case process for individual potential projects however there are a number of change management projects which will be required at programme level to ensure optimised delivery of the LAR objectives and benefits. This section of the SOP highlights key areas to be considered when progressing potential projects to Outline Business Case (OBC) and those change management projects required at programme level.

7.8.1 LOCALITY WIDE CHANGE MANAGEMENT

A number of the potential locality wide workstreams identified within this SOP are change management projects which need to be implemented in order to facilitate the successful delivery of any individual potential LAR projects.

These are summarised briefly below:

- L001 – Utilisation study of primary care and community estate
- L009 – Locality wide touchdown spaces
- L017 – Development of community masterplans where required

These change management projects will need to be included within any LAR programme plan or individual project plan along with any required implementation dates to highlight their role on the critical path for the LAR programme overall or individual projects. Clear ownership to individuals not just organisations should be allocated, and the progress of these change management projects should be reported as a standing agenda item to Trafford Operational Group and ultimately SEG.

7.8.2 PROJECT SPECIFIC CHANGE MANAGEMENT

Projects of the nature identified during the LAR process will have a significant impact on staff and service users and may advance organisational workstreams already under consideration the relevant organisations.

A certain level of engagement with partner organisations has been undertaken throughout the LAR process however the majority of staff within these organisations will be unaware of this work and a coherent communications plan will need to be put in place for any potential project to ensure that staff and service users understand the history of the project as well as the future proposals.

Any project specific change management proposals will need to be captured and included within the risk register with clear ownership and timescales for delivery which is reported to the Trafford Operational Group as Project Board.

7.9 RISK MANAGEMENT

The British Standards Institute expresses risk in BS6079: Project Management as “a combination of the probability, or frequency, of occurrence of a defined threat or opportunity and the magnitude of the consequences of the occurrence”.

Zero risk is not an option, as all projects contain risk to some degree, although they are often poorly identified and managed. Risk Management is a formal, proactive process enabling the identification, assessment, planning and management of risks associated with a project. It is an integral part of good project management.

A Risk Management Plan will need to be drafted by the Trafford Operational Group which describes in detail how risk will be managed throughout the life of the LAR programme to provide all stakeholders with better value. It is recommended that this is used as a template for all Risk Management Plans at an individual project level and all risk management tools are common to ensure clarity of risk identification, mitigation and escalation. When implemented properly Risk Management will:

- Improve the likelihood of success by encouraging forward thinking;
- Increase visibility through involving all stakeholders;
- Enhance communication and decision making; and
- Facilitate the implementation of innovation in a controlled manner.

A number of strategic risks have been identified within the Strategic Case and these are set out in more detail below. These strategic risks will be useful as an initial series of risks to be entered into the LAR risk register, they are not however, comprehensive and the Trafford Operational Group will need to develop these further via a risk workshop and communicate these both to the Trafford SEG and down to individual LAR project teams.

Table 28: Trafford LAR high level risks

Risk Category	Risk Description
Programme	There is a risk that, owing to the differing levels of strategic development between partner organisations, that some projects may face delay as they are effectively driven by the slowest entity leading to slower benefits realisation than planned.
	There is a risk that projects involving health elements are not able to be taken forward until formalisation of the updated Trafford CCG strategy leading to a revised timetable for delivery of these projects.
	There is a risk that continued uncertainty over Brexit causes a freeze in organisational decision making leading to delayed projects and / or reduced benefits realisation.
Stakeholders	There is a risk that stakeholders within the Trafford locality cease to feel part of the Trafford LAR programme leading to duplication of effort in bringing forward schemes and delays to implementation.
	There is a risk that stakeholders within the Trafford locality cease to feel part of the Trafford LAR programme leading to fragmentation of estate rationalisation delivery and reduced benefits realisation.
Programme Brief	There is a risk that the Trafford LAR programme does not achieve it's stated objectives of addressing urgent locality issues such as deprivation, inequality of service and access to required services leading to reduced or negligible benefits realisation.
Financial	There is a risk that funding for enabling workstreams cannot be secured leading to reduced benefits realisation.
	There is a risk that the terms of the UK's exit from the EU are unfavourable resulting in reduced funding for public sector projects leading to delayed, reduced or nil benefits realisation.
Governance	There is a risk that Trafford LAR projects are taken forward in isolation by their respective organisations leading to inconsistent reporting and a failure to accurately capture benefits and maximise project impact at a neighbourhood and / or locality level.

7.10 POST PROJECT EVALUATION

Post Project Evaluation (PPE) is a process used to capture the learning from a programme or project, communicate this learning to all associated parties and use it to drive future improvements. This process also allows the organisations to test the effectiveness of the policies and procedures used to undertake the project or programme of works.

HM Treasury Business Case guidance states “business cases for capital projects will not be approved unless post-project evaluation has been properly planned in advance and suitably incorporated into the business case”.

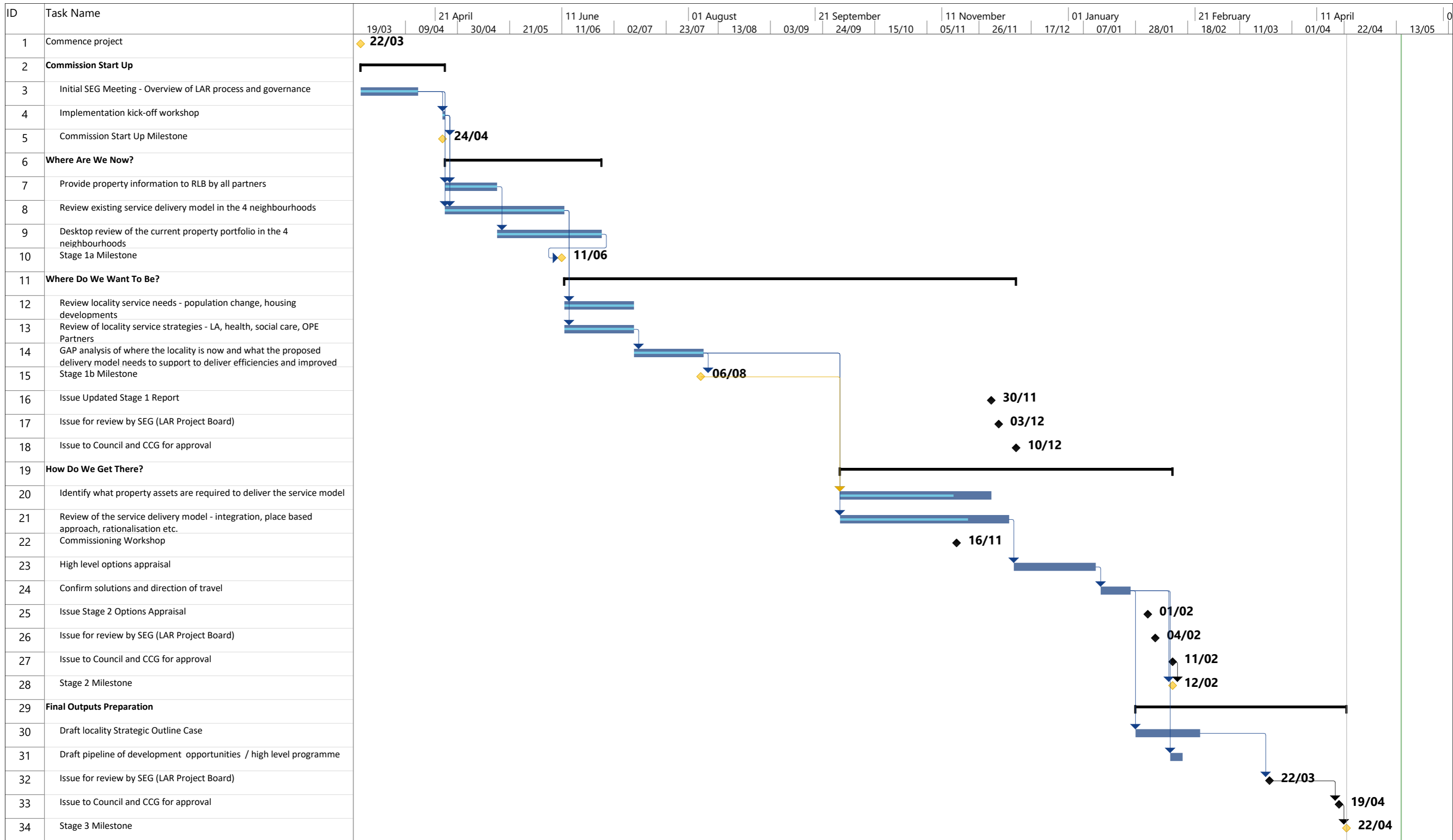
A full set of Post Project Evaluation milestones will need to be planned for each potential project as part of the business case process. It is also recommended that a Post Project Evaluation is undertaken for the Trafford LAR as this will not only capture learning for any future Trafford or GMCA wide programmes but will also improve the delivery of any potential LAR projects.

8.0 NEXT STEPS AND RECOMMENDATIONS

There are a number of recommendations and next steps required following completion of the Trafford LAR process which we set out below;

- Approval of this Trafford Stage 3 Report by the SEG.
- Approval of this Trafford Stage 3 Report by Trafford Council, Trafford CCG and partner organisations (March/April 2019).
- Approval of this Trafford Stage 3 Report by GMCA and GMHSCP (May 2019)
- Agreement between all key partner organisations that the completion and approval of the Trafford LAR Stage 3 Report sets a clear mandate for how public sector projects should be managed and benefits realised as part of wider OPE and GMCA objectives.
- Set up programme and project governance through;
 - Defining Trafford SEG role as Programme / Project Board and issue of terms of reference
 - Set programme level governance including updating of the Trafford LAR PID and setting reporting lines and timescales.
 - Set up suite of programme and project management templates against which projects will be managed and assessed.
- Request list of funding streams available, including criteria and fund levels, from all partner organisations
- Review both the full short list and the prioritised list of projects to identify those already underway or at the point of implementation and streamline accordingly.
- Set out a LAR programme plan with high level timescales, key milestones and Gateway Reviews.
- Trafford Operational Group to draft a Risk Management Plan.
- Trafford Operational Group to draft a Benefits Realisation Plan.
- Determine enabling projects (as set out in 7.8.1), routes to funding and allocation of resources, roles and responsibilities.
- Set out communications plan to ensure continued buy in and support from all partner organisations.
- Undertake Post Project Evaluation to capture the lessons learned from the LAR process and take forwards for future potential projects. Ensure this is widely disseminated to ensure full engagement from partner organisations.
- Implement a quarterly review of the LAR document, including allocation of a document owner and approvals process.

**APPENDIX A:
LAR PROGRAMME**



Project: Trafford LAR High Level
Date: Wed 15/05/19

Task		Project Summary		Manual Task		Start-only		Deadline	
Split		Inactive Task		Duration-only		Finish-only		Progress	
Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress	
Summary		Inactive Summary		Manual Summary		External Milestone			

**APPENDIX B:
MOU**

**LOCALITY ASSET REVIEW
MEMORANDUM OF UNDERSTANDING**

Between

Trafford Strategic Estates Group

And

**Greater Manchester Health and Social Care Partnership
&
Greater Manchester Combined Authority**

This memorandum of understanding is drawn up to provide a basis on which the Trafford Strategic Estates Group lead and GMH&SC and GMCA have entered into an agreement, specifically to undertake a Locality Asset Review (LAR) to achieve the following objectives:

- Provide a baseline position of place-based estate
- Provide an options appraisal within the locality informed by local and organisational strategies
- Financial summary of investment and funding sources, including realisation of revenue savings
- Expansion of a pipeline of development opportunities
- Identify divestment and disposal strategies resulting in capital receipts, income generation, revenue reduction and establishing surplus land for housing and employment use.

This understanding should be read in conjunction with the Locality Initiation Document (LID) that summarises outline priorities and objectives specific to the locality.

Principals:

- Work together for mutual benefit and shared objectives to achieve the recognised outputs of the LAR
- Provide information and data in a timely manner as per target dates set in line with programme
- Attend and engage in meetings, workshops and planning sessions, actively encourage wider participation from key stakeholders and service providers to contribute towards the process
- Dedicate sufficient time and resource to deliver tasks and objectives throughout the process

Understanding and Process:

The need for the LAR has arrived from local strategies and national reviews such as the Five Year Forward View, Carter Review and Naylor Review. These strategies have identified the changing needs of patients, how services should be delivered and the means to enhance

efficiency savings across localities. The LAR will take around seven months to complete it will be undertaken in stages. The LAR will appraise properties in accordance with local community need and in association with public sector services providers in line with ambitions for improved health and community outcomes.

The Approach:

- Consider not just the health economy pressures and performance, but also the wider determinants of a healthy local neighbourhood population
- Undertake a whole system appraisal of how organisations may work together on a place-based approach aligned to the principles of One Public Estate;
- Establish the local need through review of CCG commissioning plans, Local Authority strategies, all Public Service Reform (PSR) programmes including for example, from a health sector perspective, commissioning plans, STPs, Strategic Estates Plans and models of care; or from an education perspective, school performance metrics and attainment issues; or from a housing perspective, the need for different types of housing, with differing sales values, tenures, sizes and types- and affordability features
- Co-ordinate input from a broad range of public sector providers (beyond the extent of health and care services);
- Assess what property assets are currently held in the locality (based on occupancy, condition, tenure, running costs)
- Understand the impact that transportation has on access to education, training and jobs
- Consider how well positioned areas and districts are in providing access to green space, leisure facilities and countryside
- Agree what property assets would be required in terms of size, location and efficient use of estate; and
- Identify estate available for potential release and development for housing.

Reporting:

Throughout the LAR all parties are expected to actively participate in reporting and updating on progress, delivery issues, changes to LID objectives as well as advising on any improvement to the delivery of the LAR. Working closely with the local delivery team, informal reporting is anticipated throughout all stages.

Funding:

The funding has been allocated on the basis that each party will actively carry out the principals described above in order to achieve the successful outcome for the locality. Should the contribution from any party be deemed insufficient or not in keeping with the principals, GMH&SC and GMCA have the right to withdraw the funding.

This Memorandum of Understanding has been drawn up and will be implemented in good faith. It expresses the hope and intention of the undersigning representatives to develop their existing co-operation, based on mutual respect and understanding. This Memorandum of

Understanding will continue for a period of one year, and will be reviewed at the end of period and be extended or terminated accordingly.

Signature:

Murray Carr
Land and Property Director
GMCA
Churchgate House
56 Oxford St, Manchester
M1 6EU

Date

For and on behalf of GMCA

Signature:

Farida Ahmed
LAR Programme Director
GMHSCP
Peter House, Suite 2.01
Oxford Street, Manchester
M1 5AN

Date

For and on behalf of GMH&SC

Signature:

Richard Roe
Acting Corporate Director EGEI,
Trafford Council
Trafford Town Hall
Talbot Road
Stretford
M32 0TH
Strategic Estates Group Chair

Date

For and on behalf of Trafford Metropolitan
Borough Council

Signature:

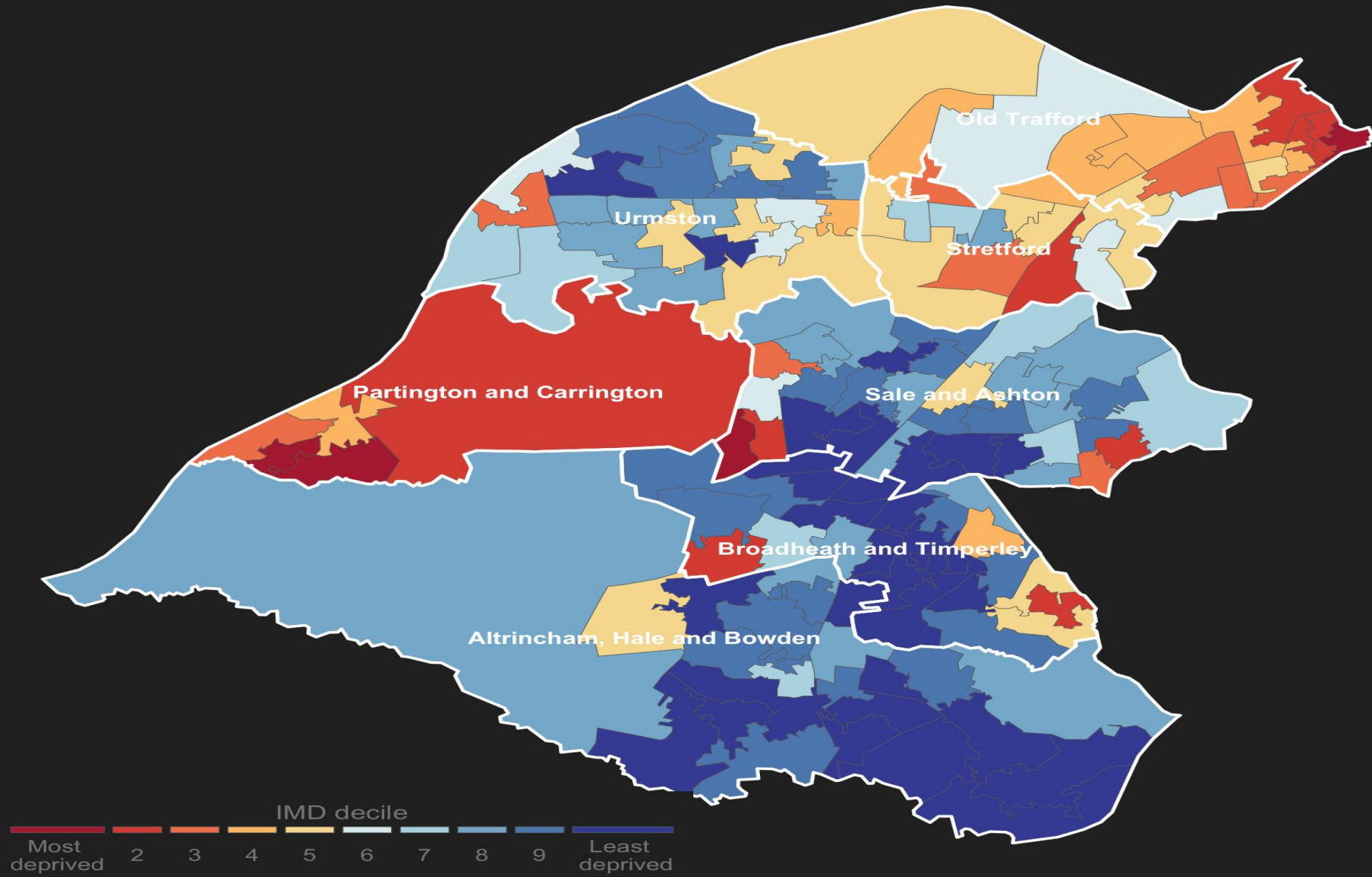
Date

For and on behalf of NHS Trafford Clinical
Commissioning Group

**APPENDIX C:
TRAFFORD LOCALITY DEPRIVATION**

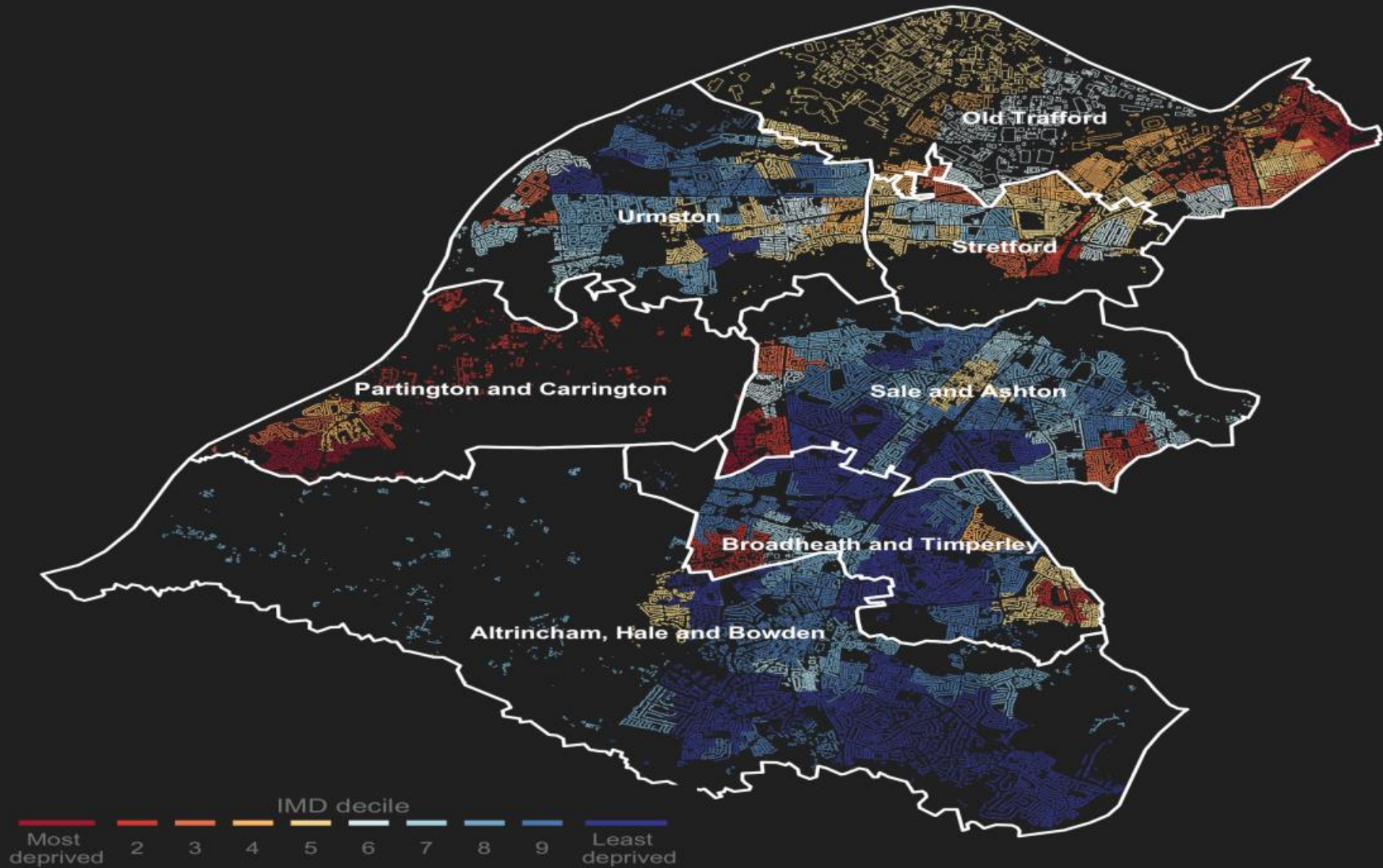
English Indices of Deprivation 2015: Index of Multiple Deprivation

Source: MHCLG, 2015



English Indices of Deprivation 2015: Index of Multiple Deprivation

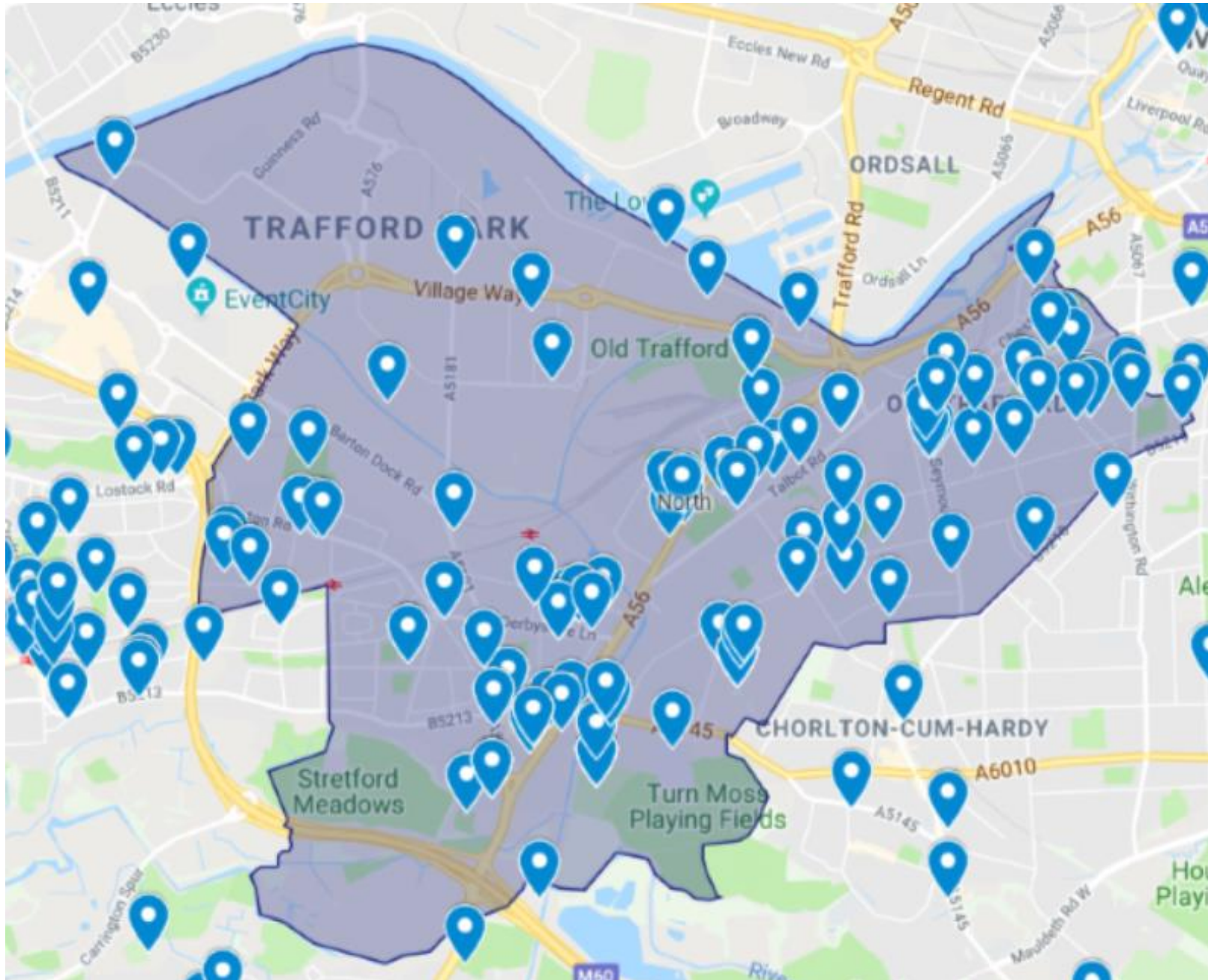
Source: MHCLG, 2015



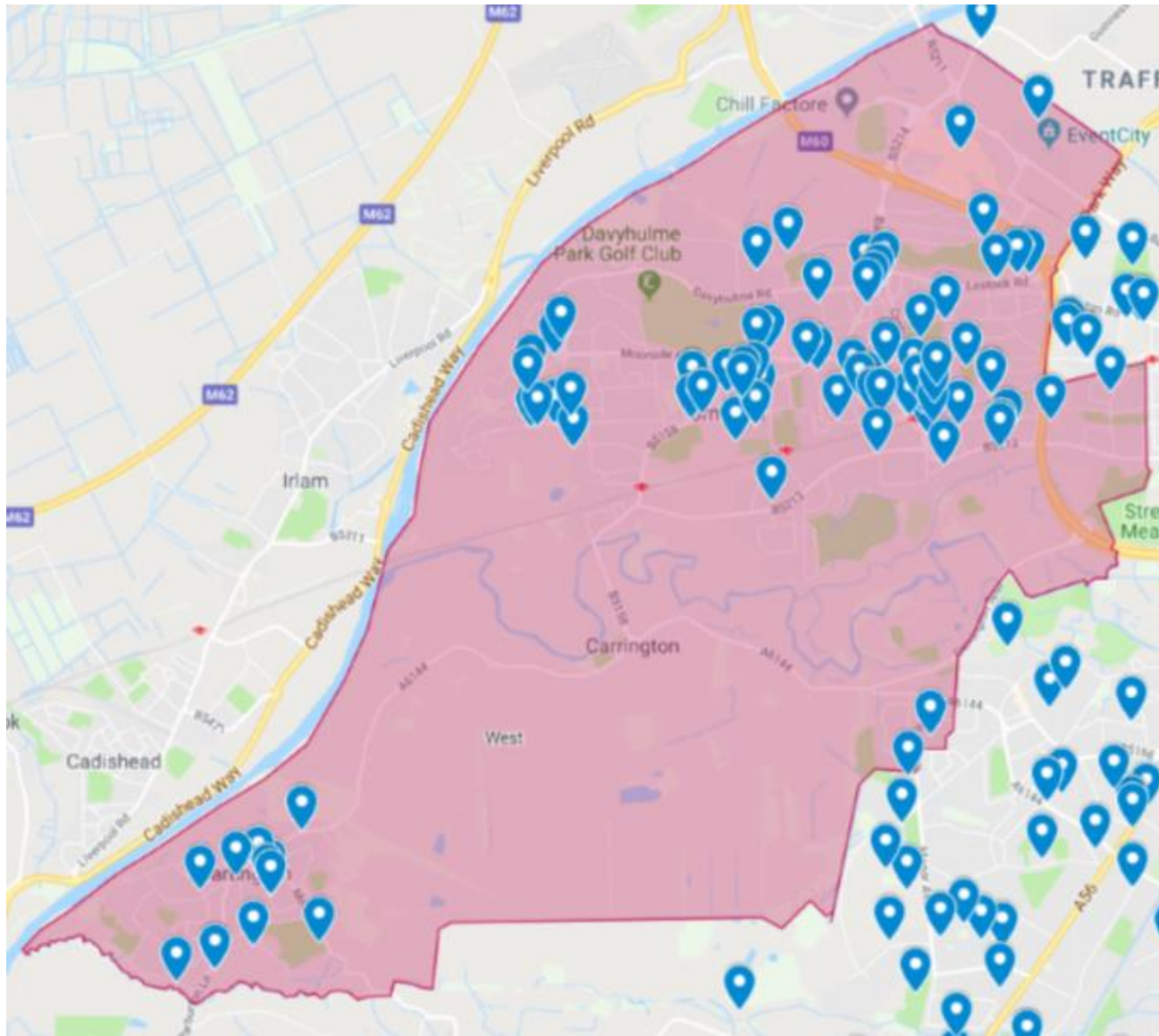
**APPENDIX D:
MASTER ASSET SPREADSHEET**

**APPENDIX E:
ASSET DISTRIBUTION MAPS**

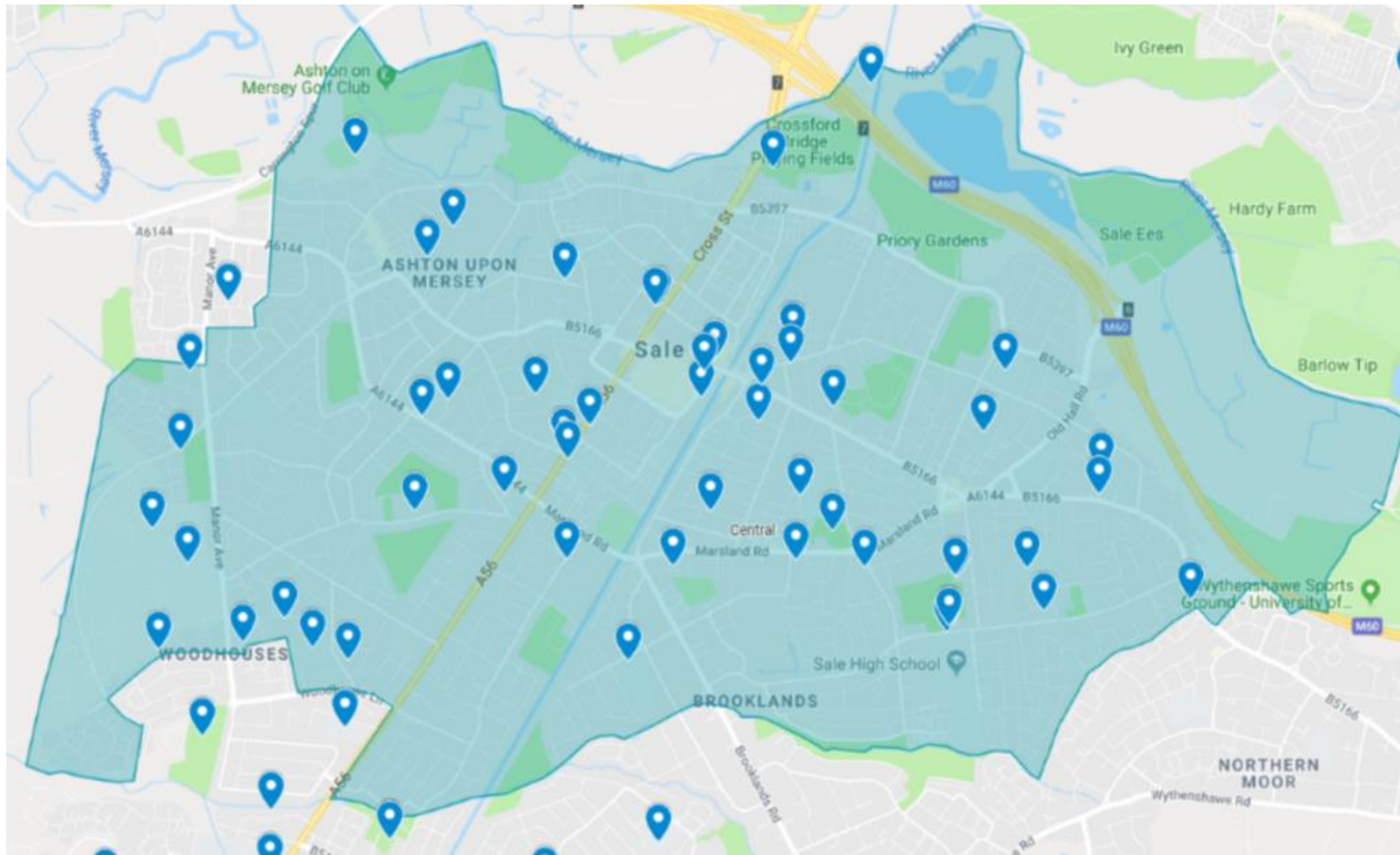
NORTH NEIGHBOURHOOD



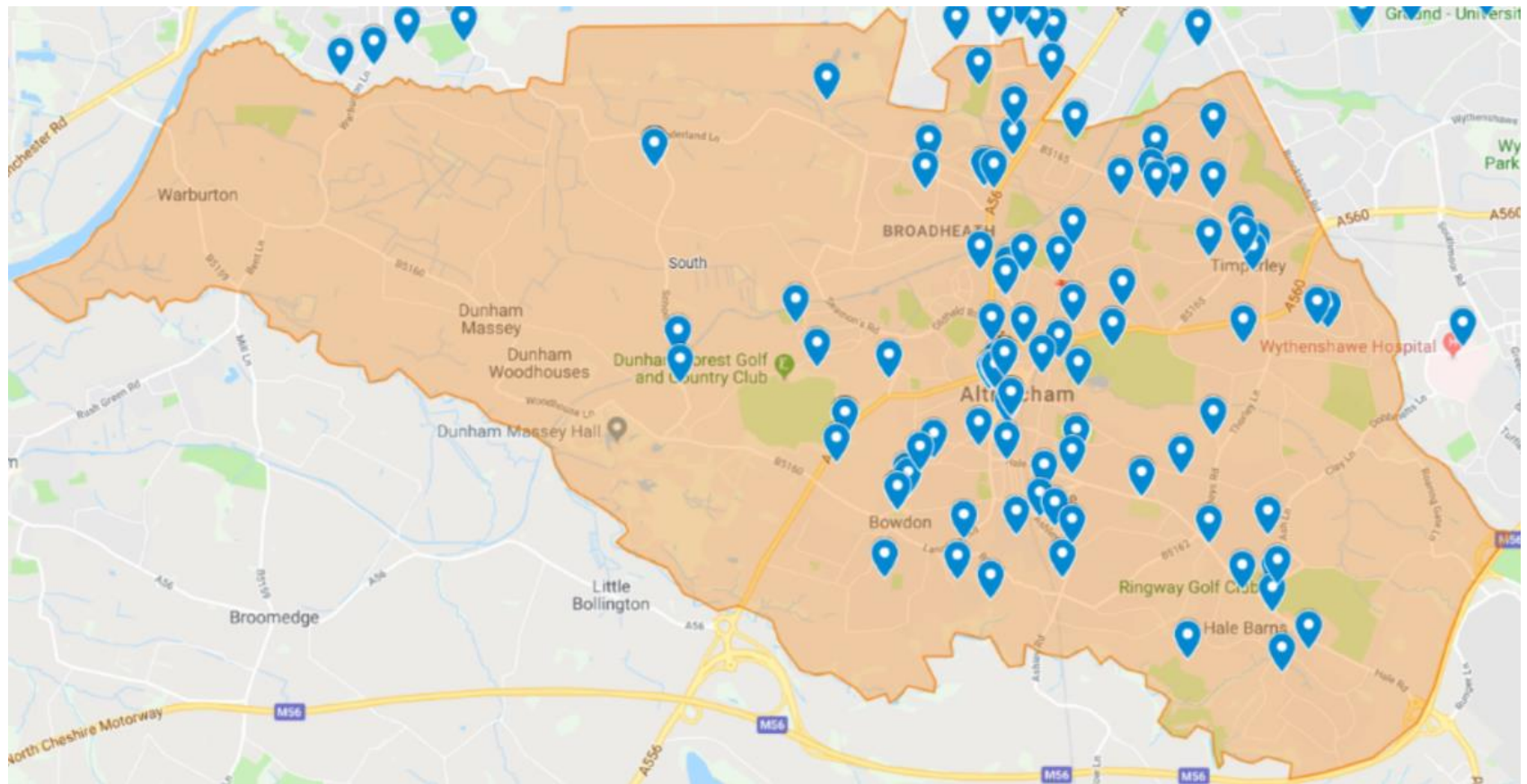
WEST NEIGHBOURHOOD



CENTRAL NEIGHBOURHOOD



SOUTH NEIGHBOURHOOD



**APPENDIX F:
STRATEGY DOCUMENT REVIEW**

STRATEGY DOCUMENTS LIST

Trafford Schools Land Report

Trafford Accessibility Strategy for Schools 2015-18

Trafford Joint Health and Wellbeing Strategy 2013-16

NMoC Final Prospectus v4 21-4-17 FINAL

Trafford CCG Estates Strategy Draft – September 2016

Trafford CCG Primary Care Capacity Analysis – Final Report 301116

Trafford Pennine Care NHS Foundation Trust – Overview July 2016

Trafford Plan to 2020 FINAL

Greater Manchester Transport Strategy 2040

Dental Estates Update – September 2018

Greater Manchester Health and Social Care Partnership Presentation 05 Sep18 v3.1

Greater Manchester Mental Health Strategy

Greater Manchester Health and Social Care Strategic Plan Final

NWAS Strategic Winter Plan 2018 v.7

The Greater Manchester Strategy

Future Carrington Update – June 2018

Greater Manchester Strategic Housing Market Assessment Update Report 2010

Trafford Housing Strategy 2018-2023 – FINAL

Trafford Housing Strategy Action Plan 2018-2023 FINAL

Altrincham Strategy July 2014

Altrincham Town Centre Neighbourhood Business Plan 2015 to 2030

Cross Street Development Brief Adopted June 2007

GM Town Centres Challenge – Trafford Submission – Stretford

Irwell City Park Planning Guidance – Approved

Old Trafford Masterplanning Report October 2009

Partington place Shaping Principles Final 06-11-07

Refreshed Stretford Masterplan January 2018 FINAL

Trafford Park Masterplan Baseline Report October 2008

Trafford Park Vision and Implementation Report October 2008

Warburton Village Design Statement

Trafford Core Strategy – Adopted Final

Trafford Draft Local Development Scheme March 2016-2019

Sport and Physical Activity Plan HWBB Presentation

Sport and Leisure Strategy 2013-17

**APPENDIX G:
NWS STRATEGY**



Strategic Winter Plan

2018 – 2019

NWAS Strategic Winter Plan 2018-19		Page:	1 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

Recommended by	Service Delivery
Approved by	Executive Management Team
Approval date	05 September 2018
Version number	7.0
Review date	01 July 2019
Responsible Director	Director of Operations
Responsible Manager (Sponsor)	Head of Contingency Planning
For use by	All Trust employees

This policy is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

NWAS Strategic Winter Plan 2018-19		Page:	2 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
3.0	05 Nov 2012	07 Nov 2012	D Winchester	Approved by EMT
X3.1	05 Aug 2013	05 Aug 2013	D Winchester	Annual Review
X3.2	14 Aug 2013	14 Aug 2013	D Winchester	On-going review
X3.4	05 Sept 2013	05 Sept 2013	D Winchester	Update with NHS England info
X3.5	11 Sept 2013	11 Sept 2013	D Winchester	Influenza vaccination addition
X3.6	12 Sept 2013	12 Sept 2013	D Winchester/ S Desai	Joint review and update
4.0	18 Sept 2013	18 Sept 2013	EMT	Approved with amendments
4.1	25 Sept 2013	25 Sept 2013	Board	Approved with updated template
4.2	30 Oct 2013	01 Nov 2013	Board	Additions to NHSE assurance template (Appendix 1) and vaccination trajectory (Appendix 2).
5.0	24 Sept 2014	25 Sept 2014	Resilience Team	Dates changed, comments added
5.1	22 Oct 2015		A Jackson	Annual Review
5.2	26 Oct 2015	28 Oct 2015	D Winchester	Annual Review
5.3	02 Nov 2016		D Winchester	Update with consultation feedback
5.4	16 Nov 2016		A Jackson	Updated sections 4.1 and 5.5 within document
6.0	17 Nov 2016	17 Nov 2016	E Ward	Approval
6.1	18 Aug 2017		A Jackson	Annual Review
6.2	22 Aug 2017		A Jackson	Section updates
6.3	25 Aug 2017	30 Aug 2017	D Winchester	Review and update
6.4	31 Aug 2017	31 Aug 2017	D Winchester	Approval
7.0	09 Aug 2018		D Winchester	Annual Review
7.0	05 Sept 2018	11 Sept 2018	EMT	Executive Management Team approval

NWS Strategic Winter Plan 2018-19		Page:	3 of 27
Author:	Resilience Team	Version:	7.0
Date of Approval:	05 September 2018	Status:	FINAL
Date of Issue:	11 September 2018	Date of Review	01 July 2019

NWAS Strategic Winter Plan

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1.0 Introduction

The North West Ambulance NHS Trust (NWAS) has developed this strategic document to ensure that the high quality of service delivery expected by our patients and stakeholders is maintained throughout the winter period.

The winter period creates particular challenges for the entire Health Economy regardless of the additional pressures of pandemic disease or severe weather. This year is anticipated to be no exception but this winter will be set against the background of system transformation and integration, Adult Social Care challenges, increased demand.

This document is intended to draw on the experiences of past winters as well as amalgamate required actions for winter 2018/19 with current procedures and processes within NWAS. Such actions cannot themselves be considered in isolation, as it is only through the collective preparations of the whole system that the potential impacts of winter pressures can be properly mitigated.

In order to maintain the strategic focus of this document the detail is concentrated on key actions and expectations that are incumbent on NWAS, as reported to NHS England – North Region, as part of the individual (and Lead) Clinical Commissioning Groups (CCG) Winter Assurance preparations. NWAS is also obliged to offer assurances on winter preparedness to NHS Improvement and The Plan will augment this assurance process.

This document concentrates on a small number of year round processes and key, seasonal initiatives that will deliver real resilience during the winter period and ensure engagement with local health systems. It is designed to offer assurance at a strategic level that the levels of preparedness for winter in NWAS are high and that this will contribute to the resilience of the whole system. It also serves as an overarching plan to bring together the tactical and operational arrangements in each of the three NWAS Areas (Cheshire & Mersey, Cumbria & Lancashire and Greater Manchester) in associated documents.

For 2018/19 The Trust has built on experience from winter 2017/18 by re-convening a Strategic Winter Planning Group which has oversight of this plan. This group has direct reporting and oversight links into the NWAS Executive Management Team and directs the construction of the tactical and operational planning arrangements.

2.0 Planning Framework

The winter planning framework supports the continued commitment of NWAS to deliver high quality levels of the right care, at the right time and in the right place, at all times.

Most of the actions undertaken in preparation for and response to winter challenges are underpinned by normal NWAS plans and procedures which are designed to be sufficiently flexible and scalable to ensure an appropriate response but also to integrate with the wider health system.

This plan functions in conjunction with a number of other key plans and documents, specifically:-

- NWAS Major Incident Response Plan
- NWAS Pandemic Influenza Plan
- National Ambulance Resilience Unit (NARU) Resource Escalation Action Plan (under review)
- NWAS Departmental Business Continuity Plans
- North West Divert & Deflection Policy
- NHS Operational Pressures Escalation Levels (OPEL) Framework
- NWAS Clinical Escalation Plan
- NARU National Command and Control Guidance
- NWAS Tactical Winter Plan
- NWAS Area specific, Winter Operational arrangements (under development) including Festive Plans
- NWAS Winter Communications Framework and Plan

Some of these documents also have their own links to or associations with multi-agency plans published under the auspices of the five Local Resilience Fora in the North West.

It also serves to;

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- Ensure the wider health community and partners are aware of the NWAS strategy, capacity and potential challenges for this period.
- Ensure that resilience is maintained and the Trust is able to respond to changes in core business activity, up to and including declaration of a major incident.
- Provide a 'signpost' to other NWAS, core-planning documents including the Trusts Business Continuity arrangements.

2.1 Audit and Review

The plan will be subject to periodic audit and review to identify areas of improvement and good practice following each winter. It has already been approved prior to publication by the Strategic Winter Planning Group, Executive management Team and presented to the Board of Directors for assurance.

A formal, structured debrief is scheduled in the New Year of 2019 so that experiences of the winter and learning points can be explored to shape the planning process for the following year.

2.2 Christmas and New Year

There will be specific arrangements for the key dates over the Christmas and New Year period 2018, which include provision of additional operational resources (both NWAS and externally contracted) and appropriate, focussed managerial support. In addition, these arrangements will be extended both in duration and depth (where necessary and practicable) in accordance with the identified 'winter period' span and any forecasted challenges of seasonal flu, emerging pandemic disease or industrial unrest.

2.3 Development

Development of the plan is based on previous Department of Health (DH) recommendations, guidance and national criteria for capacity planning.

2.4 Assurance

This plan relates to ambulance specific issues that have been communicated, with Clinical Commissioning Groups (CCGs) as part of the NHS England - North Region Winter Assurance process, to ensure a whole systems approach. It will also aid with any additional assurances requested by NHS Improvement and support the planning processes of the A&E Delivery Boards.

2.5 Delivery

The delivery of this strategic plan within NWAS will be achieved through comprehensive operational and organisational arrangements, which are designed to provide a quality service to meet the needs of our local communities. The overall strategy will be delivered through the Tactical Winter Plan and the three NWAS Operational Area Winter arrangements which will remain sufficiently flexible to match more local workloads. The operational arrangements include the identification of 'key dates' of anticipated high demand which are derived from analysis of historical data. Such predictions will be subject to adjustment based on shorter-term impacts such as forecasts of severe weather, high seasonal flu levels, fuel shortages or other Business Continuity challenges including industrial action within or outside of the NHS.

The outcomes of such data analysis will be considered in context with the need for NWAS Operational arrangements to create surge capacity to manage increases in demand of up to 15% for a sustained period of 4-6 weeks. The NARU Resource Escalation Action Plan (REAP) will be a key driver in the facilitation of such provision alongside partnership working and constant engagement with partners in the wider NHS under the provisions of OPEL.

2.6 Area Distinctions

Due to the size, topography, demography and differential demand and capacity patterns of the NWAS footprint, it is necessary to view the requirements of each distinct geographical area individually. To this end, this plan serves to underpin the arrangements in each of the NWAS functional areas, in terms of the demands on healthcare resilience.

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Operational arrangements dealing with the NWAS response in each of the functional areas (Cheshire & Mersey, Cumbria & Lancashire and Greater Manchester) will provide the local, operational detail required to underpin this strategic plan.

2.7 Flexibility

Given the potential for significant changes to the 'traditional' or anticipated demands and as the influenza season unfold over the winter period, this plan will be subject to regular review. It is likely that further resource escalation and changes to the NWAS response will be required to be developed in a dynamic fashion as circumstances develop. Any such changes will be conducted as part of a partnership approach with other organisations in the wider health economy and in line with existing partnership agreements and policies but may also need to be measured in relation to emerging national ambulance service strategies or threats. NARU REAP arrangements can also be invoked to mitigate the effects of prolonged or acute periods of pressure or periods of Industrial Action.

2.8 Lessons Identified

In the development stages of this Plan, lessons identified from the Winter Period of 2017/18 have been considered and changes have been made to ensure that active learning has taken place to enhance the organisations and the wider NHS resilience capabilities.

An internal debrief has been arranged for early 2019 so that lessons from the winter can be captured formally and integrated into planning for winter 2019/20.

3.0 Operational Implications

3.1 Mutual Aid

NWAS has in place cross border arrangements with neighbouring Ambulance Services including the devolved administrations of Wales and Scotland, under a national Ambulance Mutual Aid Memorandum of Understanding (MOU). These arrangements have been vigorously tested during past incidences of acute pressure through public gatherings, industrial action, flooding and snow, in neighbouring services. It should be noted however that should system pressures be widespread or national, then such mutual aid may be limited in extent or difficult to negotiate when neighbouring Trusts are under similar pressures.

3.2 Demand Management

Within NWAS, resources between areas will be managed through the planning process and the evaluation of activity on a daily basis. This function will be conducted through the appropriate NWAS Strategic Commander who may during periods of pressure, be required to operate from the Regional Operational Coordination Centre (ROCC) based at Parkway, Manchester, but is also available for each NWAS Area as an on-call resource.

- The ROCC will ensure that resource allocation is managed in a way that addresses regional demand through monitoring of activity patterns.
- NWAS operates a robust on-call system which enables the activation of Strategic, Tactical and Operational Commanders together with Ambulance Liaison Officers and Loggists, at any time to incidents (including hospital turnaround issues) in any part of the Trust footprint. A member of the Trust Executive Team is also available at any time as are NWAS National Inter Agency Liaison Officers (NILO/Tactical Advisor).
- Each NWAS Area has its own Strategic Commander on call who has the latitude to maintain overall command of each area and the ability to commit funds without recourse to higher authority.
- The three delivery areas within NWAS will assess their respective activity demands and resource availability on a daily basis and where possible will allocate resources to the areas of greater demand. Close monitoring of demand and performance in each of the NWAS Major Incident Suites, will be conducted and any pressures discussed with the ROCC. These Suites may be staffed during critical periods or on a

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more protracted basis during winter, usually by a Tactical Commander and support staff.

- Staffing levels are managed and monitored via the Trusts rostering system so it is possible to actively manage abstractions and ensure that maximum cover is available for the vehicle fleet. There is also the ability to manage the provision of additional vehicles at agreed times given appropriate Commissioning arrangements. Emergency Operations Centre (EOC) staffing levels can also be adjusted to meet predicted or short term demand in such a way.
- Mutual aid support for the Trust will also be requested when appropriate from the nearest Ambulance Services of West Midlands, Yorkshire, East Midlands and North East as well as Wales and Scotland. This request will be made under existing national ambulance mutual aid arrangements but can also include the deployment of air assets.
- NWAS is also obligated to provide mutual aid to other Ambulance Services, on request in response to major incident or to assist if an Ambulance Trust declares a very high REAP level. Such negotiations will take place at Strategic level and release of resources will be highly dependant on available capacity. NARU maintain the national Mutual Aid Plan for Ambulance Services (including the Devolved Administrations).

3.3 Plan Scope

The Strategic Winter Plan 2018/19 covers the period 01 November 2018 until 8 April 2019 unless otherwise stated.

- The plan covers the identified winter pressure reporting period (to be advised by the NHS) and details the Trust's intentions for delivering its core business.
- Analysis of historical data for this period over the past 4 years will be utilised to identify the anticipated periods of increased demand.

3.4 Festive Period

NWAS Operational arrangements will give due consideration to the Christmas and New Year period, which is traditionally a time of extremely high demand. Each NWAS area will produce its own Festive Period Plan.

- The analysis of historical data has provided the key dates where activity is expected to rise considerably.
- During this period there are likely to be extremely high levels of activity and demand with peaks expected around the Christmas and New Year periods. The last working day before the Christmas Public Holidays and New Years Eve are recognised as particular risks. However, it is also recognised that other factors may change the dynamics of activity levels such as severe weather, seasonal influenza challenges, industrial action or infrastructure disruption.
- The Operational Delivery Plans detail the Trusts intentions and methodologies for dealing with the increase of activity and maintaining an appropriate safe delivery of service.
- Appropriate additional operational/staff resources from the Paramedic Emergency Service (PES), EOC, Urgent Care Service (UCS), NW111 and the Patient Transport Service (PTS) will be identified and profiled for the key dates.
- The related cost pressures will be identified and calculated for all additional resources required.

3.5 Demand analysis

The capacity levels for NWAS detailed within the Operational arrangements are designed to address the forecasted demand for the winter period. The plans take into account previous and current demands.

- Planned levels of activity have been based on historical data, tempered with any seasonal Influenza related demands which may have caused unusual spikes in the anticipated activity levels.

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- All available emergency resources (PES and EOC) will be utilised on key dates and assistance will be sought from the Voluntary Aid Societies (VAS e.g. British Red Cross, St John Ambulance and Mountain Rescue Teams), Private Ambulance Services (PAS- contracted in via an intermediary) as required, as circumstances dictate and as financial constraints allow.
- In identifying the key dates and required resources, a matrix of escalation will be devised. This allows for resource planning depending on anticipated activity levels but will be reviewed against any changes in anticipated or unscheduled activity. NWAS REAP arrangements are also available to deal with any surge in demand or adverse pressure on the Trust.
- Information regarding those dates of predicted NWAS high demand will be shared with each Acute Trust so that appropriate measures can be taken to reduce the impacts on the whole system.

4.0 NWAS Strategy

NWAS planning will be continuous up to and through the winter with regular meetings scheduled to ensure that focus is not lost. This will include dedicated agenda items on a range of existing and regular meeting schedules. Periodic performance teleconferences will also continue with the option to revert to a daily reoccurrence should pressures dictate.

NWAS has in place long-standing processes, which expedite rapid call pick-up and allocation times. Resource profiling is completed in a way which best matches demand to maximise response time performance to 999 incidents.

The NWAS Regional Planning Team will ensure that demand and resource profiles are matched through analysis of staff abstraction rates (training, leave and sickness) and monitoring of unit hour utilisation for the Paramedic Emergency Service. The following sections outline key factors, which underpin the NWAS response during the winter period.

4.1 Core Response Measures

NWAS uses the internationally established Advanced Medical Prioritisation Dispatch System (AMPDS). This allows NWAS to identify and prioritise all life-threatening emergency calls.

In July 2017, the Department of Health and NHS England announced new ambulance service standards as part of the Ambulance Response Programme (ARP). The aim of the ARP programme is to improve patient care and survival. ARP is the result of the largest study of an ambulance system ever completed, anywhere in the world. More than 14 million ambulance calls were monitored as part of a trial, with no patient safety concerns.

The new system enables ambulance services to be much more stable and able to deal with unexpected events and peaks in demand. ARP will make sure the best, most appropriate response is provided to patients, first time.

From 7 August 2017, there are four categories of call:

Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of 7 minutes and within 15 minutes at least 9 out of 10 times.

Category two is for emergency calls. These will be responded to in an average time of 18 minutes and within 40 minutes at least 9 out of 10 times.

Category three is for urgent calls. In some instances patients may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.

Category four is for less urgent calls. In some instances advice may be given over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

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- Call pick up times are constantly monitored against nationally set standards in all EOC's. This information is displayed in real time on the Trusts performance management dashboard, which is accessible to all appropriate managers. This information is also monitored in each Major Incident Suite and the ROCC.
- Activation times are monitored and reviewed daily by Sector and Operational Managers. Improvements aimed at reducing activation times include the utilisation of strategically placed deployment points as part of a Patient Centred Deployment (PCD) Plan.
- North West Divert and Deflection Policy provides an agreed process for Senior Trust Commanders to follow to ensure safe treatment and movement of patients across the region and to address any short term blockages through agreed deflections.
- The NWS Urgent Care Desk (UCD) and Directory of Services (DoS) are designed to augment the prioritisation of 999 calls.
- Analysis of historical data ensures that NWS are able to place resources appropriately and use relief staff in an effective manner.
- The Patient Transport Service (PTS) is also integral to NWS strategic planning for winter in consideration of the overall provision of contracted, non-emergency transport services. It should be noted that NWS is the contract holder for PTS in Cumbria, Lancashire, Greater Manchester and Merseyside while the West Midlands Ambulance Service provides the same function in Cheshire, Warrington and the Wirral.
- NWS will be required to provide event cover (i.e. football matches or mass gatherings) during the winter period. The resourcing of these events is over and above that which is required to deliver the operational delivery plan. These events may coincide with dates of anticipated high activity, as identified in the key date information. Such events are managed through partnership between the Trust Resilience and Operations Teams together with the event organisers, Police and Local Authorities.
- The 'Make the Right Call' (<http://www.maketherightcall.co.uk>) campaign is aimed at advising the public on the appropriate use of the of the Ambulance Service and signposting suitable alternatives for minor ailments. The Trust Communications Team will provide public information through broadcast and social media outlets utilising national templates for any publicity.

4.2 Demand Surge Mitigation

NWS can meet a sustained increase in activity and cope with significant activity increases over short peak periods but acknowledges the challenges that may face the region and the wider NHS, particularly in respect of any widespread event such as an outbreak of pandemic disease. It is recognised (and a lesson identified by all health partners in previous winters) that the Ambulance Service reaches its capacity limits very quickly during severe challenges. A dynamic but constant evaluation and review of the pressures on the Trust is made weekly at the Executive Management Team (EMT) and daily within the ROCC. The NARU REAP arrangements can be used at short notice to mitigate demand and generate additional capacity short of declaring a major incident. Shorter term effects can be realised through application of the Demand Management Plan (DMP) levels to deflect demand in a measured and safe manner.

5.0 Mitigation Initiatives

NWS employs the following initiatives to enhance service delivery:

- The NARU Resource Escalation Action Plan identifies rising trends in operational and organisational demands and facilitates escalation/de-escalation through the nationally set REAP levels.
- Trigger mechanisms have been established through REAP arrangements that allow NWS to respond promptly to substantial increases in demand, in either specific areas or Trust wide.

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- NWAS REAP arrangements remain active at all times. The Strategic Winter Plan should be viewed as an adjunct to this and not as a replacement.
- The Trust is engaged with national partners to ensure the REAP elements are reflective of current and future challenges including the NHS OPEL (Operational Pressures Escalation Level) Framework, which standardised local, regional and national escalation levels to respond to severe pressures on the NHS.

By adopting a consistent NWAS approach, the overall ethos of OPEL can still be reflected in NWAS actions. Indeed, the NHS E/I OPEL Framework document underscores that system wide pressures can be resolved through close partnership working in order to manage surges in demand or capacity challenges. It also recognises that local A&E Delivery Boards have the latitude to align existing systems to the standard OPEL triggers and terminology as well as identifying that a rigid, sequential escalation is not always necessary or appropriate. Importantly, the Framework continues to emphasise that “Not all parts of the system need to meet all triggers in order to escalate – escalation can be service specific if agreed locally.”

In order to communicate the NWAS stance at any given request for the Trust to escalate in parity with an Acute Trust (excepting regional challenges beyond normal surges i.e. significant or major incident) a standard approach will be adopted to ensure consistency of message and action. Each request for escalation or notification that a particular Acute Trust is escalating to a higher OPEL Level will be responded to with a statement which echoes the following declarations;

- NWAS is currently operating at a Trustwide REAP level of ‘xxxxx’ which equates to Level ‘xxxxx’ of OPEL.
- All necessary actions for NWAS under REAP have been considered and already implemented or held in reserve should the situation become more challenging.
- NWAS is committed to support both whole system resilience and the management of local surge pressures against the background of patient care and protection of NWAS core business obligations.
- NWAS will support any local measure to relieve pressures as far as practicable and within the overall confines of our prevailing REAP level which reflects the overall pressures experienced by NWAS and cannot be flexed locally.
- Engagement with local NWAS managers on duty or on-call is essential so that appropriate supportive measures can be discussed.

5.1 North West 111

Forecasting and Planning

NW 111 now possesses three years of historical data. This assists with accurate demand forecasts that will deliver improved roster efficiency and accuracy. Ultimately this will assist in delivering a more consistent and improved performance compared to previous winters. As with previous years, week commencing 24/12/18 is expected to be the busiest of the year with demand remaining high the following week and into January. To ensure the best roster cover NW111 reduce levels of managed shrinkage, such as annual leave and planned offline activities, for these key weeks.

The improved accuracy of forecasts allow for more accurate recruitment planning. NW 111 has already commenced winter recruitment for both Health Advisors and Clinicians.

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Service Delivery

NW 111 already operates a diverse approach to delivery, with the aim of improving patient experience. NW 111 will utilise the delivery methods of the previous winter. This includes;

- Cold and Flu Pathways – this is delivered through IVR and represents more than 5% of NW 111 demand. Patients are presented with a range of self-care options as well as assessment, dependant on the needs of the patient.
- Streaming at front end of patients aged 5 and under and currently unwell this is delivered through IVR and seeks to ensure patients five and under are managed, in the first instance by a clinician.
- Homeworking for clinical staff – to increase clinical numbers, especially on peak days, NW 111 operate homeworking. Clinicians can log on for key peak shifts at home.

To ensure the maximisation of all the potential workforce over the peak days and winter overall, NW 111 will utilise non front-line staff, such as;

- Pathways trained administrative staff will perform front line call taking role.
- Audit and Governance Team deployed into front line roles.
- Front line managers working in front line and operational roles.
- Increased senior management support.
- Clinical Managers able to work additional hours from home (via homeworking pilot).

Forecasts are reviewed regularly to ensure any variations to demand are met.

5.2 Demand Management Plan

The NWAS Demand Management Plan is now fully embedded and utilised regularly. This plan provides a risk based framework to enable flexible resourcing decisions to be made in the Emergency Operations Centres. The overriding function of this plan is to ensure that NWAS maintains the highest achievable level of clinical care in the face of demand levels that greatly exceed capacity.

This plan:

- Is applicable to the EOCs, the Urgent Care Desks (UCD) and the Regional Health Control Desk (RHCD) but has no specific actions for front line staff.
- Is considered in conjunction with the National REAP levels and will be employed in conjunction with this plan where appropriate and necessary but is routinely used as a stand alone plan.
- Should only be invoked with the sanction of a senior NWAS Manager or Director with Strategic command status and following discussion with EOC managers.
- Provides an escalating set of flexible, tactical options to apply a further level of triage (over AMPDS) which may result in certain calls being rung back for reassessment, deflected or be assigned a delayed response in order to priorities resources to the most immediately life threatening calls. Patients are always informed of the appropriate disposition of their call.

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5.3 Clinical Hub

The NWAS Clinical Hub operates as a virtual 'hub' with bases in Merseyside, Lancashire and Greater Manchester, in the relevant EOC providing a number of functions.

Primarily the desks utilise a robust telephone triage tool to support patients through a Hear & Treat model, answering low acuity calls.

The virtual hub also provides clinical advice and support to NWAS operational staff and a process for clinical leadership and support for all staff and managers has to facilitate access to Paramedic, Senior Paramedics, Advanced Paramedics, Consultant Paramedics and occasionally, Doctors.

Police/Fire & Rescue Command colleagues can also access this clinical advice through a SPOC telephone number; this will support on scene decision making and reduce on scene time.

These desks are able to provide;

- Clinical advice
- Support for solo responders to enable them to leave scene whilst awaiting transport; including booking taxis where appropriate
- Access to senior clinical support for the Advanced Paramedics
- Direct telephone consultations with patients after initial categorisation
- Healthcare Professional Bureau to ensure HCP/IFT bookings receive the right type of transport, in the correct timescales for the patient's needs

5.4 Urgent Care Service

The Paramedic Emergency Service within the North West has over many years, developed and deployed a range of operational resource often constructed to meet specific needs or changes within the operational environment nationally or in more localised initiatives. The PES fleet has undergone realignment in order to match closely resources to the categorisation of ambulance calls.

The standardisation of the Urgent Care Service fleet in terms of vehicles, training and equipment has allowed the Urgent Care Desk to manage Cat 3/4 calls through a process of Pre-Determined Attendance, and the type of vehicle (or action if 'no send') matched to the severity of the call, thus the options are;

- Despatch an Emergency Ambulance
- Despatch a RRV for a Face to Face assessment
- Redirect the call to the NWAS UCD
- Despatch a USC higher transport resource
- Despatch a UCS transport resource

This change of disposition enhances capacity and increases the availability of the core Emergency Ambulance fleet that can then be targeted at lower acuity calls. Voluntary Aid Society or Private Ambulance resources can be similarly tasked where they have been commissioned directly.

5.5 Regional Operational Coordination Centre (ROCC)

Since the end of February 2018 the ROCC has moved to a 24/7 function staffed by a ROCC Duty Manager. ROCC Strategic Commanders provide cover across extended periods, seven days a week.

The ROCC is managed by a Duty Manager whose role is to monitor and review operational pressures across the NWAS footprint and provide direct management to the Regional Health Control Desk (RHCD) and Greater Manchester Urgent and Emergency Care Hub (GMUEC) Coordinators. Liaise with EOC's, NWAS Managers, other UK Ambulance Services and Wider NHS Management regarding Provider Organisation pressures and provide reports to NWAS and the wider NHS on system pressures.

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The primary role of the ROCC based at Parkway is to be responsible for:

- Resource oversight/monitoring – Emergency Operations Centre (EOC)/Operations/Urgent Care Desk (UCD)
- Activity/demand monitoring – Demand Management Plan (DMP) monitoring
- Horizon scanning – publishing the ‘Emergency Demand Predictor’ each Monday
- Coordination – Business as Usual and Major/Large scale Incidents
- Single point of contact for UK Ambulances services and wider health economy partners
- Regional overview - for UK Ambulances services and wider health

5.6 Regional Health Control Desk

The RHCD provides real-time monitoring of health economy pressures, through daily contact with Acute Provider organisations, gathering soft intelligence relating to capacity and demands within these organisations, reviewing against activity and working to mitigate where possible any impact of increases in demand. The RHCD team consistently monitor and scrutinise delays in handover and any delays noted in clearing by ambulance crews are pro-actively managed.

The RHCD is covered 24/7 and works alongside the GM UEC Hub Coordinators, both of whom are managed by the ROCC Duty Manager. This dovetailing of local and regional perspectives provides rich intelligence and a pragmatic approach to problem solving. Ensuring pre-emptive and timely escalation occurs to Acute Provider on-call/management teams to request mitigation occurs at the earliest opportunity to support the risk of patients waiting in the community due to delays occurring within Acute Providers.

RHCD Coordinators continue to escalate delays over 60 minutes to Executives at Provider Organisations and continue to proactively monitor delays over the 15 minute threshold for clinical handover. The ethos of early escalation continues to be relevant and practiced by all ROCC functions.

5.7 Greater Manchester Urgent and Emergency Care (GMUEC) Hub

All GM health care providers are signed up to the hub and it is seen as neutral and an ‘honest broker’ between health and social care systems and now has live data feeds from each acute trust and NWAS, GMHSCP is looking to gain direct input from primary care and community to give a whole system overview. This live data is used to identify pressured systems and provide support / intervention where necessary.

The hub is has become a single point of contact for GM Systems and is accepted as the conduit between GM Health and social care systems and National / Regional Colleagues, by having a real time understanding of activity and pressures the Hub managers are able to respond to National enquiries on the previous day where trusts have hit performance triggers.

The hub is also seen as a mediator/facilitator between systems which has enabled the team to resolve issues with transfers and repatriations when capacity is challenged across GM, an SOP for this process is to follow. The GM UEC Hub will hold central records of transfer and repatriation requests with delay and escalation triggers with associated actions. The hub also acts as a mediator between acute trusts and NWAS when there are turnaround delays enabling a working plan to ensure ambulances are released in a safe manner. Acute trust senior management teams accept feedback from data analysis on trends and repeated issues and associated

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suggestions for change of practice. The team is seen to provide this feedback in a non-judgemental and supportive way.

The Hub also provides a watching brief on large scale incidents and issues which do or have the potential to affect the healthcare economy, this has enabled systems to 'step up' and prepare to predicted issues e.g. Flu, Extreme Weather Events,

Across the winter period the GM UEC Hub will operate as the GM Winter Room and coordinate the GM oversight and reporting to national level as appropriate.

Several UEC initiatives have been developed and are being explored under the UEC Hub banner;

- **Discharge profiling with PTS** and other transport providers at the start of the day to maximise the potential for early discharge.
- **Intelligent divert:** automatic diverting of low acuity patients to smooth demand before a pressure queue forms in an A&E.
- **Health Care Professional referrals:** this work is exploring the potential for improvements in the management of demand arising from HCP referrals.
- **Transfer and repatriation of patients across GM:** The GM system has an agreed Policy that seeks to minimise delays for patients waiting to be moved between GM hospitals, it will be a part of the GM UEC Hub role to facilitate and assist in that movement.
- **Ambulance handover at A&E across GM:** The recently refreshed national drive to achieve the 15 minute handover for ambulance patients remains a GM priority.

5.8 Pathways Directory of Services (DoS)

The Directory of Service is a national clinically profiled database. It has over 8000 services in it for the North West alone. It is used by Clinicians and Health Advisors within the North West and across England to refer patients to the right place on the first attempt, safely. It is crucial to aiding reductions in Emergency Department attendances and in turn, non-elective admissions.

The ongoing task is to ensure that the Directory of Service is an accurate reflection of the services available to patients at any given time. To achieve this, there are over 10 people across the North West working with each Clinical Commissioning Group (CCG) to ensure the information that is provided by their commissioned services to populate the Directory is completely accurate.

The Directory of Service's main user base is NW 111, however, access can be granted where appropriate to other Health Care Professionals who could benefit from having access.

5.9 Discharge arrangements

NWAS is able to provide patient transfers at the shortest possible notice, based on clinical priority or response to hospital pressures e.g. to move inpatients between hospitals, or to discharge patients. This can only be achieved through the negotiation of 'over contract' agreements with individual CCG's or Hospital Trusts.

- The NWAS PTS leads will be available to all Trusts to establish additional PTS non-emergency vehicle requirements in addition to current contractual arrangements for out of hours in those areas where NWAS holds the contract.
- EOC will collate transfer requests and sit-rep information and forward to CCG's and Acute Trusts as required.

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- The Urgent Care Service will support this function.
- NWAS operated PTS services will be staffed throughout the identified critical periods and support the demand placed upon the Service only where appropriate arrangements exist.
- Supplementary arrangements are in place for St John Ambulance and British Red Cross to provide support but it should be noted that there is a limited budget for these and other Private Ambulance providers which may reduce the frequency of use.

5.10 Additional measures

The NWAS approach to winter will be 'business as usual' as far practically possible but a range of additional measures will be employed to mitigate the effects of increased demand or loss of capacity. These include;

- Executive focus – individual members of the NWAS Executive Team have been allocated geographical areas of responsibility and this level of engagement supports wider EMT scrutiny of winter plans and performance.
- PTS staff and vehicles can be utilised to assist PES in reducing admission, discharge and transfer pressures as and when required under the Trusts REAP arrangements and in such times as a major incident. This will require engagement with and agreements from the appropriate partners as it is designed to assist the wider health community.
- Additional front line staff together with operational management support will be deployed on the key dates identified in the Operational Delivery Plan, subject to appropriate capacity and identified investment to meet the need.
- Annual leave and other staff abstractions for all Service Delivery staff will be monitored and strictly controlled for the period encompassing the Christmas and New Year Public Holidays and beyond. For identified weeks during this time, an 8% limit on leave allowed has been agreed. Staff sickness absence will be subject to the same level of scrutiny and management.
- The NWAS Fleet care department is available to meet operational requirements throughout the critical period. They will also provide a 24/7 on call facility as dictated by demand and capacity.
- A Memorandum of Understanding (MOU) exists between NWAS and St John Ambulance in the event of a Major Incident. The Trust is also able to mobilise certain VAS resources during times of high activity, however there is a cost for some parts of this service and its activation requires sanction by an NWAS Strategic Commander/ Head of Service. It should be noted that SJA are often subject to the same event and activity pressures as NWAS during the winter and have their own issues with volunteer sickness or event commitments so such support cannot always be guaranteed.
- A national MOU for mutual aid from other NHS Ambulance Trusts exists. This is predominantly for Major Incident support but in the scenarios of Business Continuity challenge including widespread severe weather, national high activity, or when informal support from adjacent Ambulance Trusts cannot be guaranteed.
- At times of excessive demand, the triggers within the NARU REAP may require redeployment of seconded clinical staff fulfilling a non-clinical role. This decision will be taken in line with the processes detailed in the Plan.
- Extensive Business Continuity arrangements are in place to minimise the impact of any additional disruptive challenge to the operation of the Trust.

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- The standing NWS 'On- call' arrangements (Commanders and support staff) continue as usual but may be enhanced/augmented for times of experienced or predicted pressure. These arrangements include senior clinicians on call.
- NWS Commanders have been provided with a North West Divert and Deflection Policy which summarises the actions to be taken in the event of pressures at individual hospitals or across entire Acute Trusts.
- Hospital Arrival Screens are well established in EDs and other locations to assist with patient flow through the departments. Additional Ambulance Liaison Officers have been recruited to provide a physical presence at ED's experiencing delays in transfers of care from NWS to Provider Trust clinician and assist in the release of vehicles to increase availability. Early escalation of any delays in transfer of care issues through the NWS on call structure is considered as essential.
- Local personnel policy includes flexible deployment of staff and the facilitation of contingency arrangements.
- Staffing levels over a 24hr period are an integral part of service delivery.
- Sector and Operational Managers (PES, EOC and PTS) have confirmed staffing levels, which are communicated at the weekly service delivery meetings. Additional hours are profiled to meet demand on key dates and these will be subject to scrutiny at the appropriate meetings. Staff Abstraction rates are monitored closely.
- Vigorous management of absenteeism through NWS Sickness Policy.
- The NWS Pandemic Influenza Plan contains contingencies for support staff redeployment during the flu risk period should a pandemic situation arise.
- The Trust's BCM arrangements include departmental and staff mapping analysis to enable support to be re-directed to critical functions if required, at times of severe pressure. Dedicated arrangements to deal with periods of Industrial Action are also in place.
- Additional front line staff, together with operational management support, will be deployed on the key dates identified in the Operational Level Plans.
- Staffing levels are profiled according to demand patterns. EOCs will be fully staffed and shifts will match demand on key dates.
- Planning with voluntary agencies (SJA, BRC, and Mountain Rescue) is regular and ongoing.

6.0 NWS Performance Improvement Plan

The Performance Improvement Plan (PIP) was endorsed by the Strategic Partnership Board in May 2018 and aims to ensure that NWS will deliver performance standards set by ARP for categories 1 to 4 calls at mean and 90th centiles.

6.1 PIP programmes of work

The PIP is focussed on;

- Fleet reconfigurations
- Emergency Operations Centre (EOC) efficiencies

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- Roster changes
- Increases in Hear & Treat and See and Treat

Which are supported by workforce, patient safety and hospital turnaround enablers each with a dedicated Executive lead.

6.2 Fleet Reconfiguration

Additional Double Crewed Ambulances (DCAs) have been added to the fleet above establishment baseline and general increases in staffing have been achieved through the decommissioning of Rapid Response Vehicles (RRVs). Further RRV decommissioning and fleet re-profiling is set to continue to optimise clinical response against ARP requirements. While some of the DCA gains have been achieved by retaining older vehicles the balance is being redressed with the steady arrival of brand new Emergency Ambulances on a phased basis.

6.3 EOC Efficiencies

EOC changes are critical to the maintenance of patient safety and delivery against performance standards and to these ends the following areas are subject to tight focus.

- Increase in call pick up (CPU) performance to 95% within 5 seconds. To be achieved by rota realignment to match call-taker availability to demand.
- Reduction in average handling time (AHT), and monitoring of downtime between calls ('not ready time') to improve call taking productivity. Clinical 'floorwalkers' have helped drive down call lengths.
- Earlier identification of category 1 calls and improvements in call flow.
- Increases in EOC staffing and profiling of recruitment, training and induction in advance of winter period. This includes additional operatives with distinct remit to manage routine calls into EOCs.

6.4 Increases in Hear and Treat (H&T)/See and Treat (S&T)

Introduction of the Adastra platform has influenced increases in H&T performance over the summer as has the utilisation of Acute Patient Assessment Service which in areas challenged by high hospital turnaround times, has assisted in maintaining operational performance. H&T incidents reduce inappropriate use of resources and maximises the availability of responding vehicles. S&T performance has also increased although not as much as anticipated despite the introduction of a range of enhanced patient triage tools, clinical pathways and alternative referral dispositions.

6.5 Workforce

Targeted workforce increases in preparation for winter is underway with a focus on EOC Emergency Medical Dispatchers (EMD) and EOC clinicians to support EMDs when dealing with at risk patients (should the line be disconnected). The recruitment and utilisation of Advanced Paramedics to provide diagnostic support in EOCs is also ongoing. Additional rotational clinicians are being recruited to offer cross discipline support between EOC, Operations and the Clinical Hub.

6.6 Hospital Turnaround

There is a requirement for Ambulance/ED Handover to occur within a 30 minute standard and work is continuing to improve performance on a collaborative basis. Those EDs with averages which exceed this standard are receiving particular attention and the aim to agree MOUs to manage persistent issues remains. Measures to aid this process which have been introduced or strengthened include changes to triage, static Hospital Ambulance Liaison Officers/Clinical Coordinators to improve flow and wider admission avoidance strategies.

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7.0 Communications

NWAS has in place a robust Winter Communications Plan, which has been developed using a National Communications Template. The plan supports the NWAS Strategic Winter Plan, seasonal Influenza vaccination programme and NWAS Pandemic Influenza Plan as well as contributing to the Trust compliance with the Civil Contingencies Act (2004) in terms of 'warning and informing'.

7.1 Communications Activity

The Communications Framework covers five broad areas of activity;

- General Winter and Flu communication – already underway to support the Seasonal Influenza vaccination programme, 'Make the Right Call' Campaign and national 'Stay Well this Winter' campaign.
- Pressure related communication – in reaction to increases in operational and demand pressures.
- Business Continuity Management – staff communications during periods of pressure to ensure continuity of core services.
- Communications specific to the post winter recovery period.
- Public safety messages around key dates (e.g. 5th November, New Years Eve).

Messages will be disseminated over a range of platforms and media (Social Media, print and broadcast) with internally generated leaflets being used to reinforce winter messages to our patients on PTS and emergency journeys. Face to face opportunities will also be exploited or targeted with messages tailored to audiences for maximum impact.

7.2 Specific Objectives

Communication activity will assist in mitigating some of the demand pressures that NWAS will face during the winter period. Specific actions will include;

- Providing our staff, our volunteers and the public with health and wellbeing advice including why they should have the flu vaccination
- Informing the public about making the right choices to access care if they are unwell, especially when to call 999 and when to use other services such as NW 111
- Raising awareness of the ambulance services role in tackling winter pressures amongst NHS organisations and key stakeholders
- Engaging with staff about our efforts so they feel informed, listened to and able to act as a trusted source of information to patients on winter health matters

7.3 Public Health England, Cold Weather Plan

The national Cold Weather Plan is a framework document which is intended to protect the health of the population due to the effects of cold weather. By alerting people to the negative health consequences of prolonged or severe cold weather, the plan aids both health organisations and the general public in preparing and responding accordingly to cold weather.

A series of steps are recommended by the plan to reduce the risks to health from cold weather and these include ensuring the receipt of the regular Meteorological Office, Cold Weather Alerts and associated Planning Advice. These emails contain detailed forecasts (or alerts should trigger thresholds be breached) to signal impending cold weather and allowing appropriate actions to be taken. The four levels - Level 0 (Year-round planning) to

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Level 4 (Major Incident) each have their own targeted and tiered actions for various agencies which will be considered or enacted upon issue of the appropriate alert.

These alerts and forecasts are received by the NWAS Resilience Team, Emergency Operations Centres, The ROCC and Communications Team.

The current version of the Public Health England Cold Weather Plan can be found here;

<https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england>

Local Resilience Fora all have multi-agency severe weather arrangements and NWAS remains an active partner in the planning and response to such incidents to support patient care, wider public safety and staff support.

8.0 Reporting Mechanisms

If directed, UNIFY2 can be used for any requirement of SITREP reporting during weekdays, unless the level of pressure dictates that weekend reporting is also necessary.

The NWAS ROCC will be the most appropriate place to gather the appropriate information and validate it with a Strategic Commander prior to submission to the NHS England to meet the daily SITREP deadline. This process will be clarified with the ROCC Team (as they have access to UNIFY2) and embedded in daily activity reporting for the winter period.

Those most pertinent for NWAS reporting will be;

- A&E Closures.
- A&E Diverts.
- Ambulance handover delays of over 30 minutes.

It is likely that any NWAS data submissions will contribute to a triangulation of data from other sources in the NHS for further validation prior to upward briefing to the Department of Health. It is anticipated that a regimen of local and regional teleconferences will be scheduled in step with NHS England – North Region reporting obligations to the centre.

NWAS managers will continue to represent local Sectors on A&E Delivery Boards and provide detailed, local assurances or data as requested.

9.0 Seasonal Influenza

NWAS clinicians (paramedic level) can administer the seasonal influenza vaccine to all frontline staff (PTS, 111, EOC and PES). Staff communications processes will be run prior to and throughout the winter period and incentivisation is expected to increase uptake. Following the established model, flexible venues will be arranged for vaccination clinics including workplaces and the opportunity of home visits. Specially trained NWAS clinical staff, led by Advanced Paramedics, are undertaking the vaccinations. The key lessons learnt from previous campaigns will ensure that we are vaccinating earlier than previous years. We anticipate vaccinations to start as soon as the vaccine has been produced and distributed to areas.

It is anticipated that for the winter of 2018/19 there will be virtually no reliance on Occupational Health Services for vaccinations. Our 'in house' administrations will make it more accessible to frontline staff. Influenza vaccination should be seen as an augmentation of those normal infection prevention and control measures, which have been embedded within the Trusts procedures.

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The table below shows the vaccination uptake for frontline Healthcare workers across all Ambulance Trusts from 1st September 2017 to 28th February 2018. North West Ambulance Service NHS Trust ranked 4th out of 10. All Trusts showed a percentage increase from 2016/17 apart from London Ambulance Service NHS Trust.

Trust	1 Sept 2017 – 28 Feb 2018 Vaccine uptake (%)	1 Sept – 31 Dec 2016 Vaccine uptake (%)
West Midlands Ambulance Service NHS Trust	77.7	76.2
London Ambulance Service NHS Trust	55.6	65.3
South East Coast Ambulance Service NHS Trust	69.3	63.5
East Midlands Ambulance Service NHS Trust	73.4	58.8
South Central Ambulance Service NHS Trust	63.3	54.4
North West Ambulance Service NHS Trust	67.2	52.7
South Western Ambulance Service NHS Trust	56.7	49.2
North East Ambulance Service NHS Trust	54.4	48.4
East of England Ambulance Service NHS Trust	55.5	36.9
Yorkshire Ambulance Service NHS Trust	65.6	18.4

Source: Public Health England

The total number of staff vaccinated within the 2017/18 Flu Campaign was 3494 frontline staff and 446 non-frontline. As the primary objective was to increase the vaccination uptake for frontline workers, last year's Campaign proved the most successful to date with **67.2%** of frontline staff receiving the flu vaccination. This is a significant increase from the previous year, whereby in 2016 53% frontline workers were vaccinated and in 2015 52% were vaccinated which was an increase on the year prior to that.

9.1 Pandemic Influenza

The NWAS Pandemic Influenza Plan has been maintained in line with national guidance and will be invoked if health intelligence suggests the emergence of a pandemic strain and the appropriate trigger levels are breached. It is subject to an annual review and is ratified by the NWAS Board in line with EPRR Assurance requirements.

10.0 Severe Weather

Severe winter weather provides one of the greatest challenges to NWAS with snow, ice and flooding all affecting the road infrastructure. The NWAS response is detailed in the Area Operational Winter plans but essentially relies on the augmentation of the usual fleet with the following;

- All NWAS vehicles have been fitted with all-weather tyres
- NWAS 4x4 RRVs already in service including HART fleet
- Consideration of short term hire of additional 4x4 vehicles
- St John Ambulance and British Red Cross 4x4 vehicles
- Those managers with 4x4 lease vehicles
- Civilian Mountain Rescue Teams and other Search and Rescue charities
- Partner agencies eg Police, Fire & Rescue Service, RNLI, MCA, Local Authority
- Maritime and Coastguard Agency Search and Rescue helicopters (immediate lifesaving interventions)
- Military Aid to the Civil Community in extreme situations upon exhaustion of NWAS contingencies

Additionally, ambulance stations have received supplies of grit/salt and many have contract arrangements with hospital estates departments or commercial companies to provide a snow moving and gritting service. HART bases have their own snowplough capabilities to maintain access to their garages.

Vehicle recovery arrangements are in place either through NWAS Fleet Support or externally contracted sources.

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Existing, departmental Business Continuity Plans and staff mapping information will come into play in the event of major difficulties in maintaining staff cover with particular emphasis on EOC operations and other core functions. Staff welfare is paramount but individuals are encouraged to attempt to access normal work locations where safe or nearest NWAS site/alternative site as designated in local Business Continuity Plans.

NWAS Strategic Commanders have Government Purchasing Scheme (GPC) Credit Cards to support the out of hours provision of financial support for emergency accommodation or catering supplies in the event of staff being stranded or required to be billeted near a place of work.

11.0 Industrial Action

Existing departmental Business Continuity and staff mapping arrangements underpin the NWAS response to any threatened periods of industrial action.

At the time of writing, NWAS is in dispute with the GMB Union over historic Job Evaluation issues but Unison and Untie membership are working normally. A dedicated oversight group meets three times a week to discuss actions and arrangements to mitigate any effects of staff abstractions, Through robust planning and management, impacts on patient care have been kept to a minimum although significant efforts have been required to maintain operational and event cover, particularly in the Cheshire & Mersey Area where the focus of the industrial action is located.

From experience gained from previous industrial action, a specific NWAS plan has been developed to deal with the impacts of disruption through strikes and action short of strike. This plan is sufficiently flexible to be tailored to the specific type or period of potential disruption. Knowledge of potential areas of disruption or challenge has been acquired from mitigation of Ambulance Staff, Fire and Rescue Service and Junior Doctors disputes/actions over recent years and this has been factored into a range of contingency plans to ensure enhanced resilience.

This 'Constant Care' Plan can be initiated in the face of planned or spontaneous action and provides a flexible and scalable response to maintain the Business Continuity of NWAS and protect core response in the face of any degradation of capability. This plan has been updated and reconfigured for each specific sector, which may be affected by industrial action e.g. Fire and Rescue Service, fuel transport or parts of the health sector. The threat of more widespread and coordinated industrial action during the winter period has been recognised and considered in terms of NWAS and multi-agency planning.

12.0 Document Review

This document remains in a constant state of review and will be updated and amended as situations develop or change but will be formally reviewed and revised in July 2019.

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Appendix 1

NWAS Generic Strategic Intentions Template



*****INCIDENT NAME*****

dd/mm/yyyy

STRATEGIC INTENTIONS

It is the intention of the North West Ambulance Service to respond to and manage the impacts of ***** in a way that protects and saves life, reduces humanitarian suffering and is compatible with the vision and values of the NHS. Any and all actions must also comply with Statute, JESIP Doctrine and recognised best practice including ***** specific advice from *****.

Through effective coordination, sound planning and good leadership the Strategic Commander will:

1. Maintain public confidence and minimise the impact of the incident by ensuring that the Ambulance Service Provider is responding effectively to the consequences of any IA.
2. Ensure that the Ambulance Service Provider response is coordinated and integrated with the wider health and responding agencies to promote shared situational awareness and joint understanding of risk.
3. Maintain effective capacity management within the Emergency and Non-Emergency Service, and the Emergency Operations Centres by:
 - Assessing and identifying any gaps in the response capability of the organisation for dealing with this incident.
 - Identifying the need for (and requesting) ambulance mutual aid (commanders, staff and vehicles), national contingencies resources (Mass Casualty Vehicles) or national interoperable capabilities (HART).
4. So far as is reasonably practicable, take all measures and employ all appropriately identified control measures to safeguard the following people under the terms of Health and Safety Legislation:
 - Patients
 - Ambulance staff and other responders
 - Local communities and the public
5. Ensure public messages are coordinated with partner agencies and stakeholders.
6. Ensure effective Business Continuity and Recovery arrangements are in place across the organisation and review where necessary.

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7. Provide support and representation at area and sub-regional levels where appropriate.
8. Promote to all on duty NWS teams the need for sharpened focus and vigilance on both a general increase in activity and incident that is occurring in populated public places.
9. Create and maintain a well-documented, auditable plan and decision logs for the incident at all levels of command.
10. Ensure that Tactical Commanders produce a workable and appropriate Tactical Plan based on this Strategy.
11. Review this strategy every 4 hours or in the light of meetings of teleconferences convened or significant changes to the conduct of the IA including major incident declarations or capacity challenges.

Date..... Time.....

NWS Strategic Commander (print).....

NWS Strategic Commander (sign).....

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Appendix 2

Strategic Commander Winter Action Card

Winter Action Card

ROCC Commander /Strategic Commander On-Call

All decisions should be made in accordance with the Joint Decision Model (JDM) and logged



	Description	✓	Time(s)
1	Consider any running or previous logs (EOC, AOCC, ROCC, personal) and maintain subsequent entries.		
2	'Best practice' suggests maintaining a personal decision log.		
3	Gain initial situational awareness from EOC/AOCC/C3/ROCC screens. NB If the ROCC does not have a Commander on duty then the on call Strategic Commander may need to consider dialogue with counterparts in the other areas.		
4	Establish contact with <u>each</u> AOCC/EOC to determine 'ground truth' and consider; <ul style="list-style-type: none"> • Resource profile • Activity profile • EOC staffing profile • Turnaround performance by hospital and OPEL status • NWAS Performance by Trust and Area • Any indications of NHS 111/Urgent Care pressures 		
5	Assess relative risks based on above and construct working strategy based on; <ul style="list-style-type: none"> • NWAS Winter Plans • Divert and Deflection Plan • Demand Management Plan (DMP - when live) • EOC 0044 Utilisation of Managers • EOC 0032a Emergency Rule • EOC 006 Level 1 & 2 (until DMP live) • Major Incident Response Plan • REAP • Acute Trust OPEL escalation outliers 		
6	With reference to the DMP (as above) and REAP, consider any immediate action requirements or additional escalations.		
7	For those Acute Trusts reporting OPEL Level 2 or above, review the <u>Acute</u> OPEL Action Card to determine if any NWAS supporting actions are required (see below for response to requests for NWAS to escalate).		
8	Formulate working strategy and communicate to AOCCs/EOCs. (Ensure ROCC is informed/engaged if no ROCC Commander on duty).		
9	Consider immediate need for Strategic teleconferences or establish appropriate time to facilitate a planned schedule of calls (without diverting attention from maintenance of core business).		

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10	Support and challenge AOCCs and EOCs in active management of pressures and sense check tactical planning. (Ensure ROCC is informed/engaged if no ROCC Commander on duty).		
11	Consider involvement of on call support to manage actions if required (e.g. NILO or loggist).		
12	Consider contact call to NHS 111/Urgent Care to assess impacts on demand and sources of support.		
13	Consider involvement of external agency management support (NHS England/CCGs).		
14	Inform NWAS Executive on call of any significant systems failures, major risks/pressures, staff welfare issues or adverse media interest.		
15	Engage with NWAS Communications team to ensure appropriate messages are being shared on social media or via other channels.		
16	Ensure the welfare requirements of all staff are being considered and addressed.		
17	Plan beyond immediate issues to facilitate recovery and consider implementation of Business Continuity measures if required.		
18	Review actions above and repeat as situation dictates.		
19	Review all logs and prepare for handover (to on call or relief) and ensuring rationales for decisions are recorded.		
	<p>OPEL statement for Acute Trusts requesting NWAS escalation;</p> <ul style="list-style-type: none"> NWAS is currently operating at a Trustwide REAP level of 'xxxxx' that equates to Level 'xxxxx' of OPEL. All necessary actions for NWAS under REAP have been considered and already implemented or held in reserve should the situation become more challenging. NWAS is committed to support both whole system resilience and the management of local surge pressures against the background of patient care and protection of NWAS core business obligations. NWAS will support any local measure to relieve pressures as far as practicable and within the overall confines of our prevailing REAP level that reflects to overall pressures experienced by NWAS and cannot be flexed locally. Engagement with local NWAS managers on duty or on-call is encouraged so that appropriate supportive measures can be discussed. 		

V 5.0 October 2017



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**APPENDIX H:
COMMISSIONERS WORKSHOP**

TRAFFORD LOCALITY ASSET REVIEW COMMISSIONING WORKSHOP

16 NOVEMBER 2018



AGENDA



- | | |
|--|------------|
| 1. Welcome | 5 minutes |
| 2. Purpose of the workshop | 2 minutes |
| 3. Overview of the LAR process | 5 minutes |
| 4. GMSF update and potential impact | 2 minutes |
| 5. Health and Social Care commissioning intent | 60 minutes |
| 6. Q&A on the commissioning intent | 15 minutes |
| 7. Group Work Session | 15 minutes |
| 8. Group Work feedback | 5 minutes |
| 9. Next steps | 2 minutes |
| 10. A.O.B | 5 minutes |

Welcome & Introductions



PURPOSE OF THE WORKSHOP

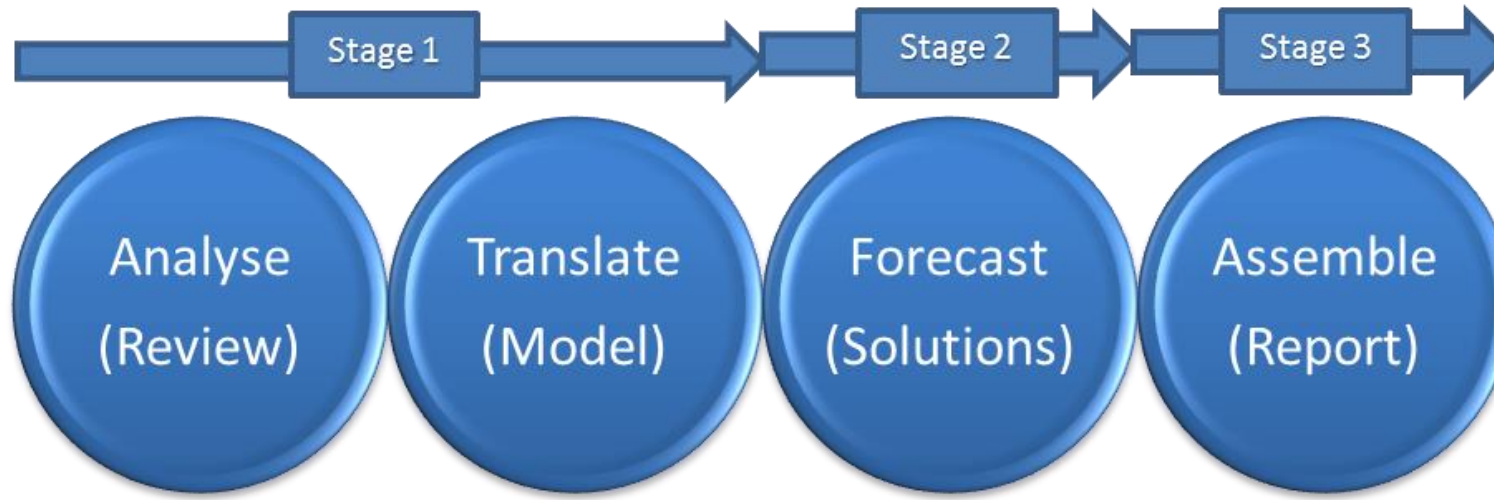
- Provide an overview of the LAR process and progress to date.
- Capture the following information across service areas;
 - Currently commissioned services
 - Key issues and opportunities
 - Future commissioning intent and likely changes to services
 - Future asset requirements to deliver services
- Ensure that the strategic direction of the Council and CCG, as key stakeholders in the LAR process, is fully understood and properly captured by the LAR team.
- Identify existing projects already being undertaken by the Council and CCG.
- Identify potential areas for asset release, swap or co-location.

WHAT IS A LOCALITY ASSET REVIEW?

- Process to aid the Trafford locality to understand its current, emerging and future strategies, service delivery, growth and assets.
- Community service and asset mapping.
- Analysing current assets and service delivery.
- Development of a holistic model meeting future community needs.
- Investment and divestment plans.



LAR PROCESS



Stage 1 – Where are we now (Complete)

Stage 1 – Where do we need to be (Being Finalised)

Stage 2 – How do we get there (ongoing)

Stage 3 – Output Trafford Locality Strategic Outline Case (SOC)

LAR OBJECTIVES



- Establish the local need through review of commissioning plans, STPs (Sustainability and Transformation Plans), JSNA's Strategic Estates Plans and models of care.
- Co-ordinate input from a broad range of public sector providers (beyond the extent of health and care services).
- Appraise how organisations may work together on a place based approach.
- Assess what property assets are currently held in the locality (based on occupancy, condition, tenure and running costs).
- Agree what property assets would be required in terms of size, location and efficient use of estate.
- Establish what estate will be available for release and potential redevelopment as housing.

STAGE 1 PROCESS

Where are we now

- Review existing data for Trafford asset portfolio including: condition, occupancy, services, ownership, premises costs, utilisation.
- Review of existing service models.

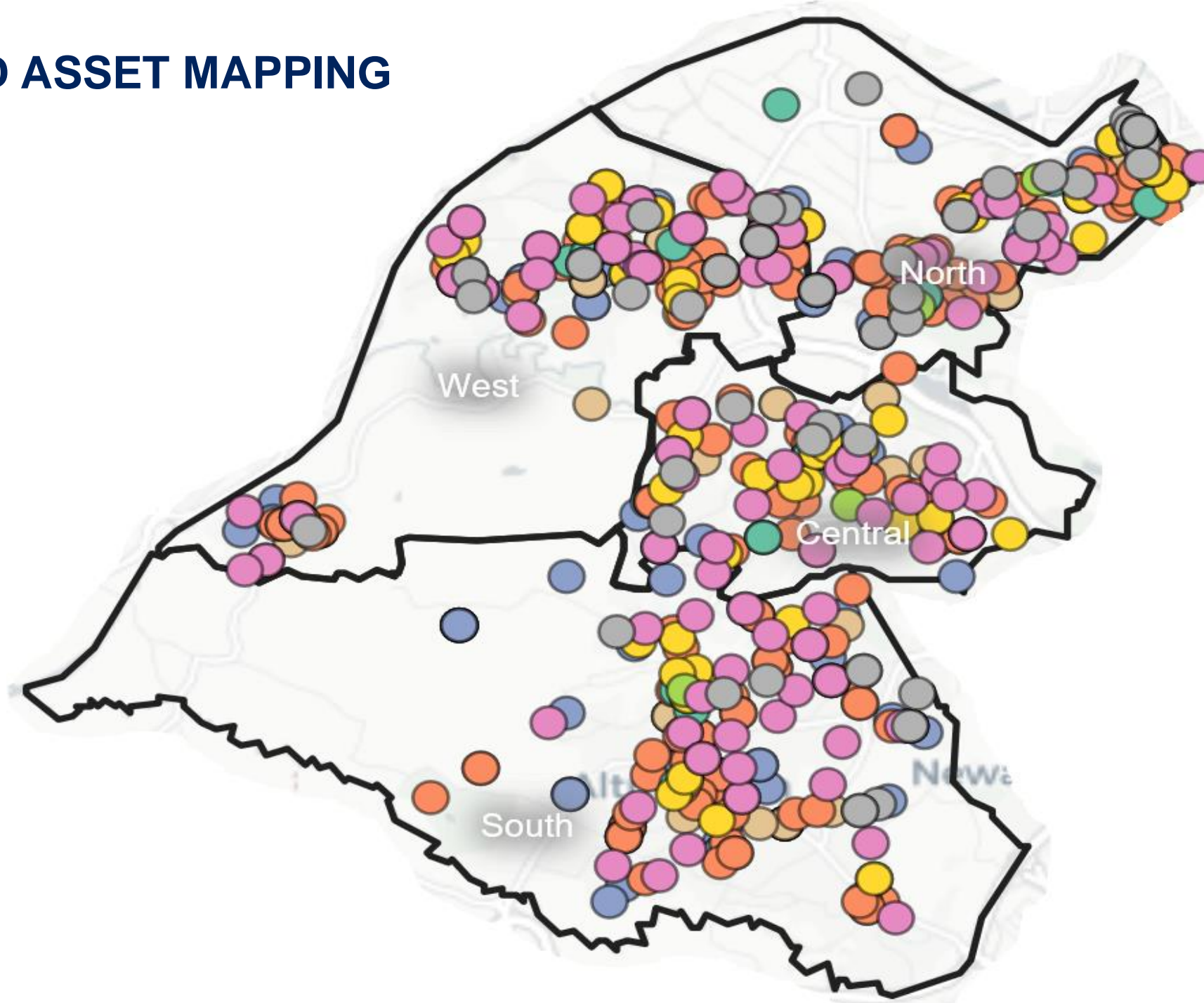


Where do we need to be

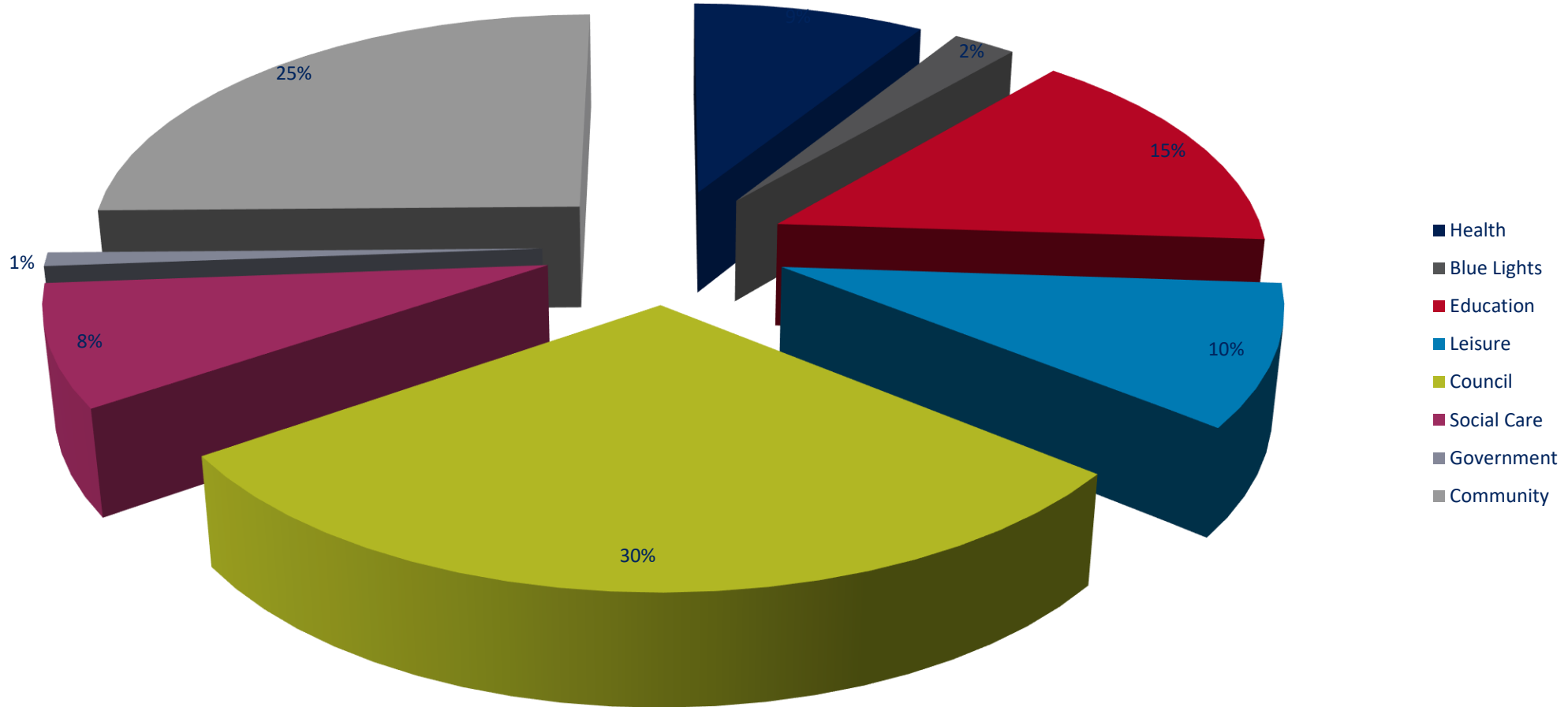
- Review the **Trafford needs** including: population, demographics, housing development.
- Review **Trafford service strategies** including: Locality plan, LA/CCG commissioning strategies, strategic estate plans, new models of care.



TRAFFORD ASSET MAPPING



Locality Property Typology



STAGE 2 & 3 PROCESS



Stage 2 – How do we get there

- Undertake GAP analysis where the locality is now and what the proposed delivery model needs to support to deliver efficiencies and improved outcomes.
- What assets are required and opportunity for integration in place based approach, plug asset gaps in suitable and cost efficient manner, rationalisation, asset release.
- Option appraisal process including high level economic appraisal, benefits appraisal, capital implications, revenue modelling, programme.
- Develop high level plan with preferred direction of travel.

Stage 3 – Output

- Trafford Locality Strategic Outline Case (SOC)
- Trafford pipeline including prioritisation, of future investments / disinvestments.

GMSF UPDATE AND POTENTIAL IMPACTS



A briefing document for executives was released by Trafford Council in October which set out the likely new total housing requirement.

The baseline housing data figures to be included within the Greater Manchester Spatial Framework (GMSF) for Trafford have been reviewed internally and are now progressing through the council prior to official release late 2018 / early 2019.

The housing figures are important in the context of the LAR as any land released for housing as part of projects identified by the LAR process will reduce the deficit of housing supply in Trafford and reduce the requirement for Green Belt land use.

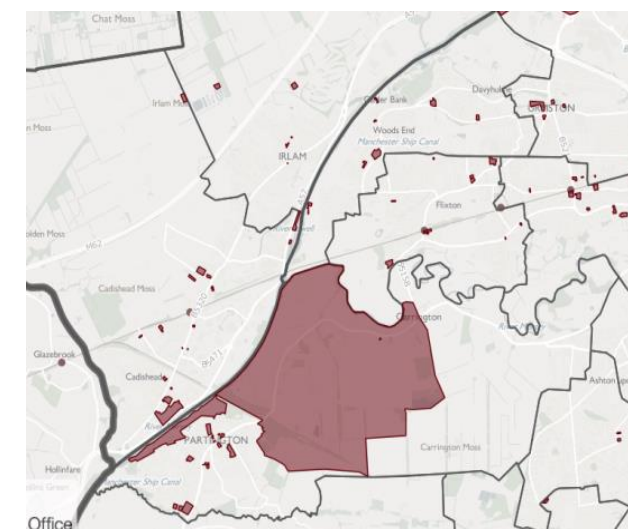
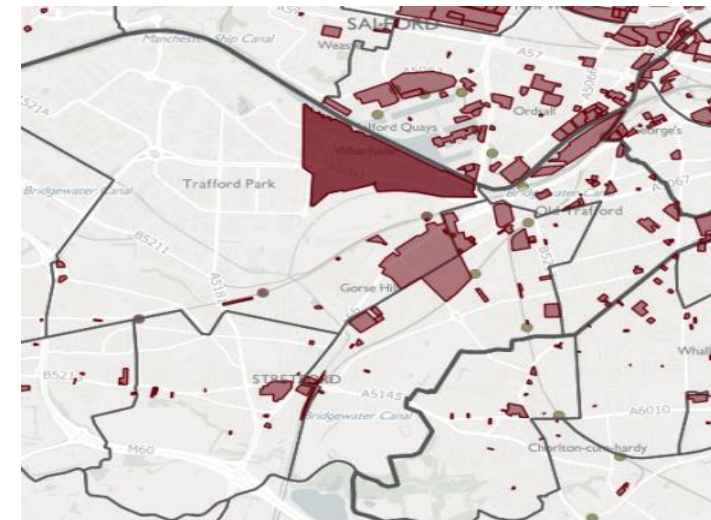
Our previous Stage 1 report contains figures that are now out of date and will be updated when the Stage 2 report is written in January 2019 to reflect the new figures.

STRATEGIC HOUSING DEVELOPMENT

The below strategic housing developments include the number of properties planned to be built within the plan period (e.g. up to 2037).

- West Neighbourhood – Future Carrington (6,100 new homes, 75ha employment space, new secondary school).
- South Neighbourhood – Timperley Wedge / Davenport Green (2,400 new homes).

A further strategic development (Trafford Waters) in the north neighbourhood is not included within the current housing figures for the plan period but if built would contribute c.3,000 new homes, office space, small scale business space and a new primary school.





Health & Social Care Commissioning Intent



All Age Commissioning - Children's

Children's Services



Services Commissioned

- Children's community health services – staff are part of the area teams and integrated with social care (Provided by Pennine)
- Healthy Young Minds (provided by Pennine)
- Placements for children that cannot be placed 'in house' – these tend to be for more complex, older children – managed through NW framework
- In house provision for fostering and residential is arranged directly between social workers and either the Family Placement Team for fostering or Sally Rimmer who is the Responsible Individual for our children's homes. These homes are Kingsway Park which has 6 beds and Old Hall Road which has 4 beds with a 5th that is used as emergency provision.
- Care Leavers - Forrest Court (owned by St Vincents) which is 5 beds and specifically for 16+ care leavers, and has support attached to this, and 24 hr concierge.
- Elstree Court is a similar provision that is commissioned but then staffed by Trafford
- Early Help services - a range of services that look to support people at a lower level of need - specifically there are two early help hubs that are important community buildings, and there is also Talkshop for the Early help offer for 11 to 19's
- Supported accommodation for those at risk of Homelessness - Greenbank



Current Issues

- Large number of expensive out of area placements for our looked after children – ideally looking to keep more children in borough, and particularly for 16+ provision
- Quality of 16+ provision – unregulated
- Need more specialist foster carers – especially for more complex children
- Matching older children in shared supported accommodation can be an issue – need enough options / scale to be able to match
- Liquid Logic – access to IT and case management systems - needed to enable agile working
- Not covering the whole borough e.g. Talkshop in Sale
- Ring fenced children’s money for early help was invested in Limelight, but now services unable to use this facility



Future Commissioning Intent

- Looking for opportunities to work in partnership with housing partners in order to create supported accommodation for 16+
- Working to keep children with disabilities at home wherever possible, through adaptations to housing
- GM agenda – looking to collaborate across areas in terms of placements – this will offer more options and may help in terms of matching individuals going into placements
- Numbers of children in care has recently hit 400+, in line with an increase nationally. 70% of cases are from edge of care – i.e. no previous involvement in services
- Early help – looking for place based – and wider coverage across the borough
- Affordable space for services, especially VCSE to run early help services (schools used, but not always ideal)





Future Assets Required

- More options in terms of supported accommodation
- Opportunity – if we have more availability of placements in Trafford, then we can ‘trade’ these placements with other GM / NW authorities
- Flexible, affordable venues for early help services, spread across the 4 areas





All Age LD, MH, Resi, Nursing, Extra Care –
Commissioning Intent



Brief

1. **Services commissioned currently including the scale of the services and the user cohort.**
2. **Current issues**
3. **Future commissioning intent and likely changes to services.**
4. **Future asset requirements to deliver services.**

Work streams for All Age Commissioning:

- **Mental Health, LD and Autism**
- **Residential, Extra Care and Nursing Homes**
- **Children's Services**



Mental Health Learning Disabilities Autism

Services Commissioned - LD

- **68 Supported Living properties providing accommodation for**
 - 224 individuals
 - Aged 18 to 90+
 - 26 current vacancies (with move-ins pending for 6 of these) new services being opened
- **Shared Lives providing**
 - 24 long term placements – increasing to 30 over next 4 years
 - Additional short breaks placements
 - Aged 21 to 70+ (can accommodate from 16+ including transition)
 - Also suitable for people with MH, autism, dementia, physical disabilities etc.
- **Respite and short term accommodation**
 - 7 bed respite unit with emergency accommodation
 - 4 flats for short term, temporary accommodation (e.g. assessment/discharge from hospital, prevent placement breakdown etc.)
- **One good neighbour scheme**
 - 6 flats for people with support needs, 6 flats for ‘good neighbours’ offering informal support
- **Residential**
 - 8 LD specialist residential homes with a total of 72 beds
 - 3 current vacancies
- **Destination or journey? Focus on moving towards independence for those coming through transition/from family home/long stay hospital. For some, current placement is a “home for life”.**

Services Commissioned - Mental Health

- **Supported Living properties providing accommodation for**
 - 83+ individuals
 - Aged 18+
 - 3 current vacancies (with move-ins pending for 1 of these)
- **Residential**
 - 9 MH specialist residential homes with a total of 140 beds
 - 23 current vacancies
- **Shared Lives**
- **Respite and short term accommodation**
- **One good neighbour scheme**

(all as per previous slide – available for people with LD, MH and autism)



Housing for People with Autism

- **No specific accommodation for people with autism without a learning disability or mental health**
- **Looking to re-purpose one scheme (Christine Court) to provide supported accommodation (up to two years) to gain independence**
- **Cohort of young people coming through with mental health concerns relating to their autism diagnosis who do not meet criteria for specialist accommodation**



Geographical Location

LD Supported Living – nearly 80% of total provision in West and South localities

Shared Lives – over 80% located in West and Central localities

Extra care – in each locality

Sheltered accommodation - nearly 70% in North and Central.



Current Issues

- **Commissioning of placements is by GMMH, not commissioning**
- **Responsibilities around quality – we know that quality of provision not great – some of this is service, some of this is about physical building not being suitable. This is both for residential homes and for supported accommodation for those with poor mental health**
- **There is a shortage of supply in borough of good quality mental health providers and suitable accommodation**
- **Accommodation not well distributed across all localities**





Future commissioning intent, changes and asset requirements

- **Autism specific accommodation – individual units with communal areas to develop an autism hub (see previous slide)**
- **Specialist accommodation in borough for people with complex behavioural needs plus move-on accommodation**
- **Purpose built individual units for people with complex behavioural needs**
- **Re-shape respite offer (smaller locality-based respite services with emergency provision within each)**
- **Additional individual units for people with lower support needs**
- **Fully map out MH services and carry out gap analysis to determine future commissioning intentions e.g. step-up/step-down service, outreach/floating support**
- **All of the above will require physical assets, with the exception of the specialist accommodation.**
- **Additional requirement for housing an LD day service (Trafford Skills) due to inappropriate current accommodation.**





Newer and emerging ideas

- **Intentional communities**
- **Evermore – 80 + year olds, in Trafford**
- **Co-housing: reduces costs by 30-50%**
- **Multi-generational housing – demand for 125,000 each year**
- **One Housing and equity release – planning for costs of care. GM version?**
- **Naturally occurring retirement communities**
- **High end retirement villages e.g. Audley**
- **Reimagine existing provision – opportunities to build community in**



Residential, Nursing and Extra Care

Services commissioned

Extra Care:

- 4 extra care schemes with 229 flats committed to providing housing to frail, less able, older people - Fiona Gardens, Elkin Court, Newhaven and Limelight
- In addition to extra care housing, there are also 43 sheltered housing units and retirement housing units.
- Extra care is a mix of 25% owner occupied and 75% rental.

Residential and Nursing:

- The number of funded 65+ residential and nursing placements in 2017/18 was 929 which equates to £10,039,628.18
- As of CQC data at 1st November, there are currently 1244 older people's beds across Trafford's 24hr care market.
- As at 12th November 2018 it is reported that there were 49 vacancies out of the 1244 available.
- Concentration in West of Trafford

Trafford Location Data by Location – Older People 24hr Care Homes (Residential and Nursing)

North

Beverley Park
[M32 9DA](#)
Area: Stretford

West

Brookfield NH
[M41 0UB](#)
Area: Urmston
Debrook Lodge Care Home
[M41 6NA](#)
Area: Flixton
Fairways RH
[M41 6EP](#)
Area: Urmston
Faversham
[M41 9EJ](#)
Area: Urmston
Flixton Manor
[M41 5QL](#)
Area: Flixton
Four Oaks Care Home
[M31 4ND](#)
Area: Partington
Haylands
[M41 0US](#)
Area: Urmston

The Knoll
[M41 9FJ](#)
Area: Urmston
Manor Hey Care Home
[M41 9LT](#)
Area: Urmston
Serendipity Care Home
[M41 0XN](#)
Area: Urmston
Urmston Manor
[M41 9EJ](#)
Area: Urmston
York Lodge RH
[M41 0UH](#)
Area: Urmston

Central

Ann Challis
[M41 9LT](#)
Area: Urmston
Ashlands Manor
[M33 5PD](#)
Area: Sale
Claremont
[M33 4RZ](#)
Area: Sale

Ferrol Lodge
[M33 2DL](#)
Area: Sale
Kara House
[M33 5AN](#)
Area: Sale
Lime Tree House
[M33 4RZ](#)
Area: Sale
Lynwood Lodge
[M33 2AL](#)
Area: Sale
Mayfield RH
[M33 3WR](#)
Area: Sale

South

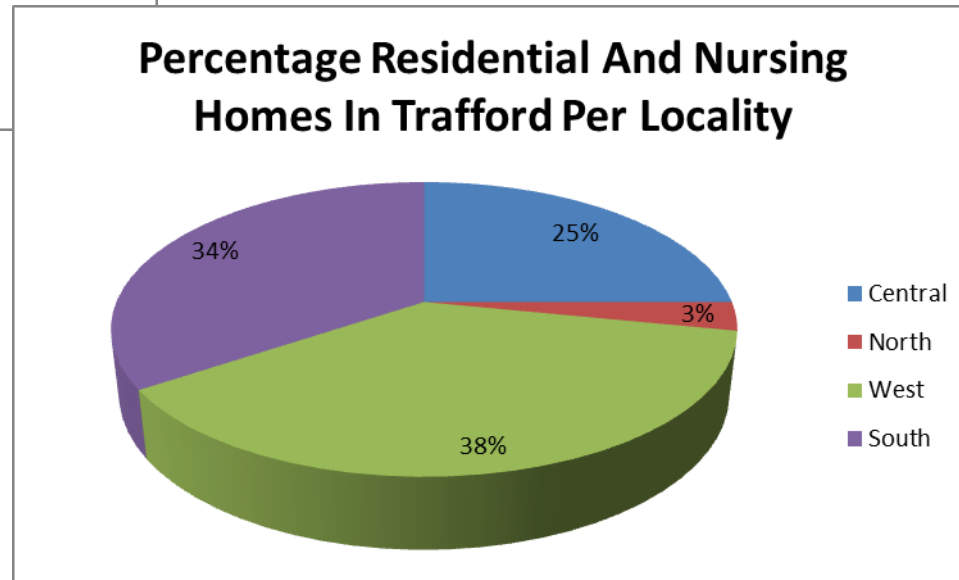
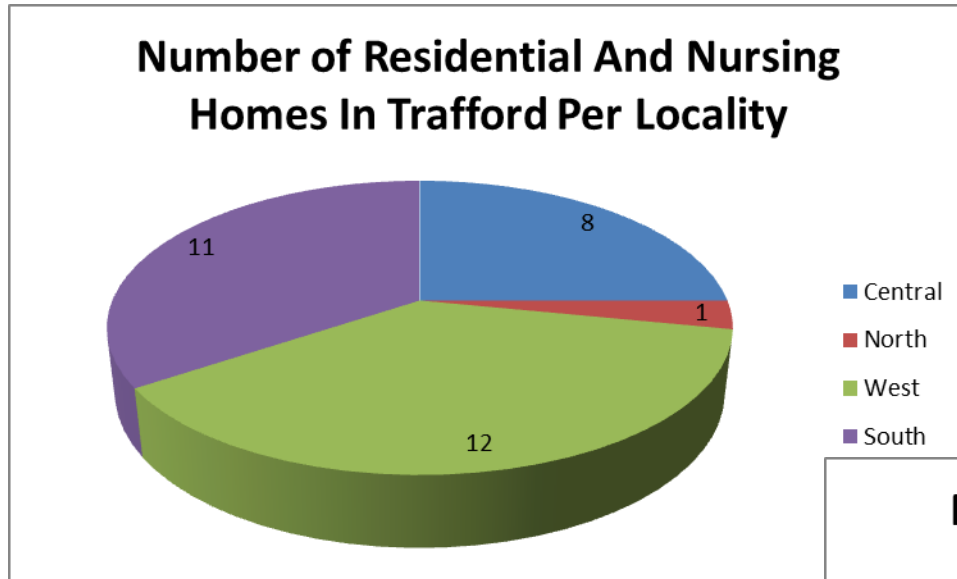
Allingham House Care Centre
[WA15 5EF](#)
Area: Timperley

Bickham House
[WA14 2SN](#)
Area: Bowdon
The Cedars RH
[WA14 2HX](#)
Area: Altrincham

Handsworth
[WA14 2LA](#)
Area: Bowdon
Heathside
[WA14 1JB](#)
Area: Altrincham
Oldfield Bank
[WA14 4QZ](#)
Area: Altrincham
Lady of the Vale
[WA14 3HA](#)
Area: Bowdon
Sunrise Senior Living of Hale
Barns
[WA15 8SP](#)
Area: Hale Barns
Timperley Care Home
[WA15 7JW](#)
Area: Timperley
Woodend N and R
[WA14 4QA](#)
Area: Altrincham
Wyncourt
[WA15 6QH](#)
Area: Timperley



Trafford Location Data by Location – Older People 24hr Care Homes (Residential and Nursing) Cont'





Current Issues

Extra Care:

- A large waiting list (c 300) for popular properties in the south, and vacancies in Limelight in the North

Residential and Nursing

- The market price for residential care in Trafford is high, controlled by self funders
- Trafford residents and families are subject to high top up charges to supplement the bed price. This can range from £40 up to and above £500 per week.
- 150 beds lost in the last 5 months due to unplanned closures (c150 beds – many EMI)
- Increased costs to Council and CCG, in difficult market conditions.



Future Commissioning Intent

- Strategically, we are aiming to help people to **stay at home longer**, keeping people in their communities for as long as possible
- Needs analysis – demographics – **ageing** population, increasingly living with **long term health conditions**, health inequalities across the different areas
- Those entering Residential and Nursing are **more complex** than they used to be
- We need a **menu of offers** to accommodate different levels of need – from homecare through to Residential and Nursing
- Understand how we can commission differently in order to **reduce the costs**

Future Asset Requirements

- More **Extra Care** – across the borough
- Alternative schemes – what do our self funders want?
- More Residential and Nursing that are **affordable**
- Residential and Nursing homes that are well designed to meet more complex needs, especially around dementia (gender specific), complex nursing, respite, specialist rehab
- Intermediate Care – getting people home as quickly as possible
- Build quality that will meet the requirements of the regulators **(CQC)**
- Communities / places that are **age friendly**, that support people to be looked after in their own homes
- Houses that are ‘age proof’ so that we have to spend less on **adapting properties** – flexible living spaces



CCG - Commissioning Intent

Trafford CCG Priorities

- Engagement
- Commissioning an Integrated Health & Social Care Community Model
- Commissioning Intentions and Delivery
- Financial Recovery Plan
- CCG Resilience – Workforce and Governance:
- Commissioning a Local Care Alliance (LCA)
- Commissioning Primary Care at Scale

Primary & Community Care PRINCIPLES

- Based around primary care networks of 30-50,000
- Based around people and place – services which are accessible and close to where you live
- Based around a neighbourhood model of collaboration

Current Commissioned Services

- Adult community health services across a range of sites e.g. district nursing, phlebotomy, treatment rooms, community rehabilitation (Pennine Care NHS Foundation Trust)
- 32 GP practices across 4 neighbourhoods
- Adult Mental Health (Greater Manchester Mental Health)
- Joint commissioning of Children's physical health and mental health
- Planned and Unplanned Care activity through Manchester Foundation Trust (WTWA, MRI)
- Intermediate Care (Ascot House)

Challenges

- Mix of provision in terms of estate ownership, lease arrangements, management
- Fit for purpose General Practice estate
- Change in provider landscape
- Inflexibility in terms of room use
- Issues with void space/utilisation
- Lack of dedicated CCG capacity
- Funding opportunities/affordability challenges
- Impact of new developments

Commissioning Intentions

- Community Service Redesign
- Primary Care at Scale and Neighbourhood Leadership
- Transition of secondary care activity into community care where appropriate
- Access to diagnostics
- Integrated urgent care offer and urgent treatment centre
- Integrated pathways and integrated workforce
- Shared space with wider public sector and VCSE sector to deliver integrated care (Social Prescribing)

Mental Health Commissioning Priorities

1. Developing a Mental Health Strategy for Trafford
2. Delivery of the Five Year Forward View for Mental Health
 - *Children & Young People’s Mental Health*
 - *Perinatal Mental Health*
 - *Adult Mental Health – Common Mental health Problems*
 - *Adult Mental Health – Community, acute and crisis care*
 - *Suicide Prevention*
 - *(Acute) Out of Area Placements*
3. Primary Care at Scale – The Trafford Primary Care Mental Health & Wellbeing Service
4. A Citizen and Patient Forum for Trafford

Urgent Care Commissioning Priorities

- NHS 111 and Directory of Services
- NHS 111 Online
- Streaming in A&E
- Acute Medical Receiving Unit
- Specialist paramedics
- Care Navigators
- Trafford Enhanced Care Home Team

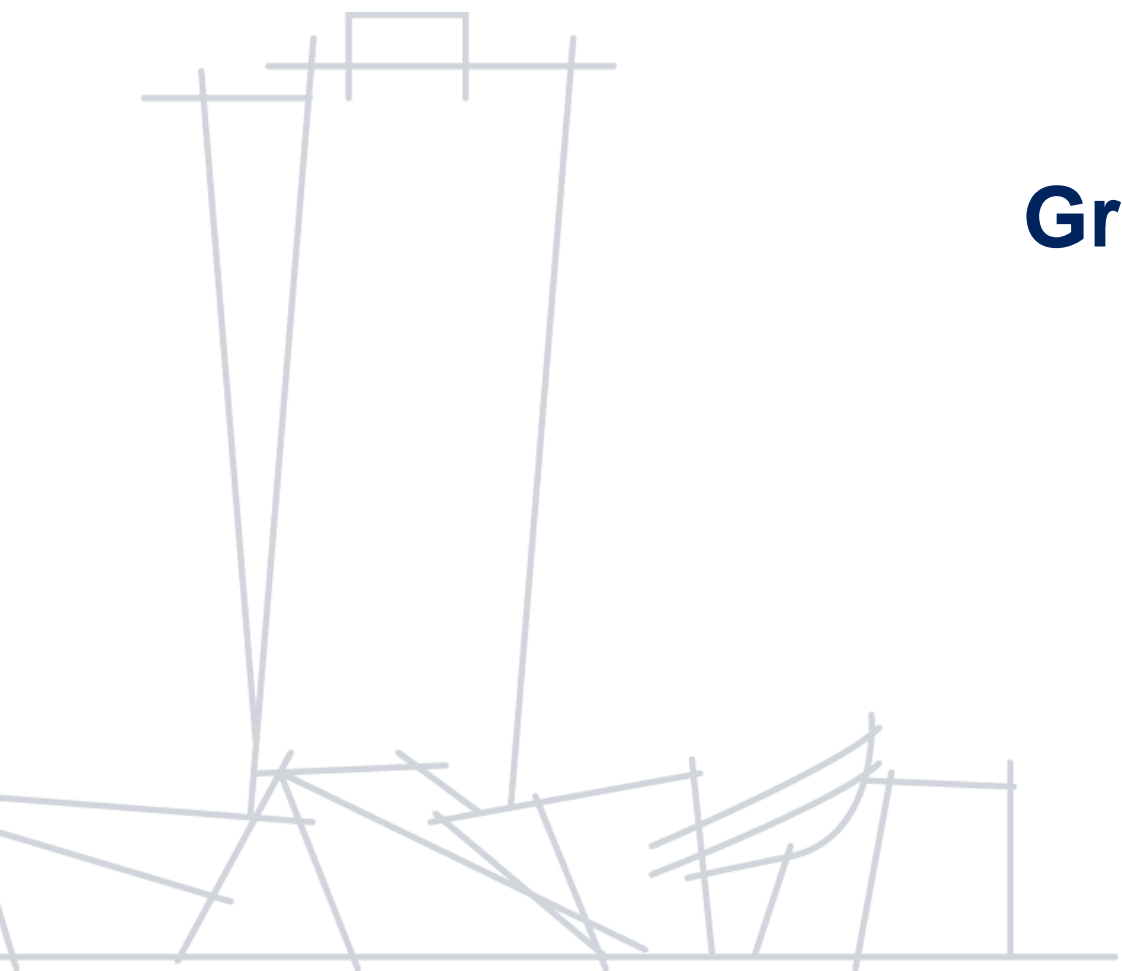
Future Requirements

- Integrated Care delivery and flexibility of usage
- Identified 'hubs' in each neighbourhood
- Improved primary care estate
- Exploration of digital solutions
- Opportunities for training, development & research
- Co-ordinated access to any capital income



Round Table Discussion on Commissioning Intent

Group Tasks



GROUP SESSION 1

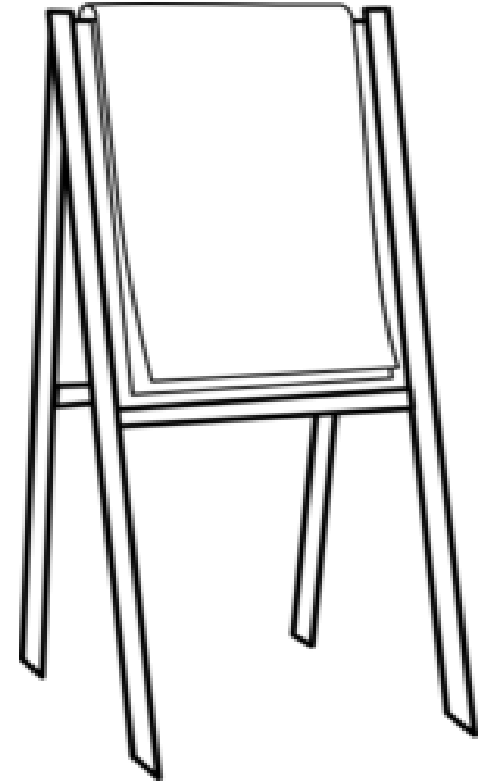
In a brand new world what services would you put where?

- **What services could / should be clustered together?**
- **What specialist or centralised services are required and where?**

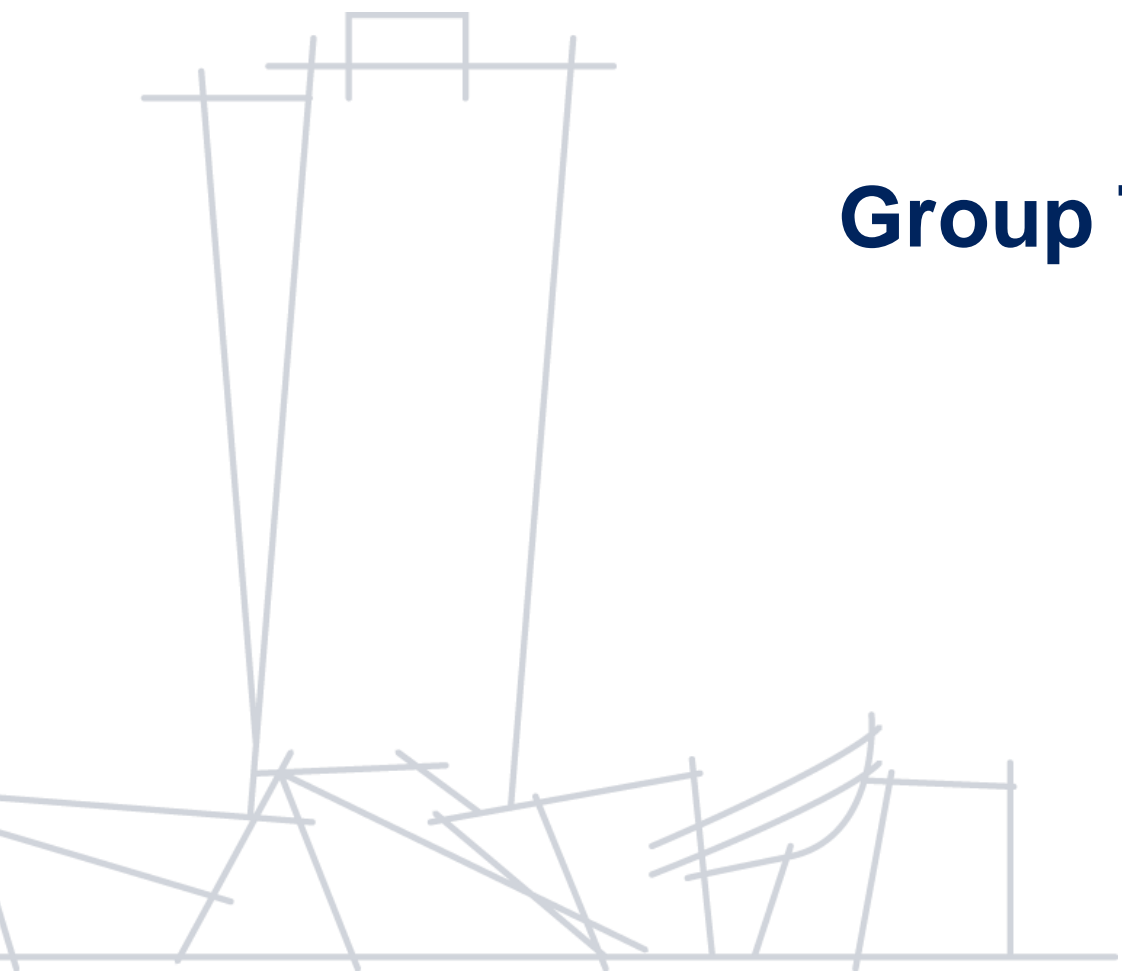
Table discussion (15 minutes)

Feedback (5 minutes)

Remember: Assign a chair and a note taker



Group Task Feedback



NEXT STEPS

- Compile information received from today's workshop and play back to attendees via emailed presentation.
- Confirmation that commissioning intent and strategic direction has been accurately understood by the LAR team from the Council and CCG.
- Continue with Stage 2 including further workshops with neighbourhood leads, and commissioners if and when appropriate, to identify a long list of options.
- Development of appraisal criteria to refine the long list down to a short list.
- Complete stage 2 report and issue to Council and CCG for review, comment and approval.

Any Other Business



**APPENDIX I:
ECONOMIC CASE LONG AND SHORT LIST SCORING MATRIX**

**Trafford LAR - Locality Wide
Long list Options**

Reference	Opportunity	Description	CSF 1 Strategic Fit and Business Need	CSF 2 Value for Money	CSF 3 Potential Achievability	CSF 4 - Attraction and Appeal	CSF 5 - Potential Affordability	Total
L001	Utilisation Study of primary care and community estate	Determine utilisation of community estate, the locality is rolling out utilisation reviews across all GP Practices and has also been part of a wider GMHSFCP roll out of utilisation sensors. The review of community buildings will be part of a rolling programme.		4	4	3	3	17
L002	Learning Disability Commissioned Services (Residential offer)	Currently the accommodation where people with Learning difficulties are placed is with private providers and Housing Association's. Places which are not fit for purpose are removed from the vacant rooms list. However, there are still issues with some of the existing stock of accommodation and its suitability. From a commissioning perspective there is a potential for the Council to become the landlord for the residential offering in Trafford		4	4	3	4	18
L003	Mental Health Commissioned Services	Across the locality it is felt that a more recovery-based model is required and that current assets are not fit for purpose. This will need to be reviewed as a workstream and aligned with the work GMMHT are undertaking.		4	4	3	3	17
L004	Provision for service users with Autistic Spectrum Conditions.	Currently ASC services are predominantly provided out of area or occasionally in hotels which puts financial strain on the locality. The requirement for supported accommodation for service users with ASC in the borough is a priority.		4	4	3	4	19
L005	Review of Mental Health Services Greater Manchester Mental Health Trust.	GMMHT are currently working on a GM wide property strategy, both in terms of inpatient services but also community-based services. The Trust currently deliver services from a range of sites across the locality, including Moorside which is adjacent to the Trafford General site. As part of the their ongoing strategic work they are looking at more of a Hub based model for their community mental health services and this will need to be factored into the wider public sector workstreams.		4	4	3	3	16
L006	Community Services Review	The community-based services contract for the Trafford has been re-tendered and a new provider will be providing the services from the 1st April 2019. The new provider organisation is currently undertaking due diligence as part of the transition period. This due diligence includes both service delivery and assets from where services are delivered. Following the review period and formal start of the contract there maybe opportunities for services to be delivered from other locations and this will need to be factored into the wider public sector workstreams.		4	4	4	3	18
L007	Children and Young People Services	As part of the All Age Commissioning Intent for Trafford, the Children's and Young People aspect comes under Start Well. This includes a place based approach with services re/commissioned dependant on the outcomes of a service review. This is likely to have implications from an asset perspective in terms of capacity and location.		4	3	3	3	16
L008	Services for Care Leavers	Within the locality there is currently a shortage of places for young people who are being supported during the transition from care to independence. This is currently provided within the private sector at considerable cost. Potential to utilise existing public sector properties.		4	3	3	3	16
L009	Locality wide touch down bases	As part of the need to support agile working and improved service delivery in the community a wide range of services require touch down bases across the locality where they can access IMT, a hot desk and welfare facilities.		4	4	4	4	20
L010	Primary Care at Scale Note Storage Solution	Patients are living longer with more complex conditions which leads to increased volume and pressure on note storage. The CCG has sought a solution to this problem by working with a fully managed note storage service that allows for the quick and easy retrieval of records, with a data cleansing exercise. Currently 8 practices have been involved in the exercise and this is to be rolled out to a further 12 practices. This is aligned with the NMoC programme in terms of some administrative functions delivered at scale.		4	4	4	4	20
L011	Services for homeless people	This service supports people in the locality to transition out of homelessness. It is currently located in Christine Court however this building does not provide the correct model. Alternative accommodation is therefore required.		4	3	3	3	16
L012	Changing Places	The council are providing changing places spaces in new or refurbished leisure centres. However, the provision of "changing places" should be considered in all new publicly funded projects.		3	3	4	3	16
L013	Review of Extra Care Provision	Across the locality there is growing demand for extra care accommodation and the council work closely with partner organisations to ensure that any future developments are in the appropriate locations. Demand is currently highest in the central and south neighbourhoods.		4	3	3	3	16
L014	Nursing and Residential Care Home	Currently all residential nursing home provision is provided by the private sector. As part of the commissioning intentions the CCG and Council are developing an integrated approach to commissioning homecare for older people and residential and nursing care which will need to include a review of current provision and ensure services are delivered in suitable quality environments. There is a particular need in the North neighbourhood.		4	3	3	3	16
L015	Specialist Dementia Care Provision	It has been identified within the locality and generally across Greater Manchester that there is a lack of specialist dementia beds. This is being reviewed by commissioners but may require an asset-based solution within the locality.		4	3	3	3	16
L016	Intermediate Care Provision	It has been identified within the locality that there is a need for intermediate care. This is being reviewed as part of the complex care workstream as part of the transformation programme, which may lead to requirements for assets.		4	3	3	3	16
L017	Development of Community Masterplans where required	Development of masterplans for areas such as Partington and Urmston (which do not currently have masterplans) which seek to re-dress deprivation and community specific issues.		4	3	3	3	16

Trafford LAR - North Neighbourhood
Long list Options

Reference	Opportunity	Description	CSF 1	CSF 2	CSF 3	CSF 4	CSF 5	Total
Reference	Opportunity	Description	CSF 1 Strategic Fit and Business Need	CSF 2 Value for Money	CSF 3 Potential Achievability	CSF 4 - Attraction and Appeal	CSF 5 - Potential Affordability	Total
N001	Stretford Mall	Potential development opportunity for health and social care plus wider community uses.	4	4	3	4	3	17
N002	Stretford Hall / Stretford Library	Potential development opportunity for relocation of Sale Driving Test Centre. Driving test centre (1,152m2). Access to national speed limit road within test route radius. Car parking (5-10 spaces).		3	3	4	4	16
N003	Stretford Library	Potential to better utilise Stretford Library with other community services or ventures		4	4	3	4	17
N004	Stretford Memorial Hospital	Potential disposal of this site due to a lack of alternative OPE uses for the site		4	4	4	5	21
N005	Lacy Street	Relocation of probation services to fire station and subsequent disposal of Lacy Street site		4	4	4	3	19
N006	Stretford Children's Centre	Relocation of services to Stretford Mall, potential hub or Stretford Library and disposal of site		5	4	3	4	18
N007	Gorse Hill Medical Centre & Trafford North Group Practice	Re-provision of these GP surgeries within modern accommodation		4	5	3	4	19
N008	Development of a new health and wellbeing facility	Review the location and needs of three GP practices (Gorse Hill, Trafford North and Old Trafford Medical Practice) as a hub for the north Neighbourhood. Plus additional community services.		5	5	3	4	20
N009	Seymour Grove Medical Centre	Review utilisation and alternative development opportunities for the site (including potential site for new north neighbourhood health and wellbeing hub)		4	3	2	4	16
N010	Gorse Hill Studios	Potential to relocate youth centre within existing public / private sector estate		3	3	4	4	17
N011	TDAS Relocation	Potential relocation of Trafford Domestic Abuse Service TDAS to a community facility		4	3	4	4	18
N012	12 Ayres Road	Potential for disposal or change of use of this vacant property owned by the council.		2	2	4	4	15
N013	151 & 157 Stamford Street	Review utilisation of these residential properties and determine suitability for disposal or re-use for social care services.		2	2	4	4	15
N014	9 Beaver Street	Potential for disposal or change of use of this vacant property for social care services		2	2	4	4	15
N015	Democracy House, 609 Stretford Road	Review occupancy and utilisation of community services within this site and options for relocation - Currently a charity BHA for Equality		4	3	3	3	15
N016	Stretford Fire Station	Re-locate GMMHT community team from Chapel Road to disused 1st floor of the fire station - subsequent disposal of Chapel Road		5	4	5	5	23

Trafford LAR - West Neighbourhood
Long list Options

Reference	Opportunity	Description	CSF 1	CSF 2	CSF 3	CSF 4	CSF 5	Total
Reference	Opportunity	Description	CSF 1 Strategic Fit and Business Need	CSF 2 Value for Money	CSF 3 Potential Achievability	CSF 4 - Attraction and Appeal	CSF 5 - Potential Affordability	Total
W001	Sale West Community Centre	Potential relocation to Firsway subject to utilisation review or potential extension. Irwell Valley own adjacent land, potential for housing development, masterplan completed by IV.	4	4	4	3	3	17
W002	Partington Healthy Living Centre	Improved utilisation of this LIFT building. Currently contains library and community services. Subject to utilisation, potential to accommodate additional services or reconfigure.	4	4	4	3	3	17
W003	Partington Health Centre	Review the utilisation of the current practices in the Health Centre (Partington Family Practice and Partington Central Surgery) to provide additional capacity.	4	4	4	3	3	17
W004	Gloucester House Medical Centre, Urmston	The centre provides primary care services for circa 5,000 patients. However, it is in an older Victorian property which is no longer fit for modern primary care delivery and is underutilised due layout and accessibility. Further review required as part of a wider west neighbourhood strategy for primary care at scale.	4	4	4	3	3	17
W005	Flixton Road Medical Centre, Urmston	The centre was refurbished in 2012 and provides primary care services for circa 5,500 patients. However, it is in an older Victorian property which is no longer fit for modern primary care delivery and is under utilised at first floor due to access issues. Further review required as part of a wider west neighbourhood strategy.	4	4	4	3	3	17
W006	Primrose Surgery, Urmston	The practice provides primary care services for 6,000 patients. It is accommodated in a converted library. Further review required as part of a wider west neighbourhood strategy.	4	4	4	3	3	17
W007	Future review of Primary Care Provision	A detailed review of primary care services across the West neighbourhood is required to ensure parity of access to services. This will be critical in terms of future provision with the large number of new dwellings being developed in the neighbour hood and the subsequent increase in population.	4	4	3	3	4	17
W008	Moss View Primary School	The building has been flagged for disposal due to poor condition. An alternative location for storage of equipment will be required. Currently the three existing primary schools within the Partington area have additional capacity.	4	4	2	3	2	14
W009	Cornhill Clinic	Closure and sale of clinic and relocation of west neighbourhood team to Park House adjacent to Trafford General.	4	4	4	3	4	18
W010	Cornhill Clinic	Closure and sale of clinic and relocation of children's community services to Partington Health Living Centre.	4	4	4	3	4	18
W011	Park House, Bowers Avenue (Adjacent to Trafford General)	Park House is owned by GMMHT is currently vacant, undertake a feasibility study to see if the West Neighbourhood team could be accommodated in the building.	4	4	4	3	3	17
W012	Trafford General	Long term project to understand how health services can be developed on the site for better long-term provision of health and social care in the neighbourhood.	4	4	3	2	2	13
W013	Medical Education Centre	Relocate service to former Brentwood School site. Release land for re-use or sale for residential development.	3	3	3	3	2	14
W014	Partington Foodbank	Determine long term solution for provision of this and other associated community uses within the Partington area. Currently the foodbank is being limited in sourcing funding due to an inability to reach a long-term lease agreement with the Council	3	3	2	3	3	14
W015	George Carnell Centre	Sale of George Carnell Centre to North West Ambulance Service for development of new south Manchester ambulance hub. Require space for 45 ambulances. Possibility to share facilities but only under certain circumstances and based on separate access and egress points. Sale of existing ambulance station opposite George Carnell for residential	4	4	4	3	3	17
W016	Trafford High School (Nexus)	Relocate school to former Brentwood School site. Release land for re-use or sale for residential development.	3	3	4	3	3	16

Trafford LAR - South Neighbourhood
Long list Options

Reference	Opportunity	Description	CSF 1	CSF 2	CSF 3	CSF 4	CSF 5	Total	
Reference	Opportunity	Description	CSF 1 Strategic Fit and Business Need	CSF 2 Value for Money	CSF 3 Potential Achievability	CSF 4 - Attraction and Appeal	CSF 5 - Potential Affordability	Total	
S001	Altrincham Health and Wellbeing Centre	The Altrincham Health and Wellbeing Hub was completed in late 2018 and there is a clear commissioning intent to ensure the building is fully utilised and provides services for the local population bringing together health, social care and the voluntary sector including an intergenerational aspect appealing to all members of the community. Underpinned by excellent primary care services and other community-based clinics to ensure maximum health gain. There are on-going negotiations with Barrington Medical Centre and St Johns Medical Centre to move into the new facility. There is also potential for the Hub to provide a range of community services plus a base for the South Neighbourhood Teams and the Early Help Service	5	4	3	3	4	3	19
S002	Altrincham Medical Practice	The practice is accommodated in a converted 1940's building, it delivers primary care services to a population of circa 6,900 patients. It is in the centre of Altrincham and could potentially relocate to the Altrincham Health and Wellbeing Hub or test the utilisation of the building to see if there is additional capacity available.	4	3	3	2	3	15	
S003	Family Practice, Navigation Road	Small practice with population of circa 2,200 in a converted Victorian building. It has two clinical contact rooms and due to access issues is underutilised. Potential for practice to relocate, Altrincham Health and Wellbeing Hub or Altrincham Medical Centre.	4	4	3	3	3	3	17
S004	Timperley Health Centre	Timperley Health Centre currently accommodates three practices (Grove medical, Westwood and the Village Surgery). The utilisation of the clinical rooms should be reviewed to understand if there is scope for additional primary care capacity. However, the building is generally in need of refurbishment and upgrade especially in the reception area which is poorly designed and overcrowded.	4	3	3	3	3	3	16
S005	Altrincham Library	Library has moved to Altrincham hub, alternative use required or disposal.	4	3	3	3	3	3	16
S006	Timperley Library	Library is due to move to Baker Street Development, alternative use required or disposal.	4	3	3	3	3	3	16
S007	Christine Court	Currently used to provide support to people who are transitioning out of homelessness. However, the accommodation does not provide the correct model. Investigation required to consider if the accommodation could be used to provide supported accommodation for service users with Autistic Spectrum Conditions.	4	3	2	3	3	15	
S008	Baker Street Development (library and GP Practice), Timperley	Development of a new facility which will accommodate a new library and health facility to accommodate Park Surgery. Investigate the potential to accommodate additional GP Practice (Riddings Health Centre)	4	3	4	3	3	3	17
S009	Hale Library	Library moving to Hale Bowling Green Pavilion and the land is being sold for residential	3	3	4	4	3	3	17
S010	Meadway Centre	Review utilisation of this building and determine potential relocations of services from or to the site.	4	2	2	2	2	2	12
S011	Bramley Farm Community Centre	New centre in Broadheath, investigate if there is any touch down space available for council and health teams.	3	2	2	2	2	2	11
S012	Dunham Cemetery	Un-used bungalow within the cemetery, Council looking to rent.	2	3	2	2	2	3	12
S013	Broomwood Centre	BluSci currently occupy this building but is it the best use of the building. Utilisation study to be undertaken and alternative uses considered	3	2	2	2	2	2	11
S014	Former Brentwood School Site	Utilise the site for the co-location of Trafford High School and the Medical Education Centre with the potential to also add the Trafford Music Service to this location. Release of 2-3 sites for disposal or alternative Public Sector Uses	3	4	3	3	3	3	16

Criteria Category	Criteria Number	Weighting	Options Appraisal Criteria																
			Service Delivery Improvements					OPE Objectives			Health & Wellbeing								
			1 8%	2 8%	3 8%	4 8%	5 8%	6 10%	7 10%	8 10%	9 10%	10 10%	11 10%						
Meets customer/patient needs in terms of improved experience and accessibility to services.	Supports the place based integration of services and closer working relationships between public sector organisations via co-location.	Alignment with national, regional and local strategies.	Supports recruitment and retention of staff within the Trafford locality by improving working environment and staff wellbeing.	Supports the development of locally wide efficient workplace strategy based on best practice in terms of workplace and a mobile enabled workforce using modern technology.	Contributes to improving utilisation across the public estate (especially where costs are fixed or committed).	Provides opportunities for disposals involving capital receipts and potentially residential development opportunities to support the need for new homes.	Delivers on making the best use of the existing estate to minimise public sector costs.	Improves the population health of Trafford whilst reducing the gap in health outcomes between the most and least deprived areas.	Provides services which align with the health and social care needs of the community.	Increases capacity for health and social care services delivered in a community setting, especially within primary care	Score (Value)	Score (%)	Weighted Score (Value)	Weighted Score (%)					
Review of Mental Health Services Greater Manchester Mental Health	Locality Wide	L005	Workstream	4	4	4	3	4	3	4	3	3	3	4	39.00	71%	3.52	70%	
Community Services Review	Locality Wide	L006	Workstream	3	3	3	3	3	3	3	3	3	4	3	34.00	62%	3.10	62%	
Primary Care at Scale Note Storage Solution	Locality Wide	L010	Project / Opportunity	2	3	3	3	3	4	1	4	3	3	4	33.00	60%	3.02	60%	
Utilisation Study of primary care and community estate	Locality Wide	L001	Workstream	3	3	3	3	4	3	2	3	3	3	3	33.00	60%	2.98	60%	
Locality wide touch down bases	Locality Wide	L009	Workstream	2	4	3	4	4	3	3	4	2	2	2	33.00	60%	2.96	59%	
Children and Young People Services	Locality Wide	L007	Workstream	3	3	3	3	3	3	2	3	3	3	3	32.00	58%	2.90	58%	
Services for Care Leavers	Locality Wide	L008	Workstream	3	3	3	3	3	3	2	3	3	3	3	32.00	58%	2.90	58%	
Review of Extra Care Provision	Locality Wide	L013	Workstream	3	3	3	3	3	2	2	2	3	3	3	30.00	55%	2.70	54%	
Nursing and Residential Care Home	Locality Wide	L014	Workstream	3	3	3	3	3	2	2	2	3	3	3	30.00	55%	2.70	54%	
Specialist Dementia Care Provision	Locality Wide	L015	Workstream	3	3	3	3	3	2	2	2	3	3	3	30.00	55%	2.70	54%	
Intermediate Care Provision	Locality Wide	L016	Workstream	3	3	3	3	3	2	2	2	3	3	3	30.00	55%	2.70	54%	
Learning Disability Commissioned Services (Residential offer)	Locality Wide	L002	Workstream	3	2	3	3	3	2	1	3	3	3	3	29.00	53%	2.62	52%	
Provision for service users with Autistic Spectrum Conditions.	Locality Wide	L004	Project / Opportunity	4	2	3	3	2	2	2	3	3	3	2	29.00	53%	2.62	52%	
Services for homeless people	Locality Wide	L011	Project / Opportunity	4	2	3	2	2	2	2	3	3	2	2	28.00	51%	2.54	51%	
Mental Health Commissioned Services	Locality Wide	L003	Workstream	3	2	3	2	2	2	2	2	3	2	2	26.00	47%	2.36	47%	
Changing Places	Locality Wide	L012	Workstream	4	3	4	2	2	2	1	2	2	1	1	26.00	47%	2.30	46%	
Development of Community Masterplans where required	Locality Wide	L017	Workstream	2	3	3	2	2	2	3	2	2	2	1	24.00	44%	2.16	43%	
Stretford Mall - Community Health & Social Care	North	N001	Project / Opportunity	5	3	2	4	4	2	4	1	5	4	5	39.00	71%	3.54	71%	
Seymour Grove Health Centre Utilisation	North	N009	Project / Opportunity	4	4	4	3	4	3	3	4	3	4	3	39.00	71%	3.52	70%	
Development of a new health & wellbeing facility	North	N008	Project / Opportunity	4	4	4	4	4	2	4	2	3	4	4	39.00	71%	3.50	70%	
Gorse Hill Medical Centre & North Trafford Group Practice	North	N007	Project / Opportunity	4	3	4	4	3	2	4	2	4	4	4	38.00	69%	3.44	69%	
Stretford Fire Station	North	N016	Project / Opportunity	2	4	4	4	4	4	4	4	2	3	1	36.00	65%	3.24	65%	
Disposal Stretford Memorial Hospital	North	N004	Project / Opportunity	4	4	4	3	4	4	4	4	1	1	1	34.00	62%	3.02	60%	
Stretford Children's Centre	North	N006	Project / Opportunity	3	4	3	3	2	3	4	3	1	3	2	31.00	56%	2.80	56%	
Relocation of Sale Driving Test Centre within Hall or Library	North	N002	Project / Opportunity	3	2	1	3	2	4	4	4	3	1	1	28.00	51%	2.58	52%	
TDAS Relocation	North	N011	Project / Opportunity	3	3	3	2	3	2	4	3	1	3	1	28.00	51%	2.52	50%	
Gorse Hill Studios	North	N010	Project / Opportunity	3	2	2	2	2	2	4	3	2	3	1	26.00	47%	2.38	48%	
Lacy Street	North	N005	Project / Opportunity	1	2	2	1	1	3	4	4	1	1	1	21.00	38%	1.96	39%	
Stretford Library	North	N003	Workstream	2	2	1	1	1	4	1	3	1	1	2	19.00	35%	1.76	35%	
Gloucester House Medical Centre, Urmston	West	W004	Project / Opportunity	4	4	4	4	4	3	4	3	3	4	4	40.00	73%	3.60	72%	
Flixton Road Medical Centre, Urmston	West	W005	Project / Opportunity	4	4	4	4	4	3	4	3	3	3	4	40.00	73%	3.60	72%	
Primrose Surgery, Urmston	West	W006	Project / Opportunity	4	4	4	4	4	3	4	3	3	3	4	40.00	73%	3.60	72%	
Cornhill Clinic	West	W010	Project / Opportunity	3	4	4	4	4	4	4	4	3	3	2	39.00	71%	3.52	70%	
Cornhill Clinic	West	W009	Project / Opportunity	3	4	4	4	4	4	4	4	2	3	2	38.00	69%	3.42	68%	
Partington Health Centre	West	W003	Project / Opportunity	3	4	4	4	4	4	1	4	3	3	4	38.00	69%	3.42	68%	
Sale West Community Centre	West	W001	Project / Opportunity	4	4	3	3	3	3	4	4	3	4	2	37.00	67%	3.36	67%	
Partington Healthy Living Centre	West	W002	Project / Opportunity	3	4	3	3	4	4	3	4	3	3	2	36.00	65%	3.26	65%	
Park House, Bowers Avenue (Adjacent to Trafford General)	West	W011	Project / Opportunity	3	4	4	4	4	4	2	4	2	3	2	36.00	65%	3.22	64%	
George Carnell Centre	West	W015	Project / Opportunity	3	2	4	4	3	3	3	4	3	2	2	34.00	62%	3.08	62%	
Trafford High (Nexus)	West	W016	Project / Opportunity	3	2	3	3	2	4	2	4	1	3	3	30.00	55%	2.74	55%	
Future review of Primary Care Provision	West	W007	Workstream	3	2	3	3	3	2	1	2	4	3	4	30.00	55%	2.72	54%	
Oriel Court	Central	C007	Project / Opportunity	4	4	4	4	3	4	3	4	3	3	2	38.00	69%	3.42	68%	
Waterside	Central	C010	Project / Opportunity	4	4	3	3	4	4	2	4	3	3	3	37.00	67%	3.34	67%	
1-3 Ashton Lane	Central	C011	Project / Opportunity	4	4	4	3	3	3	4	4	2	3	2	36.00	65%	3.24	65%	
Support Primary Care at Scale with new health and wellbeing facility	Central	C004	Project / Opportunity	4	4	3	4	4	2	3	2	3	3	4	36.00	65%	3.22	64%	
Firsway	Central	C001	Project / Opportunity	3	3	3	3	3	4	3	4	3	3	3	35.00	64%	3.20	64%	
Chapel Road	Central	C002	Project / Opportunity	3	3	3	3	4	4	4	4	2	3	2	35.00	64%	3.18	64%	
Magistrates Court	Central	C017	Project / Opportunity	3	4	3	3	3	2	4	3	3	3	3	34.00	62%	3.08	62%	
Conway Medical Centre	Central	C003	Project / Opportunity	3	3	3	3	3	3	2	4	3	3	3	33.00	60%	3.00	60%	
Crossgate House	Central	C013	Project / Opportunity	2	4	3	3	4	4	3	4	2	3	1	33.00	60%	2.98	60%	
Sale Fire and Ambulance Station	Central	C012	Project / Opportunity	2	4	3	3	4	4	3	4	2	3	1	33.00	60%	2.98	60%	
Washway Road Medical Centre	Central	C005	Project / Opportunity	3	2	3	3	2	4	1	4	2	3	3	30.00	55%	2.74	55%	
Bodmin Road Health Centre	Central	C006	Project / Opportunity	3	2	3	3	2	4	1	4	2	3	3	30.00	55%	2.74	55%	
Ascot House	Central	C016	Project / Opportunity	3	2	3	3	2	2	2	2	3	3	3	28.00	51%	2.54	51%	
Claremont House	Central	C009	Project / Opportunity	3	2	3	3	2	3	3	3	1	3	1	27.00	49%	2.44	49%	
Claremont House	Central	C019	Project / Opportunity	3	2	3	3	2	3	3	3	1	3	1	27.00	49%	2.44	49%	
Altrincham Health and Wellbeing Centre	South	S001	Project / Opportunity	4	4	4	4	4	4	3	4	4	4	4	43.00	78%	3.90	78%	
Family Practice, Navigation Road	South	S003	Project / Opportunity	4	4	4	3	2	3	4	4	3	3	3	37.00	67%	3.36	67%	
Baker Street Development (library and GP Practice), Timperley	South	S008	Project / Opportunity	4	4	4	4	3	2	4	2	3	4	4	37.00	67%	3.32	66%	
Former Brentwood School Site	South	S014	Project / Opportunity	4	3	3	3	2	4	4	4	1	3	3	34.00	62%	3.10	62%	
Timperley Health Centre	South	S004	Project / Opportunity	3	2	3	3	2	3	1	4	3	3	4	31.00	56%	2.84	57%	
Hale Library	South	S009	Project / Opportunity	3	3	3	3	2	4	4	4	1	2	1	30.00	55%	2.72	54%	
Altrincham Library	South	S005	Project / Opportunity	2	2	2	1	2	3	3	2	1	2	2	22.00	40%	2.02	40%	
Timperley Library	South	S006	Project / Opportunity	2	2	2	1	2	3	3	2	1	2	2	22.00	40%	2.02	40%	

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