



Trafford **NHS**
Primary Care Trust

TRAFFORD
COUNCIL



TRAFFORD JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2009 – 2012

Produced in partnership

**Trafford Council
Trafford Primary Care Trust
Trafford Children and Young People's Service**

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Section 1: Introduction

1.1 Purpose of the JSNA

In order to create the excellent health and social care services that we all aspire to in Trafford we need to have a full understanding of local needs. In order to do this we completed a Joint Strategic Needs Assessment (JSNA) in early 2008. We have just refreshed the data which sits behind this document in light of the latest information becoming available. This then informs our priorities for the coming years. The results are set out in this document.

The requirement to compile a JSNA emerged from the Social Care green paper, 'Independence, Wellbeing and Choice' and was reaffirmed in the joint Health and Social Care white paper, 'Our Health, Our Care, Our Say'. It is now a legal requirement as set out in the Local Government and Public Involvement in Health Act (2007).

This JSNA has been produced jointly by the Director of Adult Social Care Services, the Director of Public Health and the Director of Children and Young People's Services. It looks at health and well-being (in the widest possible sense) across the borough and aims to assess the current and future health and wellbeing needs of the local population over both the short term (three to five years) and the longer term (five to ten years). It will also identify inequalities where groups or individuals are not getting the same standard of service or outcomes as others. It will inform the priorities and targets of the Trafford Partnership, Trafford Council and Trafford PCT, and inform the Local Area Agreement.

In order to ensure that our understanding of local needs is as complete as possible we will consult with local communities, patients, service users, carers and service providers on the strategies that are informed by the information contained in this document. The outcomes from these consultations will then be used to refine and further inform our priorities and plans for developing health and social care services in both the short and long term.

1.2 The Vision for Trafford



16/03/2010

The Trafford Partnership has committed to make the greatest positive impact over the next three years in the areas which are most important to local people. This is set out in 'Trafford 2021 – A Blueprint' which is our sustainable community strategy. The consultation process for this strategy included robust and careful prioritisation to identify the top order priorities that will make the most positive difference to quality of life in Trafford over the next three years and these have also informed our Local Area Agreement (LAA).

The partnership aims that by 2021:

All Trafford's people and communities will enjoy the highest quality of life in a safe, clean, attractive and sustainable environment with an excellent education system and first-class services.

Trafford businesses will be provided with all the tools and support to be able to continually and successfully compete for skills and investment on an international basis.

As a destination, Trafford will consolidate and build upon the reputation of its renowned world-class attractions (Manchester United, Lancashire County Cricket Club, Imperial War Museum North and the Trafford Centre) providing a breathtaking mix of cultural, sporting, heritage and natural attractions together with vibrant town and shopping centres.

The Trafford Partnership has also signed up to a Local Area Agreement which provides a major delivery mechanism for, not only Trafford's vision and local priorities, but also our contribution to those of the North West region and Government nationally. This has been informed by the emerging findings from this JSNA. The key areas covered by this are;

Safety and Reassurance - We will continue to build confidence in Trafford as a safe place to live, learn, work and relax and ensure that individuals and families feel safe and re-assured in their homes and local neighbourhoods.

Health - We will improve health for all, which remains the biggest in-equality in life in Trafford where currently life expectancy can differ by as much as nine years in neighbouring communities.

Prosperity - We will ensure that growing prosperity underpins our ability to make the most of opportunities provided by Trafford, the place, so that we can create opportunities for local individuals and families.

The Trafford Partnership will provide the leadership necessary to hold the shared vision and retain a clear focus on delivery. This JSNA will inform the actions of the partners in delivering these key priorities.

Section 2: Trafford Overview

2.1 Population

In mid-2007 Trafford was home to 212,800 people with 104,875 males and 107,925 females. There is a predicted growth in Trafford's population in future years of over 15% over the 25 years from 2004 to 2029. It is notable that over this period, the number of males in the population is projected to overtake the number of females. By 2012 there will be 2,300 more working age adults and 2,800 more people aged over 65 years. The age structure of Trafford's population is very similar to that of England and Wales. The borough has a slightly higher percentage of older people than the profile of Greater Manchester as a whole. There are around 2,700 live births registered in Trafford every year. It is projected that this level of live births will continue until 2012.

2.2 Ethnicity

It was estimated that in 2007 10.8% of Trafford residents considered themselves to be part of the non white ethnic groups. That equates to about 23,000 people. The largest of Trafford's minority groups is Indian which makes up 2.6% of the total population. This is closely followed by people of Pakistani origin at 2.1%.

In Trafford's white population the majority identify as British but there are around 5,000 people in the white Irish group and just over 5,000 who identify with other white groups. All other groups including Black Caribbean and black African and Chinese are represented – making Trafford a diverse population.

Current international internal migration into Trafford is mainly comprised of Eastern European skilled labour and peaked at 1600 persons in 2006. The level of international migration into Trafford is expected to decrease slightly by 2012.

2.3 Trafford's Economy

Trafford is one of the smaller District Councils within the Greater Manchester conurbation, is home to an estimated 212,800 (ONS mid-year population estimate) people living in 93,400 dwellings and supports in the region of 124,000 employee jobs. It retains its status as the economic power house of the Greater Manchester conurbation. A prosperous and wealthy Borough, Trafford has a strong local business base, high skill levels, a massively successful enterprising culture and above average levels of economic activity.

The Borough has long established industrial and commercial areas of significant size, Trafford Park being the largest in the north with Broadheath in the south and Carrington in the west. All provide Trafford with significant clusters of businesses attracting a number of employment uses.

There are large and growing business service concentrations at Altrincham and Sale in the south and at Old Trafford/Trafford Bar in the north. Altrincham is one of Greater Manchester's major town shopping centres, with a catchment area extending south into Cheshire. The Trafford Centre shopping and

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leisure/entertainment complex located within Trafford Park in the north of the Borough has a wide catchment area extending across the conurbation and beyond. Many people commute into and out of Trafford each working day, and it remains a net provider of jobs to the conurbation, particularly to the adjoining inner city areas of Salford and Manchester.

Over the last 25-30 years the employment base of the Borough has changed substantially as the old traditional industries, which were well represented here, declined and in many cases closed. Fortunately, in part because of the skills of its residents, in part because of its location and in part because of its good environment and communications, Trafford has been able to attract many new firms in newer types of industry to replace the traditional jobs that have been lost. High technology, warehousing and distribution, office and other business services have been amongst the activities that have moved into the Borough. This substantial influx of newer activity has resulted in the total number of jobs available to the local and wider population increasing by over 20,000 since the early 1990's. This transformation is set to continue with Trafford poised to attract a growing number of Financial and Professional Services into the area over the next ten to fifteen years.

Despite predominant affluence and high levels of achievement, Trafford still has a number of hidden pockets of deprivation at neighbourhood level where local people experience social isolation and exclusion.

There are health inequalities by gender, level of deprivation and ethnicity. For example, men from the most deprived areas have over ten years shorter life expectancy than men from the least deprived areas, while women from the most deprived areas live over six years less than those from the least deprived areas. Over the last ten years there has been a large decrease in deaths from all causes for men. However, the early death rate from heart disease and stroke has remained above the England average.

2.6 Housing

The Council's Community Strategy vision is to see Trafford residents 'enjoy the highest quality of life in a safe, clean, attractive, and sustainable environment with an excellent education system and first class services'.

To this end, the Housing Strategy is a major component of the Community Strategy vision, in aiming to '...give everyone in Trafford the chance to live in an affordable home of their choice in a thriving and secure neighbourhood'.

Trafford has a strong and buoyant housing market with over 72.4% of households owning their own home compared to 68.9% in England and Wales. House prices are around 14.5% higher than the average for England and Wales, and this presents problems with affordability, particularly for those on low incomes and first time buyers. Trafford's Housing Strategy aims to address this by providing more affordable homes and improving the quality of local housing stock.

This document does not see Housing in isolation, but rather, as the bedrock of a range of partnerships necessary to make the Community Strategy vision a reality. The Housing Strategy makes the links to a wide range of themes and partnerships, and shows how partnerships have worked successfully to deliver housing targets, as well as outlining future partnership working to deliver the new Housing Strategy's aims. Some examples of how we are doing this are:

We are actively developing extra care housing, which assists elderly people to remain independent for longer in a home of their choice. Elkin Court in Partington, a Housing 21 project, contains 40 units in a state-of-the-art scheme providing accommodation and support.

We have received Department of Health funding, which is being used to create Newbury Court in Timplerly, in partnership with Trafford Housing Trust, and which will be a housing scheme with an emphasis on supporting people with dementia.

We work with a wide range of partners to provide accommodation for Trafford residents who have mental health support needs, substance misuse problems, learning disabilities, and physical and sensory disabilities.

'Decent Homes'

Conditions in the home can be so bad that they affect the health of some, or the entire, household. Poor and unsuitable housing causes stress, anxiety, and depression.

To meet the Government's Decent Homes Standard, a home must:

- Be in a good state of repair, particularly the roof and walls
- Have a kitchen not more than 20 years old, which provides adequate storage and layout
- Have a bathroom not more than 30 years old
- Be free from damp
- Have effective insulation and efficient heating

The Council is monitoring RSL progress towards the 2010 Decent Home target, which is likely to be achieved.

The target for private sector housing (that is, owner – occupied and private rented) aims for 70% of homes occupied by vulnerable residents to be decent by 2010 and 75% to be decent by 2020. The Council assists property owners to improve their property through Block Repair Schemes, Home Owner Grants, Landlord Grants and Disabled Facilities Grants.

Homelessness

Homelessness in Trafford has been decreasing from a peak of 887 cases in 2003/4 to 193 in 2007/8. Over - representation of black and minority ethnic people within statutory homeless acceptances and youth homelessness are priorities for action. There is a Homelessness Prevention Strategy in place which focuses on a multi - agency approach to tackling these issues.

A person doesn't have to be living on the street to be homeless, but in Trafford some people do.

Rough sleeping impacts on a range of targets around:

- Homelessness
- Education
- Life expectancy
- Health
- Crime and disorder

The Council will work to meet the Government target of reducing rough sleeping to as close as zero as possible by 2012.

We help people to escape abusive and violent housing situations by offering a range of options, including places of safety for people escaping domestic abuse, or the option of security works under the Council's Sanctuary Scheme, to enable people at risk to choose to remain safely in their own homes.

Housing Services have worked with a range of partners to address the health inequalities of the Borough's Black and Minority Ethnic communities, such as embedding services for older residents in the Old Trafford area. The needs of the Borough's Gypsy and Traveller communities are being explored with the aim of providing settled accommodation with easy access to health services.

The current financial crisis is impacting on the nation's mental health. Widespread stress, anxiety, and depression are being caused by people's worries about losing their home. The Council is working with the new Homes and Communities Agency

to deliver more affordable housing. The Government has launched a new £200 million package of measures designed to prevent some of the most vulnerable families losing their homes and experiencing the trauma of repossession.

Trafford is a 'fast track' Council in this new Government Mortgage Rescue Scheme, which provides a financial package for vulnerable households, allowing them to remain in their own home. This aims to cushion already vulnerable households from further distress.

The Council's Housing Services will continue to find ways to help deliver improvements to the quality of life of Trafford's residents.

2.7 Supporting People

Trafford's Supporting People Programme offers vulnerable people the opportunity to improve their quality of life. The programme commissions services which help vulnerable people to achieve and maintain greater independence and live fulfilled lives within their local community.

Supporting People services can broadly be grouped under three headings –

- **Social Inclusion Services** – covering single homeless people, homeless families, people who misuse drugs and alcohol, women at risk of domestic violence, ex-offenders, young people at risk or leaving care, teenage parents, refugees, travellers, rough sleepers, people with HIV/AIDS
- **Care and Support Services** - covering people with learning disabilities, physical or sensory disabilities or mental health problems
- **Older People Services** - covering older people with support needs, frail elderly people or older people with mental health problems/dementia

Examples of the types of support provided include helping people to

- access benefits and maximise income
- manage a tenancy
- obtain appropriate health care and other services within the community
- access training, education and employment
- prevent homelessness or find suitable long term housing

The Supporting People Commissioning and Procurement Strategy was recently refreshed to reflect changing needs and priorities, such as demographic change and changes in demand for services across health, housing and social services. This refresh, in partnership with key stakeholders, included a review of needs and gaps in services with the aim of revising the key strategic priorities.

The key issues that emerged from this review, and which are being used to further develop and refine strategies and plans across all services, are:

Social Inclusion Services

- further development of services that focus on outcomes that promote social inclusion

- further development of services that address those with high level or complex needs such as offending behaviour and drug/alcohol misuse
- further continue the process of shifting the balance of services and resources towards prevention
- further development of services that support improved move on from short stay schemes

Care and support

- further development of services to support people living with older carers
- further development of services to enable service users to move on to more independent living
- further development of services to meet the needs of people currently placed out of borough
- further development of services for people who have complex health/physical needs (these people may currently be placed out of Borough)
- further development of services that provide support for carers
- ensure that services are appropriate and accessible to meet the needs of people from BME communities

Older People

- further development of extra care or frail elderly schemes
- improve the accessibility of services to older people from BME communities.
- further develop social activities which promote health, independence and well-being in the community using sheltered housing as the base.
- closer integration of health and care services into sheltered housing

Carers

At the moment the council has 3000 carers' registered on the Carers' Centre data base. The carers' grant is being invested across a wide range of third sector organisations, providing a range of assessment advice and emotional support to carers'. A Carers Services Board oversees the general direction of the development of the Trafford Carers Commissioning Strategy. The investment both externally and in-house is providing up to 18,000 carers' breaks per year.

The council is investing in a carers' emergency response service providing home support during unplanned carer emergencies which is to be expanded. Carers' services are working on a number of tenders in order to respond to the development of individualized carers' budgets.

The refreshed Carers' Strategy will seek to deliver expanding services to carers over the next five years. The developments will respond to the expectations of carers' captured during consultations. The council will work towards more carers' breaks, in terms of residential respite and a flexible home support service. The investments will focus on evidenced outcomes for carers and the prevention of carer breakdown. The council will prioritise carers' that are hard to reach, especially those from BME communities.

Section 3: Children and Maternal Health

3.1 2008-2010 Outcome & Commissioning Priorities

Trafford Children's and Young People's Service (CYPS) has been recognised as delivering good services (OfSTED 2008), for children and young people in an area which has significant areas of social disadvantage, but attracts only low levels of funding. Outcomes are generally good and we continue to improve year on year but we recognise that keeping up the quality of services and improving year after year is about four important things:

- ensuring that all children grow up in loving and stable families so that they enjoy positive physical and emotional well being
- provide all children and young people with good educational outcomes in our increasingly knowledge based society
- **developing new and more joined-up ways of delivering care and support** – the CYPS brings together education, social care and health professionals to work together as multi-skilled teams to improve the outcomes for children, young people and their families.
- **giving children, young people and their families a meaningful role in shaping the services that affect them**

To deliver on these four strategic themes we believe our approach of developing a jointly commissioned whole-systems multi-agency service which works in an integrated way, and will provide the flexibility and strength to deliver on the demands of the DCSF Children's Plan, our Children and Young People's Plan 2008-2011 (CYPP), and build resilience in our families, schools and communities.

The CYPP sets out our ambition:

“to continue to improve the quality of life outcomes for all children and young people and as a priority improve outcomes for the most vulnerable and at risk”

And has identified the following priorities

Reduce the numbers of children and young people with poor mental health and exhibiting anti-social behaviour	Reduce poor physical health particularly that caused by obesity, misuse of drugs and alcohol
Improve sexual health and reduce teenage conception rates	Reduce the numbers of children and young people subjected to abuse and harm
Continue to improve outcomes for children-in-care particularly in relation to education, stability and offending	Improve educational outcomes for those who are under-achieving and with special educational needs
Enable all young people to fulfil their potential in adult life	

Looking to the future, our multi-agency integrated approach focused on addressing the four strategic themes will mean that we are well placed to improve the outcomes for the children, young people and families of Trafford and achieve the ambitious and challenging targets we as a partnership have set ourselves.

3.2 Be Healthy

Health outcomes for children and young people are generally good. The provision of preventative and early intervention services to support smoking cessation, breast-feeding and immunisation are good. Accessibility to a dentist has improved in deprived areas. Sexual health is a priority for young people and we have ensured a joined-up approach with the PCT, comprehensively mapping and planning provision and increasing access to clinics. Significant work on reducing teenage pregnancy has been done and the rate has improved, but not sufficiently to indicate any realistic achievement of the target set against the 1998 baseline.

Child and Adolescent Mental Health Services (CAMHS) remains a high priority and additional resources have been committed to sustain the improved performance in this area. Children with Complex and Additional Needs are supported through increased resources committed by the PCT in areas of Mental Health and Learning Difficulty and Disability and better transition planning. The move to dedicated multi-agency services for these vulnerable groups will ensure further improvement and more effective support.

There is a higher than average involvement in the Healthy Schools programme and innovative interactive material has received national recognition. Physical activity in schools is good and work is focused on meeting challenging LAA stretch targets. The sustained good health of Children-in-Care has continued.

Through the development of a programme of activity under 'Think Family', we are bringing together crime prevention, parenting, mental/emotional health, general health, substance misuse services and linked voluntary sector providers to increase resources to improve early identification, support and prevention of problems which challenge family life. This will be supported by a Family Engagement Strategy which will facilitate improved access to services and promote the development of the Think Family ethos across the range of Adult, Children and Health services in Trafford.

Mental Health

Trafford performs reasonably well against its LAA health targets and specifically mental health services for adolescents have achieved high scores from Ofsted. There is now appropriate access for children and young people with learning disabilities and a mental health problems/s. Investment in additional LD Psychiatrist, Psychologist and Nurse staffing is in place and appointments made to establish this service to achieve the proxy target.

Trafford PCT & CYPS have supported an extended project to review the cases of young people aged 17+ who are receiving support from CAMHS with labels of Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD) and associated problems, with the findings informing the future service design proposals/resource allocations in conjunction with workforce analysis findings.

The PCT has amended the contracts with child mental health service providers to require a rise in the age for referrals to CAMHS to the 18th birthday and for the age to access adult services to be lowered to the 16th birthday in line with National Service Framework guidance. Referral and transition care pathways for 16 to 18 year olds are now being developed between GM West Mental Health Foundation and Trafford CAMHS, and the needs of all children can be met including 16/17yrs old with agreements in place to support plans and access protocols.

Urgent mental health care is available, leading to a specialist mental health assessment where necessary within 24hrs or the next working day: protocols are in place regarding assessment standards and Out of Hours Service provision. Young people aged between 16 and 18 years old presenting at A&E with mental health problems out of hours will be supported by the Crisis Team from GM West Mental Health Foundation Trust; thereby supporting the changes around paediatric inpatient services and therefore the 'Making it Better' programme.

Joint working with the Collaborative Commissioning Network of Greater Manchester PCTs to design, develop and deliver locally effective CAMHS provision with the support of access to cross-district specialist services where appropriate and have committed additional funding to implement the Greater Manchester wide 24-7 CAMHS out-of-hrs service and Rapid Assessment Processes. This will ensure compliance with the requirement that no 16-17 year old is inappropriately managed on an adult ward from April 09.

Agreement has been reached to ensure full compliance of the Trafford CAMHS with DRE agenda, and planned comprehensive workforce analysis/ development plan will ensure availability of local culturally-sensitive and effective services.

A comprehensive needs assessment on mental health, emotional well-being and anti-social and offending behaviour was carried out in early 2008. A Commissioning Plan and needs assessment were available for consultation in autumn 2008 which highlighted short, medium and longer term priority areas for action. The Commissioning Plan was ratified in June 2009. As a result of this Plan additional funding has been agreed from the PCT as part of its Commissioning Strategic Plan to increase the spend on CAMHS per child in line with comparator local authorities, as part of a detailed and comprehensive service redesign programme and re-specification of service contracts and performance targets.

A CAMHS accommodation plan is in place to support the provision of accessible, user friendly clinical space; this is being developed in line with the NHS 'Your Welcome criteria'.

There will be an increase in resources to promote and support lower level mental health problems via the DCSF funded Targeted Mental Health in Schools (TaMHS) project; this will go live in 12 schools across Trafford by late 2009, and there is commitment from the PCT to mainstream fund this provision in all schools from 2011. In the first instance, the TaMHS team will sit within the CYPS 'Think Family' programme.

Teenage Pregnancy

Teenage pregnancy rates are the lowest in Trafford since 2000, but we have still not reached the 15% target decrease. Repeat termination rates are a cause for concern, and we need to maintain a consistent approach in tackling sexually transmitted infections, in particular Chlamydia. We are developing a more joined-up approach to sexual health provision and education, which is a major priority for young people. A key development here is the appointment of 2 Sexual Health Youth Workers are now in post to provide more accessible sexual health advice and guidance to young people across the borough; a specific focus of their work is to address high percentage of termination rates.

Additional Health priorities

- Infant mortality and substance misuse related hospital admissions remain lower than the average for England. Multi agency, preventative strategies on alcohol and hidden harm are in development.
- We are exceeding targets for schools achieving or registered to achieve the National Healthy Schools Standard.
- In 2006, 60% of reception aged children were not obese. By 2010 Trafford needs to reach the target of 85%. The targets set are very challenging and this is one of our Local Area Agreement targets.
- The take up of childhood immunisations in Trafford is excellent. The performance of the scheme is overseen by the immunisation co-ordinator. Some hard to reach families are to be offered vaccination in the home by health visitor. The IT system supporting the local service will be updated this will improve the efficiency of the service particularly when new vaccines are introduced to the national schedule.
- There is a good uptake of antenatal screening in Trafford and the new guidance from NICE in 2008 on antenatal care will support routine care for healthy pregnant women.
- The dental and general health of children in care is good.
- The uptake of relevant health assessments is 93% compared to 84% in England

Highlighted Needs – Be Healthy

- **Continue to improve physical activity in schools**
- **Continue the development of CAMHS and linked provision which supports mental health promotion, understanding and earlier identification**
- **Address repeat termination rates**
- **Improve prevention and treatment for sexually transmitted disease, particularly Chlamydia**
- **Reduce levels of childhood obesity**

3.3 Stay Safe

- Safeguarding is our highest priority and we are committed to maintaining at the very least good services. The focus on safeguarding since the poor SSI inspection in 2002 has not only led to significant improvements in the way we deliver our services and work with partners to ensure the safety of children but also drives our continued commitment to ensuring preventative approaches and safe services. We have worked well with our partners, in particular police and health to secure a multi-agency safeguarding approach.
- Outcomes in all areas for Children-in-Care continue to improve. Inspections over the last few years of our fostering and adoption inspection evidence our approach to improvement; welcoming the external challenge with deliberate actions to improve the quality of our services.
- The Trafford average for road traffic accidents is 32% below the national average.
- Regarding child protection, we have lower than average referrals for child protection, but higher than average numbers of children on the Child Protection Register. All children on the Child Protection Register have a social worker. We also have lower rates of children from BME backgrounds on the Register compared with the national average.
- In Trafford there are a lower than average number of children who are looked after, 34.6% of these children live in foster care compared to 12.7% nationally. Placement stability is improving although the number of children in one placement continuously for 2.5 years or placed for adoption is slightly lower than the England average. We have a very slight increase in the numbers of children in residential care. Adoption rates are good, 94% of assessments result in placements within 12 months compared with 77% nationally (figures are for 2005).
- The numbers of care leavers in suitable accommodation is over 90% for Trafford which is above the national average of 87.3%.

Highlighted Needs – Stay Safe

- **To continue to improve multi agency safeguarding services**
- **Focus on reducing domestic violence**

3.4 Enjoy and Achieve

Trafford's schools continue to be amongst the best in the country. We recognise the importance early years plays in supporting families and children into school and we have maintained an educational focus through school, to leaving and beyond. Year-on-year improvements clearly demonstrate the strength in the education system and our competence in supporting the challenges faced by children and young people. Our children in care have some of the best educational outcomes in the country.

Trafford is leading on 'Narrowing the Gap' in educational achievement between vulnerable children and young people and their peers across Greater Manchester, as part of the 'Greater Manchester Challenge', a 3 year project funded by DCSF.

Through this project we are successfully targeting our support on underachieving schools and underachieving groups, but we recognise, however, that there is still more that can and needs to be done to help those that do not achieve and have in place development plans to address these inequalities e.g. to improve quality of provision and student outcomes at the KS4 PRU and further reduce the NEET figures.

Attainment levels in Trafford are consistently above the national average at each key stage. Additionally the average rate of absence is below the national average in both the primary and secondary sectors. Exclusions in both primary and secondary schools are lower than the national average, but fixed period exclusions for pupils with statements of SEN in mainstream schools have exceeded the national average over the last year. We have a lower than average rate of children and young people with a statement of SEN, and there has been a year on year decrease in the number of new statements each year. The number of statements of SEN issued within 18 weeks has improved, but this improvement needs to be continued and maintained.

Highlighted Needs – Enjoy & Achieve

- **Focus and prioritise those individual and groups of children who do not do so well at school**
- **actively support schools causing concern and in challenging circumstances**

3.5 Make a Positive Contribution

There are increasing numbers of young people involved in positive activities across the borough. Our CYP Plan states that we will know our services are good when children and young people tell us. The development and commissioning of young persons led evaluation of services sets an innovative approach to our CYP Plan commitment; in 2010 we will be trialling the NHS Your Welcome quality criteria in CYPS services to test how 'young person friendly' they are. Children-in-Care continue to get an excellent service from the Children Rights Service, which has been strengthened. School Councils are well established and the Youth Parliament has a prominent position and is included at the highest levels of CYPS governance and Council Democracy. A Children in Care Council was established in autumn 2008. We continue to work with the voluntary and community sector to secure innovative and locally delivered services.

Performance on offending and re-offending indicates that there is an increasingly positive impact on youth crime. The rate of re-offending has been reducing each year since 2002, but it remains higher than the average for England and Wales. First time entrant rates is lower than the average but there is a slight increase in numbers of looked after children who are convicted, although this rate has been reducing over the last three years. Young people who are supervised by the Youth Offending Service in Trafford are generally more likely to be in education, employment or training.

The number of young people aged 13-19 supported by Trafford Youth Service has been increasing each year, and there was a particular increase in the last year from 2511 to 4258. However, we are still below the national target of 25% of young people supported; Trafford presently is at 19.4% supported.

Aiming High

In May 2007 the government launched the Aiming High for Disabled Children Programme, the focus of which is to improve the lives of disabled children and their families through:

- empowerment;
- responsive services and timely support; and
- improving quality and capacity

Trafford has been working with key multi agency partners to address the following Aiming High agendas:

- **Childcare**

Trafford Early Years service are increasing the number of childcare places suitable for disabled children and have also provided on site training and resources to facilitate the changes required;

- **Transition**

Key staff across Trafford CYPS and Adult Social Care have established a programme board to take the transition change agenda forward. In addition to learning disability and disability, the programme will cover mental health; Substance misuse and Offending. The Lead Transition Project Manager is producing resources to enable seamless transitions and better information-sharing;

- **Short Breaks**

Following the publication of the Trafford CYPS Short Breaks Commissioning Plan, the DCSF and Trafford PCT have committed funding to increase the number and variety of short breaks across Trafford - in domestic, specialist care and universal settings.

Activities and developments on the above will ensure the 'Core Offer' and the criteria for the new National Indicator are met.

Highlighted Needs – Making a Positive Contribution

- **To advocate for the rights and interests of children and young people and for their inclusion and active involvement in their communities and the decisions and services that affect them.**
- **To prioritise the development of a multi agency Borough wide approach to tackling bullying in all its forms**

- **Deliver the Aiming High programme locally**
- **Continue to reduce re-offending rates for young people**
- **Increase numbers of young people aged 13-19 supported by Trafford Youth Service**

3.6 Achieve Economic Well Being

The future for the majority of young people is good, with high levels of academic achievement and attainment which are improving year on year, a high and increasing number of young people remaining in learning and low 'Not in Employment, education and Training (NEET) figures. A well established 14-19 partnership with strong representation from all partners ensures a coordinated and collaborative approach to provision and support and makes best use of the available resources. The curriculum offer continues to grow, participation rates are good, and support from Connexions is of a high standard. Our successful gateway applications provide a strong basis for future development and work related opportunities are increasing through the Education Business Partnership. Provision of suitable accommodation for young people leaving care and young offenders has been expanded but remains a key priority and will be driven forward through our Council wide Homelessness Strategy.

Trafford performs consistently well in ensuring young people are placed in and achieve in education, training and employment at 16+. In 2005 we had 83% of 17 year olds in work based learning compared to 76% nationally. There has been a year on year increase in the numbers of young people completing an apprenticeship, and above average rates for 19 year olds achieving either a level 2 or 3 qualification. We have more teenage mothers and young people with learning difficulties in employment, education and training (EET) and low rates where the EET activity of young people is not known by the Connexions service, compared with the national average.

Trafford needs to address early drop out rates of young people entering EET at 16/17, and the lower than average success rates for NVQ achievement for those young people in work based learning. We also have higher than the national average of young people from white, white and black Caribbean and black Caribbean ethnic backgrounds in the NEET group. EET activity for care leavers in Trafford, although below the average of 76% is still considered good at 67%.

Highlighted Health and Social Care Needs

- **Reduce drop out rates of young people entering EET at 16/17**

3.7 Service User Involvement

We believe we have embedded the commitment to including children and young people and families' engagement and contribution to services. The last few years has seen a cultural shift towards participation within the council and across partners

steered by the participation steering group. The Participation Strategy has led to the better coordination of a wider range of diverse and targeted activities to ensure their involvement and that their views are gathered and voice heard.

Road shows took place in Summer 2009 to promote CYPS and provide information of the services available to Trafford residents. We are also developing Cluster Area Forums and a CYPS Engagement Strategy. The following are examples of our participation and engagement activities:

- A group of young people were commissioned to undertake a piece of research and make recommendations regarding bullying and cyber bullying in the north of the borough.
- Young people aged 4-16 from 2 schools have been involved in the design and delivery of a healthy schools evaluation project.
- The Aiming High programme has involved a variety of activities and opportunities to engage and seek the views of disabled children and their families in the local development of services.

Nationally, children and young people are surveyed annually via the Tell Us 2 survey; this provides information regarding children and young people's emotional health and well being in each borough.

Service specifications for providers of children's services are also in development which will direct providers to mainstream service user involvement as a regular activity and providers will be monitored on this.

Section 4: Lifestyle and Risk Factors

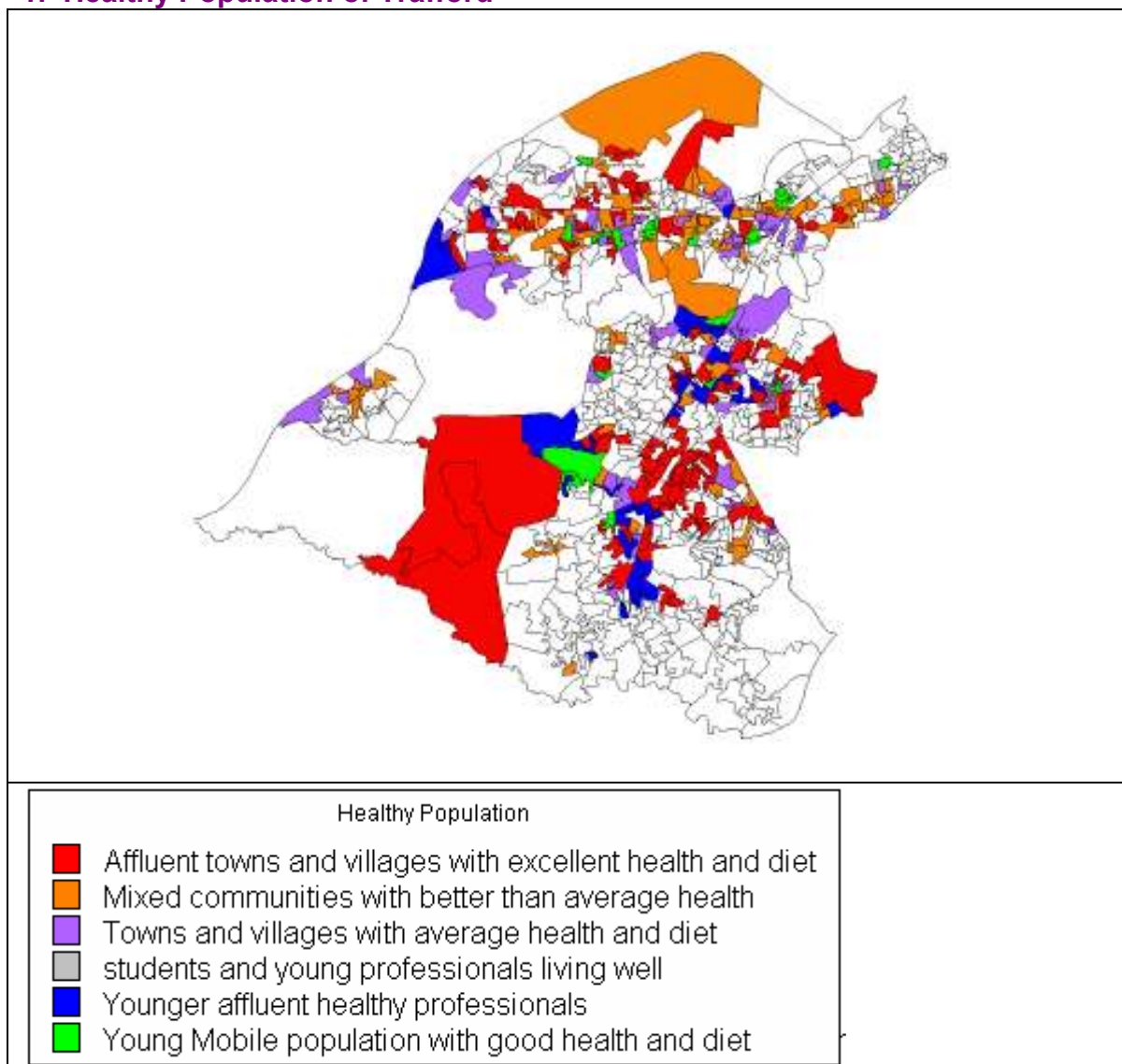
4.1 Relevance of Lifestyle Factors

Lifestyle factors such as diet, body mass index (BMI), physical activity smoking and alcohol consumption have a significant impact of the development of many life limiting illnesses and can impact on life expectancy. Therefore a key area of activity for Trafford is to provide services and information to support people to improve their lifestyles.

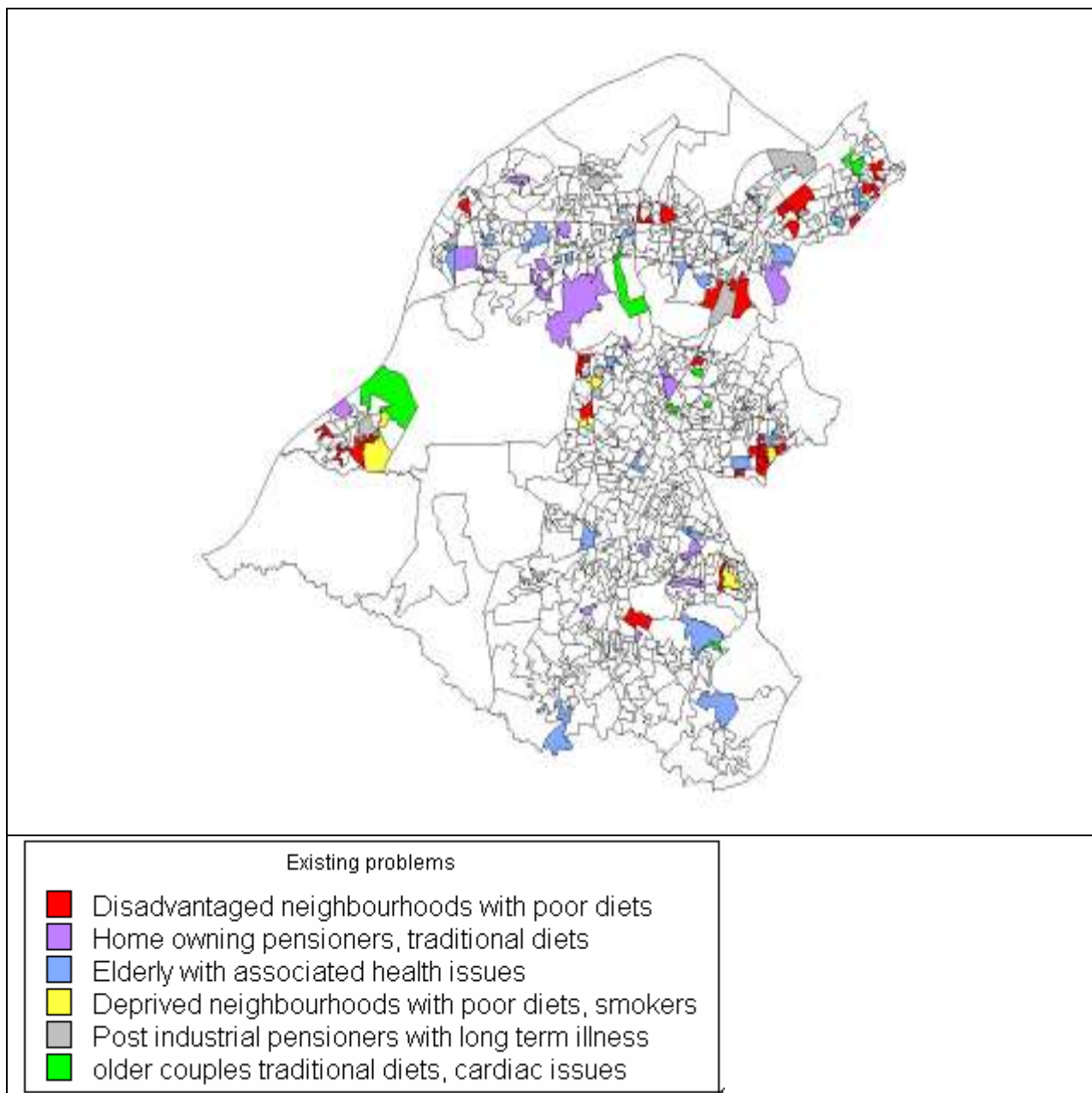
4.2 Lifestyle Characteristics of the Trafford Population

The maps below show the lifestyle characteristics of populations segments in Trafford. These confirm that the key areas of existing health problems lie in disadvantaged neighbourhoods, home owning pensioners and the elderly with existing health conditions. They also indicate that a major focus of future health concern is in the affluent professional group with high levels of alcohol consumption and in low income families with some smokers and in home owning older couples.

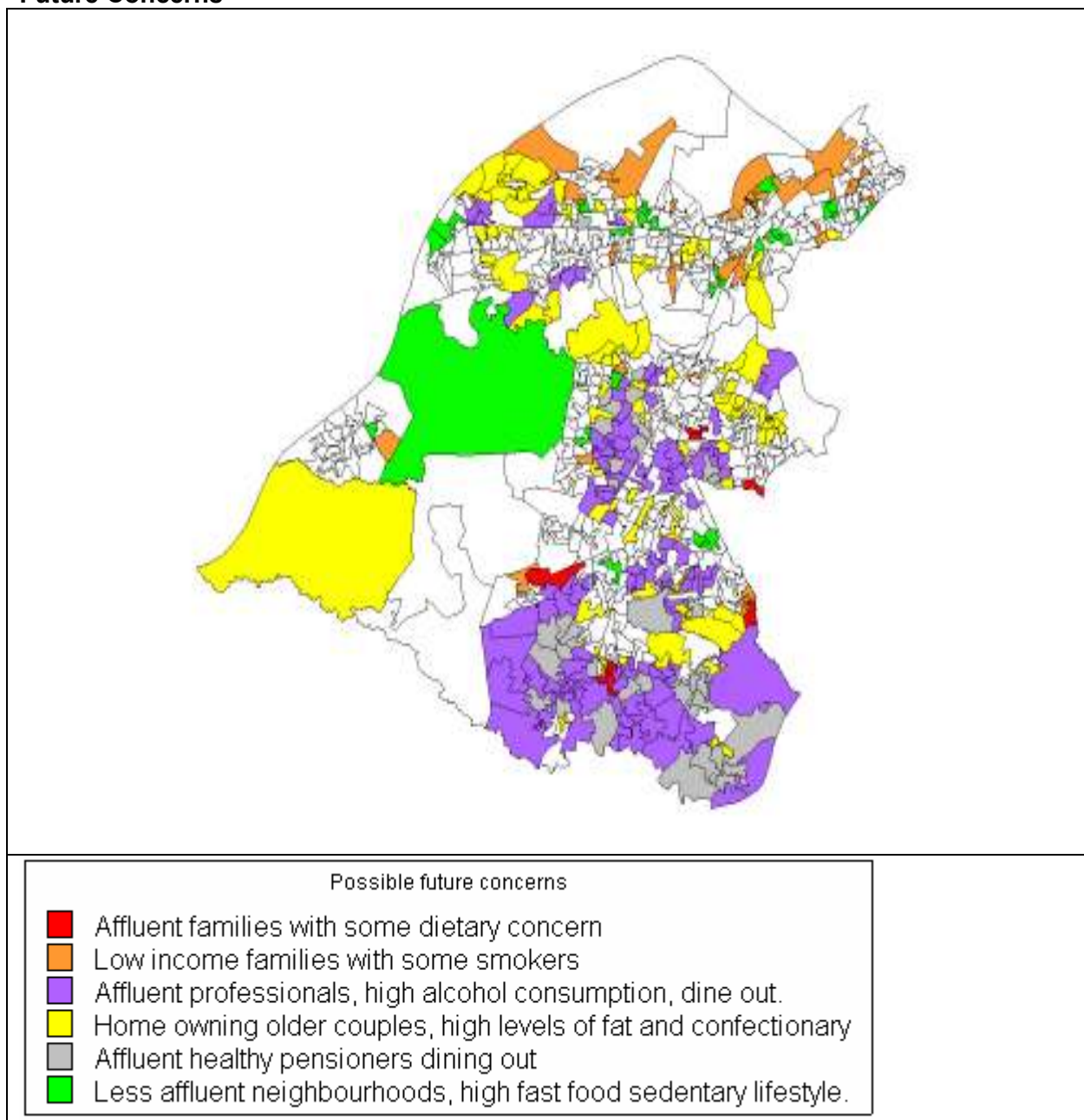
1. Healthy Population of Trafford



2. Existing Problems



Future Concerns



4.3 Trafford's Health Profile

The Health Profile set out below provides a snapshot of health for Trafford using a set of key health indicators, which enables comparison locally, regionally and over time. The issues arising from this analysis are;

- There are lower than average levels of physically active children.
- The proportion of obese children in the population is slightly above average.
- There is a higher than average proportion of adults who binge drink.
- There are a higher proportion of people with mental illness in receipt of incapacity benefits.

- There are higher than average numbers of hospital stays related to alcohol.
- There is a higher than average number of deaths from smoking although the estimated numbers of adults who smoke is lower than average.

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	22905	10.9	19.9	89.2		0.0
	2 Children in poverty *	7243	17.3	22.4	66.5		6.0
	3 Statutory homelessness	193	2.0	2.8	8.8		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths) *	1912	63.9	48.3	26.5		73.3
	5 Violent crime *	3195	15.1	17.6	38.4		4.8
	6 Carbon emissions *	1969	9.3	7.2	15.7		4.6
Children's and young people's health	7 Smoking in pregnancy	348	12.8	14.7	37.8		3.7
	8 Breast feeding initiation *	1979	74.1	71.0	32.5		92.2
	9 Physically active children *	23352	87.1	80.0	77.5		100.0
	10 Obese children *	249	10.7	9.6	16.2		3.9
	11 Children's tooth decay (at age 5)	n/a	1.6	1.5	3.2		0.0
	12 Teenage pregnancy (under 18) *	149	36.0	41.2	79.1		15.0
Adults' health and lifestyle	13 Adults who smoke *	n/a	20.3	24.1	40.9		13.7
	14 Binge drinking adults	n/a	22.4	18.0	28.9		9.7
	15 Healthy eating adults	n/a	27.8	26.3	15.8		45.8
	16 Physically active adults	n/a	11.7	10.8	4.4		17.1
	17 Obese adults	n/a	21.7	23.6	31.2		11.3
Disease and poor health	18 Over 65s 'not in good health'	7440	21.6	21.5	32.5		13.5
	19 Incapacity benefits for mental illness *	3900	29.7	27.7	59.4		8.7
	20 Hospital stays for alcohol related harm *	3525	1460.2	1472.5	2615.1		639.9
	21 Drug misuse	825	5.9	9.8	27.5		1.3
	22 People diagnosed with diabetes	9027	4.2	4.1	6.3		2.6
	23 New cases of tuberculosis	21	10.0	15.0	102.1		0.0
	24 Hip fracture in over-65s	184	405.6	479.8	699.8		219.0
Life expectancy and causes of death	25 Excess winter deaths	119	19.0	17.0	30.3		4.0
	26 Life expectancy - male *	n/a	77.7	77.7	73.2		83.7
	27 Life expectancy - female *	n/a	82.0	81.8	78.1		87.8
	28 Infant deaths	12	4.3	4.9	9.6		1.3
	29 Deaths from smoking	361	227.8	210.2	330.2		134.4
	30 Early deaths: heart disease & stroke *	200	87.8	79.1	130.5		39.6
	31 Early deaths: cancer *	273	122.5	119.5	164.3		75.7
	32 Road injuries and deaths *	60	28.6	54.3	188.3		18.4

4.4 Preventative and Well Being Services

There are already a wide range of preventative and wellbeing services in Trafford;

National

- 5 a day schemes;
- Change4Life obesity and weight management campaign;
- Flu Immunisation programme;
- National childhood Immunisation programme including the introduction of HPV immunisation
- Breast, bowel, abdominal aortic screening (AAA) and cervical screening programmes;
- Smoking cessation services;
- NHS Choices information portal;
- Expert Patient Programme;
- Healthy schools programme
- National Child Measurement Programme;
- Tiered Obesity services for children and adults
- NHS Minor ailment scheme;
- Self care programmes for people with long term conditions;
- Active Case Management programme for people with long term conditions;
- Emergency contraception scheme;
- Condom distribution scheme;
- NHS Personal budgets (new) and Putting People First (Adult Social Services)

Borough Wide

- GO3 and Sports and Physical Activity Alliance (SPAA);
- Manchester Versus Cancer initiative;
- Graduate Mental Health Workers;
- Brief interventions in alcohol in Accident and Emergency and primary care
- Intermediate Care, rehabilitation and re-ablement services;
- Healthy Lifestyle Trainers;
- Integrated sexual health services;
- Chlamydia screening programme;
- Falls prevention;

Ward Level

- Children Centres;
- Prevention of obesity initiatives;
- Breastfeeding groups and champions;
- Parenting support initiatives;
- Partington Health Living Centre;

Highlighted Health and Social Care Needs

- **Access to preventative and diagnostic services in disadvantaged neighbourhoods**
- **Support to reduce alcohol consumption – particularly binge drinking, high consumption in affluent households and where drinking results in hospital admissions**
- **Support to manage health conditions and improve life styles for older people**
- **Smoking cessation, particularly in low income households**

- **Improved access to employment for people with mental health problems**
- **Encourage increased physical activity for children and improve lifestyle advice to prevent obesity**
- **Ensure that existing preventative services are targeting their services to the appropriate people and areas**

Section 5: Adult Ill-Health

5.1 Health in Trafford

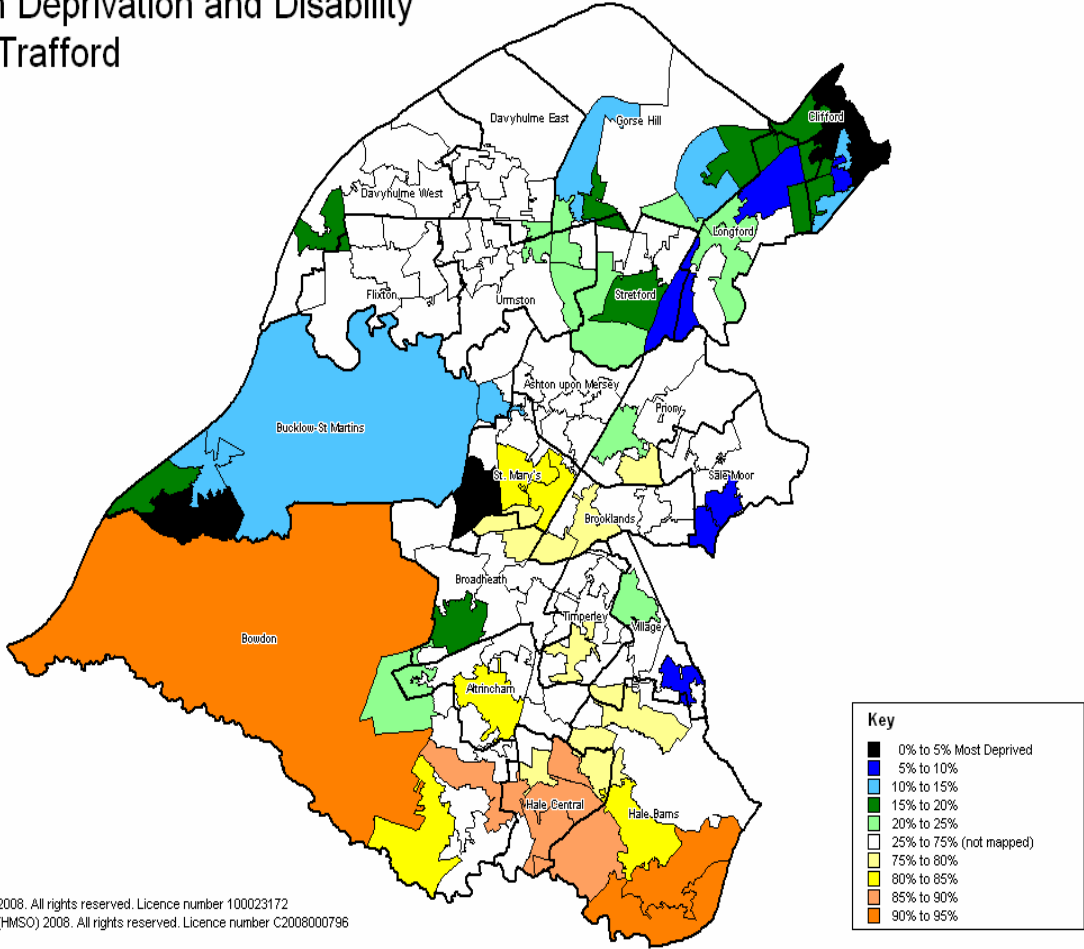
Overall, levels of health in Trafford are generally better than Greater Manchester and the North West but in comparison to England, Trafford is marginally worse. 17.7% of people in Trafford reported in the 2001 census that they had a limiting long-term illness which compares with the England average of 17.9% and is lower than the North West average of 20.7%. There have been significant improvements in health across the borough with life expectancies extending, in part due to improvements in the treatment of circulatory diseases. Despite these improvements, significant health inequalities exist in Trafford, particularly affecting those living in the most deprived neighbourhoods. Poor levels of health are not simply a matter of geography but are affected by a range of different factors, the most obvious being someone's age, sex and genetics. Whilst you can have no control over these factors, there are a number of other determinants which can affect how likely it is that someone develops a disease or dies prematurely. For example, someone's lifestyle behaviours (e.g: diet, physical activity or smoking); social factors such as crime or unemployment; living and working conditions; and general socio-economic conditions all impact on an individual's health outcomes. Reducing these health inequalities as well as tackling diseases such as circulatory disease (heart disease and stroke) and cancer remains a priority for the Trafford Partnership.

5.2 Health Deprivation and Disability

This is a measure identifying areas with relatively high rates of people who die early, whose quality of life is impaired by poor health, or who are disabled across the whole population. There are significant disparities in health throughout the Borough and the gap between neighbourhoods is getting worse. Between 2004 and 2007 there was an increase in the number of neighbourhoods in the top 5% and 50% most health deprived in the country.

There are clear links between deprivation and poor levels of health with Trafford's most economically and socially deprived neighbourhoods experiencing the greatest levels of health deprivation. The map below shows Trafford's neighbourhoods in terms of health deprivation: those areas coloured green are in the 25% most deprived, blue are those areas within 15% most deprived and those in black being in the 5% most deprived in the county. Ranking is based on a national scale and the worst health deprivation can mainly be found in the north of the Borough with some of the highest levels within Clifford, Bucklow-St Martin's and St Mary's.

Health Deprivation and Disability 2007 Trafford



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5.3 Premature Mortality from Circulatory Diseases

Circulatory diseases are those affecting the heart and major blood vessels, including heart disease and stroke. The Government has set a national Floor Target to substantially reduce the number of deaths from circulatory diseases in people under 75 by at least 40% by 2010.

These diseases have previously been a particular health concern for Trafford, causing high rates of premature deaths. However, in recent years, Trafford has mirrored and bettered the national trend in falling numbers of premature deaths.

What do we know about CVD/CHD in Trafford?

- CVD is significantly higher in the most deprived IMD 2007 quintile than the England and North West rates.
- CVD is significantly higher in the Indian, Pakistani, Bangladeshi and Black communities than the White population. Particular focus needs to be given to the high rates in the Bangladeshi community.
- The highest admission rates for chest pain are in the least deprived middle super output areas (MSOAs) implying an inverse relationship with CHD/CVD incidence and prevalence.

5.4 Premature Mortality from Cancers

The Government has set a target to reduce the number of deaths from cancers in people under 75 by 20% by 2010. Death rates from cancers in Trafford have been lower than those for Greater Manchester and the North West as a whole, and very close to the national average. However, over the last few years there has been an overall increase in the rate of premature deaths from cancers in Trafford. While figures remain lower than those across Greater Manchester, they are now the same as the North West and higher than for England overall.

What do we know about Cancer in Trafford?

- The number of excess female deaths for all cancers is 3 and 10 for lung cancer per annum (expected versus observed deaths, 2001-05).
- Cancer (malignant neoplasm) is the second most common cause of death in Trafford.
- The rates of bladder, cervical and lung cancer in Trafford are higher in the most deprived quintile wards.
- Lung cancer rates are higher in Trafford amongst all ethnic groups as compared with the England and North West levels (although not statistically significant).

Trafford PCT plans to enhance the cancer clinical pathway as follows:

- Earlier presentation of suspected cancer cases through a borough wide social marketing and health awareness campaign of most common symptoms.
- Timely diagnosis and onward referral of suspected cancers from primary care to specialist cancer services (GP referral to be seen within 2 weeks).

- Increasing the coverage rate, round length and equity of access for vulnerable and hard to reach groups for existing national screening programmes such as breast and cervical screening
- Introduction of the national bowel screening programme for Trafford residents.
- Introduction of the school based HPV immunisation programme;
- Reducing delays in the Cancer clinical pathway from referral to treatment (31 and 62 days);
- Increasing access to diagnostic and radiotherapy services;
- Making available cancer drugs within the context of NICE guidance and the emerging ethical framework for specialised commissioning.

5.5 Premature Mortality from Respiratory Disease

Currently there is no national target on reducing premature death from respiratory disease (bronchitis, emphysema and other chronic obstructive pulmonary disease) although a National Service Framework (NSF) is in development. Death rates from respiratory disease are lower than those for Greater Manchester and the North West as a whole, and are very close to the national average.

What do we know about Respiratory Disease in Trafford?

- Respiratory disease is the third major cause of death in Trafford.
- COPD is usually a progressive disease with poor lung function leading to a poor quality of life.
- Smoking status and history is heavily associated with the majority of cases.
- Exacerbations can lead to multiple admissions to hospital for treatment. These can be triggered by multiple factors but common ones are continuation of smoking, cold weather or lack of heating in the home.

Trafford PCT plans to enhance the COPD pathway as follows:

- Provide an integrated COPD service through its Provider Services;
- Enhance the smoking cessation support to those diagnosed with COPD and other respiratory problems;
- Identify and manage high risk patients at risk of hospitalisation in the home using care technologies.
- Use national alert systems such as the Met Office Weather Watch scheme to better inform staff and patients of cold weather snaps to reduce the risk of exacerbations.

5.6 All Age All Cause (AAACM) Mortality Trend

Mortality trends are measured using Directly Age-Standardised Rate (DASR) per 100,000 population, which allows for comparisons between populations of different age and sex structure. In line with national and regional trends, Trafford shows a consistent decrease in both all-age mortality rates and premature mortality rates.

There are, however, significant inequalities between wards. A man living in the most income deprived part of Trafford can expect to live ten years less than a man in the least income deprived part of Trafford. For women the gap is around six years. The age standardised death rate is twice as high in Clifford compared to that in Hale.

Reducing the gap between the highest and lowest performing areas of Trafford is a high priority for the Trafford Partnership. Between the 3-year averages 2003-5 and 2004-6, the gap decreased by 16%: this is a new measure but it's a very positive start.

Highlighted Health and Social Care Needs

- **Improving awareness of CVD, CHD and cancer symptoms to promote patients seeking early medical assistance particularly in the most deprived wards and amongst the Indian, Pakistani, Bangladeshi and Black communities.**
- **Targeting reductions in cholesterol to 5mmol/l or less by statin prescribing and/or lifestyle modification, high blood pressure towards 140/90 mmHg by anti-hypertensives and/or lifestyle modification and reducing smoking in the most deprived wards with particular focus on developing programmes for the Indian, Pakistani, Bangladeshi and Black communities.**
- **Enhance the cancer clinical pathway to provide earlier diagnosis and treatment with a focus on deprived areas.**
- **Enhance services for those with chronic obstructive pulmonary disease (COPD) and offer targeted smoking cessation service support, home based care technologies and weather alert systems**

Section 6: Health Care Need and Utilisation

6.1 NHS Allocations for Trafford PCT

The Department of Health allocates funding directly to primary care trusts (PCTs) on the basis of the relative needs of their populations and in line with pace of change policy. A weighted capitation formula determines each PCT's target share of available resources, to enable them to commission similar levels of health services for populations in similar need, and to reduce avoidable health inequalities.

PCT revenue allocations are made after each Spending Review. PCTs now control over 80 per cent of the NHS revenue budget compared to the 72 per cent that was controlled by health authorities in 1996-97, a significant proportion of public expenditure.

There are four elements in the allocations process:

(a) weighted capitation targets - set according to the national weighted capitation formula which calculates PCTs' target shares of available resources based on PCT populations adjusted for their age distribution, additional need above that accounted for by age, and unavoidable geographical variations in the cost of providing services;

(b) recurrent baselines – which represent the actual current allocation which PCTs receive. The recurrent baseline is the actual recurrent allocation from the last year of the previous allocation round, plus any recurrent adjustments made in subsequent financial years;

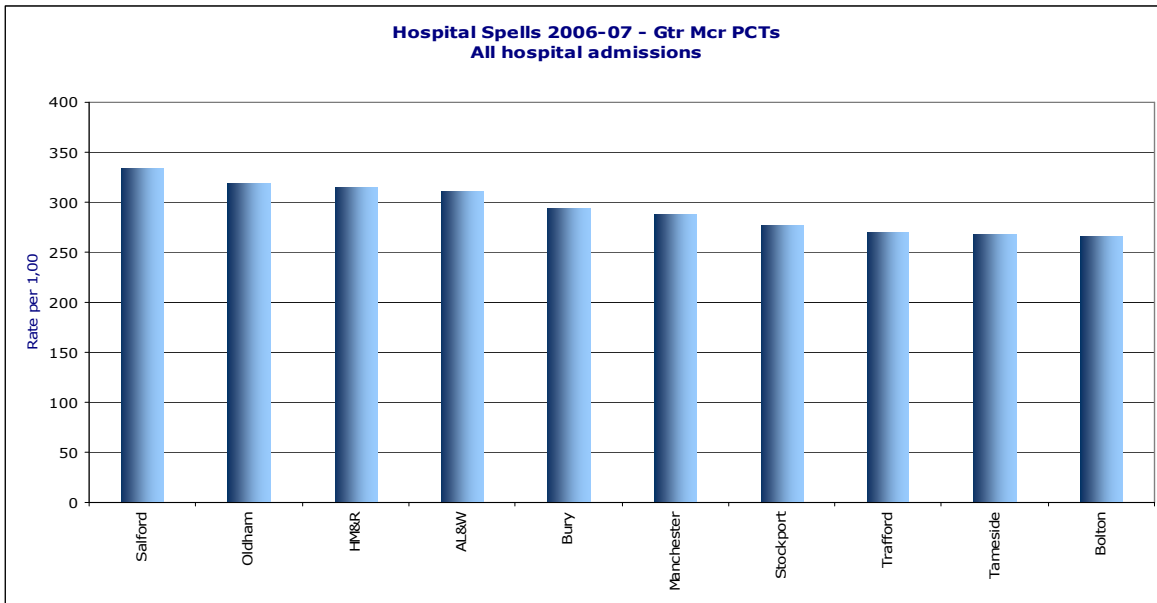
(c) distance from target (DFT) - this is the difference between (a) and (b) above. If (a) is greater than (b), a PCT is said to be under target. If (a) is smaller than (b), a PCT is said to be over target;

(d) pace of change policy - this determines the level of increase which all PCTs get to deliver on national and local priorities and the level of extra resources to under target PCTs to move them closer to their weighted capitation targets. PCTs do not receive their target allocation immediately but are moved to it over a number of years. The pace of change policy is decided by Ministers for each allocations round.

The changes in the new national NHS allocations formula indicates that Trafford needs fewer resources for its PCT responsible population for healthcare need in the next few years and therefore will receive less growth than other areas.

6.2 Healthcare Utilisation – Hospital Spells (All Causes)

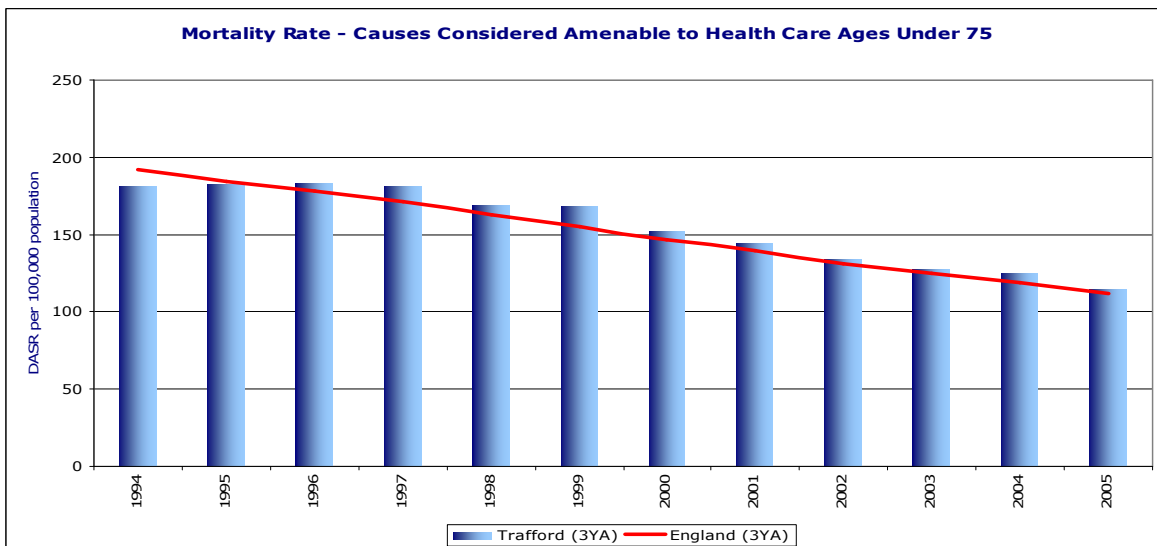
Hospital spells represent a period of care after admission to hospital. Admissions for any reason during 2006-07 have been analysed for all PCTs in Greater Manchester.



A crude rate per 1,000 PCT population has been used to provide a comparison of admission rates within Greater Manchester. Trafford PCT has one of the lower rates within Greater Manchester. Overall, admission rates for electoral wards in the north of Trafford appear higher than those in the south of Trafford.

6.3 Causes considered amenable to healthcare

Mortality Rate causes considered amenable to health care, ages under 75



Mortality rates from causes considered amenable to health care are calculated on an annual basis and take account of the age and gender of the population. Causes considered amenable to health care are those where evidence suggests appropriate and timely quality health care can have a significant impact and reduce mortality. The mortality for Trafford has decreased in each year since 1996 and is close to the rate for England.

6.4 Access to NHS Dentistry

Trafford PCT has commissioned two new NHS dental practices that opened January 2009 that have already cleared the backlog of patients waiting for an NHS dentist. The practices are located in Urmston and Timperley (Lakeside). Advertisements are currently running in the local papers, promoting the new services with details of how to register. This must be done via the referral team on 0845 6020708. The PCT have started an ongoing tendering process to appoint two further NHS dentists in Trafford.

6.5 Transforming Community Services

The requirement to 'create an internal separation of their operational provider services, agree SLAs, based on the same business and financial rules as applied to all other providers' was included in the NHS Operating Framework for 2008/09. Therefore by April 2009 all PCT direct provider organisations should have moved into a contractual relationship with their PCT commissioning function, using the national contract for community services in 2009/10. It is anticipated that, by October 2009, PCT commissioners, working closely with their practice-based commissioners, will have developed a detailed plan for transforming community services, including how they intend to enhance patient choice.

6.6 Pharmaceutical Needs Assessment (PNA)

The pharmaceutical needs assessment (PNA) will, in the future, form a key component of the JSNA. The Department of Health has published initial responses to its consultation on proposals for legislative changes for pharmacy. This includes replacing the current control of entry system with a market entry system, based on PCTs' PNAs.

The new Regulations will define:

- what information should be included in a PNA;
- who should be consulted when producing a PNA;
- requirements around the timings of PNAs eg. how often they should be published.

A PNA should include sections on the following:

Summary of main health needs and how providers of pharmaceutical services could meet these needs

This section should provide a high level snapshot of the PCT's health profile and needs of the population.

It should begin to identify how providers of pharmaceutical services can meet the needs of their local population and may also include anticipated changes to health needs based on population growth and other factors. Mapping existing (and proposed) providers of pharmaceutical services and GP surgeries against other indices, such as disease prevalence and average patient commute time to receive pharmaceutical services, may also be beneficial.

Needs assessment by area

This section should contain an overview of the key health indicators for a defined geographic area, including:

- wards;
- number of community pharmacies;
- number of other providers of pharmaceutical services;
- access to current services;
- demographic information;
- deprivation indicators;
- Health indicators;
- other primary care services;
- identification of potential pharmaceutical needs;

Highlighted Health Care Needs

- **The healthcare resource allocation is likely to be challenging for the next few years as a ‘triple crunch’ of factors are at play such as the new national NHS resource allocation formula, implementation of HRG4 (NHS tariff prices) and the impact of the recession on public sector finances .**
- **The NHS is already implementing productivity gain in healthcare costs and demonstrating value for money for services through more effective commissioning. This is likely to be escalated further in the coming years.**
- **Transforming Community Services has the potential through a national contract, pricing structures and currencies to move care closer to home delivering more personalised series of integrated health and social care services. The model for community services provision is for local determination.**

Section 7: Adult Social Care

7.1 Transformation of Social Care

Trafford is fully signed up to 'Putting People First', a shared vision and commitment to the transformation of adult social care. This protocol sets out the government's aims to provide high quality social care focused on prevention, re-ablement, and personalised services. We are currently developing plans and strategies for the future with the aim that people will have the opportunity to have maximum choice, control and power over the support services they receive. Personal budgets will ensure that people who use social care will shape and commission their own services. People will be supported to:

- Live independently
- Stay healthy and recover quickly from illness
- Exercise maximum control over their own life
- Sustain a family unit where children avoid taking on inappropriate caring roles
- Participate as active and equal citizens both economically and socially
- Have the best quality of life regardless of illness or disability
- Retain maximum dignity and respect.

The role of the statutory agencies will change to be more enabling and less controlling. Local partners are required to work together to deliver this agenda.

7.2 Impact of People Living Longer

Improvements in health and life expectancy mean that there will be a significant increase in demand for health and social care services. The number of people over 65 in the population is projected to increase by 4% by 2012 and 14.5% by 2020. This means that by 2015 there will be 3,200 more over 65s in Trafford's population. When it is considered that just under half of those people will have a limiting long term illness and one third will be unable to manage at least one self care activity, it is clear that there will be a considerable impact on the numbers of people requiring social care.

For people over 85 (those most likely to require intensive support from health and social care services) the increases are even starker. Projections indicate an increase of 6.25% by 2012 and 33% by 2020. That equates to 300 more over 85s by 2012 and 2,700 more by 2025, respectively 2.44% and 3.06% of the total population.

The prevalence of conditions such as dementia, heart disease and stroke will increase in line with the increases in the age profile of the population and this will tend to increase the numbers requiring social care. For example;

- There are currently almost 2,500 over 65s in Trafford with dementia. It is projected this will increase by around 250 people over 65 by 2015 and by 867 people by 2025. Added to these

figures, it is predicted that there will be around 60 cases of Early Onset Dementia in people aged under 65.

- There are currently around 2,400 people over 65 in Trafford with a health condition caused by a heart attack. It is projected that this will increase by over 200 people by 2015 and by over 600 by 2025.
- There are currently estimated to be around 890 people in Trafford with a longstanding condition caused by a stroke. This is projected to increase by over 100 by 2015 and over 270 by 2025.

These increases will undoubtedly have an impact on the requirements for social care. For example;

- We currently provide 2,400 people aged over 65 in Trafford with help to live at home. This equates to about 7% of the population over 65. It is projected that by 2015 there will be a further 250 people requiring this sort of support care and by 2025 there will be over 600 more.
- We currently support around 480 people over 65 with intensive home care. By 2015 this is projected to increase by another 40 people and by 2025 a further 100 will require intensive support to live at home.
- We currently support around 1,000 people in care homes, of which around 750 are over 65. By 2015 this is projected to increase by around 130 (of which 110 are aged over 65) and by 2025 by around 330 (of which 300 are aged over 65).

As people generally live longer, many with conditions that affect their ability to provide some elements of care for themselves, more people will find themselves in the role of carers. Many carers will themselves be over 65 and caring for a relative or friend and some of them will be in failing health themselves.

It is currently estimated that almost 3,000 over 65s in Trafford receive care services provided by the Council at any one time. It is estimated that by 2015 this will increase to approximately 3,200 and by 2025 this will increase to 3,600.

By 2015 there will be an 8% increase in people over 65 living alone in Trafford. In effect this means 1000 single households.

Increasing life expectancy, the trend towards more single parent households and more divorces mean that more people are likely to live alone. It is also anticipated that the current economic climate will impact on the numbers of people accessing services across health, housing and social care. This will range from increased numbers of people wanting Welfare Rights advice, through to people accessing Mental Health services with anxiety and depression related to loss of jobs and repossession of homes and property, to older people no longer able to fund their own care due to shortfalls in previously anticipated incomes. Clearly, the longer the downturn lasts, the greater the impact will be. The economic conditions may also impact on the way the council is able to deliver services as budgets may not be able to keep pace with increasing demands.

Added together, all these factors mean that we must be much smarter in the way we plan, commission and deliver services to provide value for money. This means that the development of new and innovative ways of service provision, whether under

the banner of Putting People First or World Class Commissioning, becomes imperative.

The following are just some of the developments and issues we are currently working on:

- Preventative services and early interventions that help by ensuring people stay healthy and independent for as long as possible. We will need to work together jointly as partners to develop these services.
- We will need to work to a broader definition of social care. It will not just be about providing fairly intensive services to a limited number of people, but providing a wide range of interventions focused on promoting health, independence and well-being in the community.
- Joint working with health to ensure that people with long term conditions manage them effectively and prevent deterioration and crisis situations.
- A larger number of people will be paying for their own social care and other support, and may need advice and assistance from social care to access these services.
- There will be a growing market for services for older people – social care services will have a role to play in ensuring that good quality, responsive, accessible services are available locally.
- Ensuring that people have access to housing that enables them to remain independent as they age, will present a challenge to housing providers and town planners.
- Innovative solutions such as use of Tele care technology that minimise cost whilst maximising the level of independence that people have.
- Personalised budgets to enable people to access the services that they choose will require a radical whole system change.
- More support will be needed for a larger number of carers, often with their own health issues.

Highlighted Health and Social Care Needs

- **Growing numbers of older people will require a different range of services moving away from the traditional to those which promote independence, choice and control**
- **Promoting health and well being for older people**
- **Providing preventative services and access to low level support including advice on care issues for older people**
- **Improved support for older people who are carers.**

7.3 Learning Disability Services

In 1995 the Department of Health defined a learning disability as ‘...reduced ability to understand new or complex information, or learn new skills and reduced ability to cope independently which started before adulthood with a lasting effect on development.’

National statistics on the number of people with a learning disability are difficult to analyse as there is no consensus regarding terminology. The inclusion in statistics of people with a mild learning disability is identified by differing methods in differing organisations. However, we can be more accurate about the numbers of people with moderate to profound learning disabilities as most have been known to services at some stage, 210,000 – 230,00 people in the UK. In Trafford there are around 750 people. Of this number about 500 people receive services from the local Joint Learning Disability service, approximately 90% of whom are in the 18-64 age group.

Services include Short Breaks, Supported Living, Day Care, Transport, Equipment and Adaptations, Direct Payments, Home Care, Re-ablement Support, Outreach Services, Professional Support (Psychology, Speech and Language, Physiotherapist, Counselling, Occupational Therapy, Specialist Behavioural Guidance).

Evidence suggests that the number of people with a severe learning disability will increase over the next fifteen years as a result of;

- Increased life expectancy, especially amongst people with Downs Syndrome,
- Growing numbers of children and young people with complex and multiple disabilities who now survive into adulthood,
- A rise in the numbers of school age children with autistic spectrum disorders, some of whom have learning disabilities.
- Greater prevalence among minority ethnic populations of South Asian origin.

In March 2001, the Government published the White Paper ‘Valuing People’ about people with, and services for, learning disabilities. This document placed responsibility on services including local authorities, primary care trusts, housing and education to support people with learning disabilities. The four key principles are;

Civil Rights
Choice

Independence
Inclusion

The recent *Putting People First* paper presents a vision which builds on Valuing People as it also places emphasis on person centred approaches, self directed support and brokerage systems, individual budgets and the further development of preventative services.

A key area of development for people with learning disabilities will be increasing employment opportunities and experiencing the world of work through work experience and/or volunteering. A steady increase in numbers has been noted since investment was made in supported employment and job coaching services, with further investment planned in coming years.

More people with a learning disability and their families are seeking the option of using direct payments to choose the support they need. Over the next few years we

will support people to follow this course and be able to develop and shape their own services.

Number of people with Learning Disability using Direct Payments				
2004-05	2005-06	2006-07	2007-08	Jan 09
16	33	52	80	73

Caring for a family member who has a learning disability should not be expected to be a lifelong commitment but for many families this is the case or has been their choice. Carers make an important contribution to the lives of people with learning disabilities and are a crucial support and resource. Information on the needs of Carers is vital to offer support and plan services appropriately. Carers are offered a full assessment of their needs and this assessment is undertaken with the support of a specific Carers Worker, provided, in Trafford, by the Carers Centre

As people with learning disabilities are living longer, this increases the prevalence of dementia, notably with people who have Downs Syndrome. This, if combined with failing health of the carer, can present a challenge for conventional service provision. People with learning disabilities may also become the carer of their own parents and/or become parents themselves.

Following the efforts to move away from the medical model of care, the focus of support for adults with a learning disability has now shifted to health, social care and education. The emphasis is on inclusive approaches and community integration to ensure that people with learning disabilities are able to access mainstream provision and services.

Developments in person centred approaches and independent supported living are changing expectations. The combined affect is that new opportunities are being opened up in employment, parenthood, lifelong learning and citizenship.

The Learning Disability Service has developed a clear set of action plans to redesign Assessment and Care delivery. This agenda targets the key themes vital to improving the choice, control and quality of services for, people with learning disabilities;

- Transition
- Supported living
- Integrated Care Management
- Person centred Reviewing
- Access to Health services
- Individual Budgets
- Advocacy
- Employment

The Local Authority, partners in the NHS, voluntary and private sector are committed to achieving much more for people with learning disabilities. However Local Authorities nationally, are finding themselves facing unprecedented financial pressures and these are the results of;

- Demographic changes in the population of people with learning disabilities,
- Rising User and Carer expectations,

- Financial changes in investment patterns in services which support people with Learning Disability by ODPM, the NHS and the Learning and Skills Council.
- Costs of some services rising faster than inflation.

Autistic Spectrum Disorders

There is much we do not know about the extent of Autistic Spectrum Disorders (ASD) in Trafford. Currently, no service has responsibility for adults with ASD (IQ equal to or greater than 70) who do not have an identified Mental Health problem. Consequently, of those people aged over 18 with an ASD, only those who have additional support needs, i.e. a physical or learning disability or Mental Health problem, which fulfils the eligibility criteria, receive a service from the council. Adults with ASD who do not meet the eligibility criteria for services experience and report difficulties in accessing the services and support they require.

We are currently undertaking an analysis of the possible population of people with ASD living in the Borough. This will give us a fuller picture of the extent of ASD and inform commissioning decisions regarding support services in the future.

Highlighted Health and Social Care Needs

- **Service expansion to address growing numbers of older people with learning disabilities including those with dementia**
- **Increasing employment opportunities for people with learning disabilities**
- **Continuing emphasis needs to be placed on community integration to ensure that people with learning disabilities can access mainstream provision and services**
- **Support for carers will be crucial particularly in view of the ageing population where people with learning disabilities may themselves become carers**

7.4 Analysis of BME Take-up of Social Care Services

Older People - The take up of social care services for older BME individuals in Trafford compared to the take-up from the general population, in May 2008, is as would be expected or higher. The percentage of BME population aged 65+ in Trafford Population from the 2001 census is 2.84%. For most services the BME take up rate is 2.9% or higher. Meals, Residential Care and talking books are lower than would be expected and investigation is needed to find out why this is.

Mental Health Services -The take up of most services by BME people aged 18 to 64 with mental health problems in May 2008 is as would be expected or higher. The percentage of BME population aged 18-64 in Trafford Population from the 2001 census is 7.97%. For most services the BME take up rate is 8% or higher. However Residential Care is lower than would be expected, only 6.9% of users are from a BME background, and investigation is needed to find out why this is.

Learning Disabilities – The take up of services by BME people with learning disabilities compared to the general population of people with learning disabilities, in May 2008, is as would be expected or higher for most services. The percentage of BME population aged 18-64 in Trafford Population from the 2001 census is 7.97%. In most services the take up is 8% or higher. However Residential Care is lower than would be expected, only 2.1% of users being from a BME community, and investigation is needed to find out why this is.

Health and Disability – The take up of health and disability services by people from BME communities in Trafford compared to the take-up from the general population is as would be expected or higher. The percentage of BME population aged 18 to 64 in Trafford (from the 2001 census) is 7.9%. In all services health and disability services take-up is 8% or higher.

Highlighted Health and Social Care Needs

- **Involve people from BME communities to find out why the take up of some aspects of social care services is lower than would be expected and make service improvement if indicated.**

7.5 Prevention

A number of initiatives and schemes are supported within Trafford which contribute to the 'prevention' agenda enabling people to remain independent and provide people with the information and support they need to live a healthy and active life. This includes:

- Publishing and widely distributing local directories of services and facilities which people can access locally.
- Providing information to people from black and minority ethnic communities about advice and help available to them.
- Resource centres have been developed to provide help, advice and support services. Harry Lord House in the north of the borough and Brookside in the south.

- A health roadshow was held at neighbourhood forums throughout the borough.
- An over-50s youth club was established by the 50+ Network.
- Volunteering continues to be developed in Trafford and a compact was recently agreed with the voluntary sector through VCAT. Many new volunteering initiatives are in place across the borough.

SECTION 8: DISABLED PEOPLE

8.1 Defining disability

There are a number of different ways to define disability. In Trafford, the social model of disability is used, along with the legal definition outlined in the Disability Discrimination Act, 1995, to define and develop local services. The social model of disability is described as the:

“...social consequences of having an impairment....., disability is caused by the attitudinal, physical and communication barriers imposed”, on disabled people, (Disability Awareness in Action).

The Disability Discrimination Act 1995, provides the legal basis for assessing compliance with public duties and anti-discrimination legislation and it defines a disabled person as someone with a, “physical or mental impairment which has a substantial and long term adverse effect on his [or her] ability to carry out normal day-to-day activities”.

A clear distinction can be made between disability, impairment and ill-health. Impairments are defined as the, “long term characteristics of an individual that affect their functioning and / or appearance”. Ill health is the, “short term or long term consequence of disease or sickness”. (Improving the Life Chances of Disabled People, the Prime Minister’s Strategy Unit, 2005)

8.2 The number of people with physical impairments / sensory needs in Trafford

There is a range of national statistical information, regarding the prevalence of people with physical impairments / sensory needs living in the UK. One source identifies that there are 13,175 people, aged 18-64, with a moderate or serious physical impairment living in Trafford in 2008. This represents 9.95% of the Trafford population aged 18-64. They state that this figure will rise to 14,296 people, 10.04% of the Trafford population aged 18-64, by 2020. (Source: Projecting Adult Needs and Service Information System (PANSI), Nov. '08).

Another source of information estimates that there are approximately 18,800 people aged 18-64, with a physical impairment / sensory need, living in Trafford in 2008. (Source: OPCS Surveys of Disability in Great Britain and Census 2001).

In terms of the number of people with sensory needs in Trafford, the Royal National Institute for the Blind (RNIB) has estimated that 4.5% of adults aged 16+ living in private households, in Great Britain, have visual needs. This would mean that there are approximately 6,000 people aged 16+ with visual needs in Trafford in 2008. (Source: Report commissioned by RNIB, "The prevalence of visual impairment in the UK"). The Royal National Institute for the Deaf estimates that 6.6% of the UK population aged 16-60 are Deaf or hard of hearing, which includes mild, moderate, severe and profound deafness. This would mean that there are approximately 8,750 people aged 16-60 who are Deaf or hard of hearing in Trafford.

It is important to note that it is difficult to analyse and compare these figures as they are from a number of different sources and each uses different definitions and terminology regarding people with physical impairments / sensory needs. In addition, these numbers cannot provide information regarding access or service needs.

8.3 The number of people with physical impairments / sensory needs receiving a social care service in Trafford

It is possible to be more accurate regarding the number of people with physical impairments / sensory needs receiving a social care service in Trafford. Currently, there are 2,529 people aged 18 and over with these needs receiving social care in Trafford. This figure can be broken down into the following age groups:

<u>Aged 18-64 years</u>	<u>Aged 65 years and over</u>	<u>Total</u>
492	2,037	2,529

There are 2,027 people aged 18 and over with physical impairments / sensory needs who are helped to live at home in Trafford. Helped to live at home services can include: direct payments, equipment, minor and major adaptations, home care, talking books, rehabilitation services, day care, mobility services, telecare, meals on wheels, pendant alarms, professional support, respite, transport and supported living services. Below is a table outlining the number of people helped to live at home in Trafford, in the following age groups:

<u>Aged 18-64 years</u>	<u>Aged 65 years and over</u>	<u>Total</u>
464	1,563	2,027

There are 149 people aged 18 and over with physical impairments / sensory needs receiving direct payments in Trafford, which can be broken down into the following age groups:

<u>Aged 18-64 years</u>	<u>Aged 65 years and over</u>	<u>Total</u>
77 people	72 people	149

8.4 The national policy context

The government set out the vision to improve the life chances of disabled people in a document called, "Improving the Life Chances of Disabled People" in 2005. It states that by 2025 disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society. As such future strategies for disabled people should realise this vision by ensuring:

- disabled people are empowered to achieve **independent living**, eg, by using individual budgets to improve choice + control over the services they receive,
- there is improved **support for families and young disabled people**,
- there is a smooth **transition into adulthood** by putting in place improved mechanisms for effective planning for the transition,
- there is improved support and incentives for disabled people to get and stay in **employment**.

The ministerial concordat, "Putting People First", produced in Dec. '07, has outlined the vision to transform adult social care by 2011, by promoting individuals independence, choice + control over services, improving prevention services and developing more personalized services.

8.5 Key issues

The barriers faced by disabled people in society

Disabled people face a range of barriers to achieving independent living including:

- **attitudinal**, eg, among disabled people themselves and among employers, professionals and service providers
- **policy**, ie, from policy design and delivery which do not take disabled people into account
- **physical**, eg, through the design of the built environment, transport systems, etc
- a lack of **empowerment**, as a result of which disabled people are not listened to, consulted or involved.

A workshop was held at Lancashire County Cricket Club in November 2006, involving Deaf and disabled people in the creation of Trafford's Disability Equality Scheme. There were group work sessions at this workshop, where Deaf and disabled people were asked to identify: the overall barriers they face in Trafford; how they want to be involved in the design and running of services and any barriers to involvement.

In terms of the overall barriers Deaf and disabled people face in Trafford, the responses can be divided into four main areas:

Physical Access

The majority of the barriers discussed in the workshop concerned physical access. This included access to buildings, for example there were concerns regarding Council buildings, relating to poor lighting, narrow doorways, parking and the use of

intercom access which is not suitable for Deaf people. Transport remains a key topic of concern, particularly the accessibility of stations, trams, buses and trains. Accessible housing was raised as an area which still needed improvement, as were access issues relating to pavements and highways. Businesses were felt to be often inaccessible, although the Trafford Centre was mentioned as having good accessibility.

Workforce issues

There were concerns about the attitudes and knowledge of staff across all services and businesses in Trafford, including Council staff, health workers, transport workers and those that work with the emergency services. A lack of understanding regarding disabled people's issues was reported as well as concerns relating to disabled people being denied services and dealt with badly by different service providers. Access for Deaf people was a particular concern in relation to contacting the emergency services and then obtaining a service from them.

Information,

Information is often presented in ways that are inaccessible. This was mentioned particularly in relation to transport and cancellations, council information and telephone based systems. Also alarm systems that rely solely on a tannoy or alarm bells are inappropriate for Deaf people.

Processes and services

There were a variety of issues relating to specific services and processes in Trafford. These included a lack of further education courses for adults and young people with learning disabilities, difficulties in accessing the Disabled Student Allowance and concerns around the lack of services and transport in specific areas of the borough.

How can Deaf and disabled people be involved in the design and running of services?

What are the barriers to involvement?

The responses can be summarized as follows:

How do People want to be involved?

It was felt that people will be involved if they feel that decisions have not already been made and that they can therefore influence decision making. People wanted to be involved via a variety of mechanisms: focus groups, workshop days, postal questionnaires, use of the website, small forums, use of existing groups and the involvement of disabled people in training. There also needs to be better information on how to get involved in improving services.

Barriers to Involvement

Again accessibility was a key barrier including the time of meetings, the availability and cost of BSL interpreters, transport to meetings, over reliance on computers and timescales that do not take account of people's access requirements. There was also felt to be a lack of support for disabled people in taking part in panels, and consultations. There were also concerns about staff awareness around disability issues which results in accessibility problems and a lack of support.

Access to employment

Access to employment is another key issue for people with physical impairments / sensory needs living in Trafford. In 2005 the Government said its long term aspiration was to achieve a working age employment rate of 80%. In 2004 it was 73%, so achieving this aspiration would mean getting an extra 2.5 million people into employment, (Disability 2020). In Trafford, 62% of disabled people of working age were in employment, between July '07 and June '08. This compares to 81.8% of non disabled people of working age being in employment during the same time period (Source: NOMIS, ONS). There is therefore a considerable disparity between the numbers of disabled and non- disabled people in employment in Trafford.

Trafford Council provides a Workstep programme, which includes commissioning some elements of support from United Response. Workstep supports disabled people to gain employment both within the council and with other employers or supports people who have become disabled to stay in their job. Jobcentre Plus also supports people of working age from welfare into work. In 2007-08 Jobcentre Plus supported 895 Trafford residents of working age living with a health condition or disability into employment.

In terms of the number of Trafford residents with a health condition or disability claiming benefits, 8% of working age adults claim Disability Living Allowance, which compares to 10.76% of the North West population. 6.99% of Trafford residents, of working age, claim Incapacity Benefit with severe disablement allowance, compared to 9.47% of the North West population. (Source: DWP website)

Access to community equipment + minor adaptations

Access to community equipment and adaptations plays a vital role in enabling disabled people, of all ages, to maintain their health and independence in the community, also to prevent inappropriate hospital admissions.

Between February and April 2008 a survey was sent out to Trafford residents aged over 18 asking them about their experience of receiving community equipment and minor adaptations. There was a very positive response to the survey. Respondents were extremely satisfied with not only their equipment / minor adaptation, but the way in which their needs were discussed and how they were shown to use the equipment / minor adaptation. They also felt that having received the equipment / minor adaptation they were more in control of their daily lives and their quality of life had improved. There was some feedback from a smaller group of respondents to say that a little more choice and shorter waiting times, also a follow up phone call / visit after the equipment or minor adaptation had been provided would be beneficial.

8.6 Future trends

There has been some national research on the predicted number of people with physical impairments / sensory needs that there will be in the population between 2004 – 2020. This research is however based on a range of surveys, which use a number of definitions of disability and are projections only, but it is still useful as a reference point. The findings indicate that:

Regarding people of **working age** there will be a:

- moderate decrease amongst people in their 20s
- moderate increase amongst people in their 30s + 40s
- significant increase amongst people in their 50s (from 43% in '04 to 58% in 2020)

Regarding **older people** there is likely to be an increase of around 40% of people with physical impairments / sensory needs between 2002 and 2022, if age specific disability rates remain constant. However, there is some debate and uncertainty regarding future levels of disability in the older population. There are three main theories:

- **Compression of morbidity thesis** – which proposes an increase in life expectancy combined with a postponement of disability to later years, resulting in a reduction in the proportion of time spent disabled.
- **expansion of morbidity thesis** – which suggests people will live longer and experience more time disabled
- A combination of the above – suggesting there will be an expansion in the time spent in good health, as well as the time spent disabled.

(Source: “Disability 2020: Opportunities for the full and equal citizenship of disabled people in Britain in 2020”, commissioned by the Disability Rights Commission, produced March 2007)

Highlighted Health and Social Care Needs

- **Reduce health and social care inequalities by removing barriers and improving access to: mainstream public and private sector services, public transport, the built environment, housing, information and employment**
- **Improve awareness of disability issues by those providing services**
- **Improve opportunities for disabled people to get involved in service development**
- **Meet possible changes in health and social care needs, given the predicted change in the age profile of people with physical impairments / sensory needs in future years**

Section 9: Mental Health

9.1 Context

How people think and feel has a profound impact upon public health. Good mental health is therefore a foundation for well being and effective functioning of individuals and communities.

It is likely that 12% of the population (or 1 in 8 of us) will be affected by a mental health problem of a type that would benefit from diagnosis and treatment. Given that 212,000 people live in Trafford, 25,000 people are therefore likely to experience a mental health problem at some point in their lives that would benefit from diagnosis and treatment. Too many people suffer in silence and alone never receiving any kind of support or treatment. The scale of our challenge is therefore apparent with mental health being everyone's business.

Health care costs related to mental health are likely to double over the next 20 years which is attributable to the predicted increase in dementia and above inflation rises in health care costs. Other than dementia, the prevalence of most mental disorders is likely to remain stable for the foreseeable future.

9.2 Common Mental Health Problems

From data recorded as part of Trafford's *Improving Access to Psychological Therapies* (IAPT) initiative, 33% of Trafford residents are likely to report a common mental health difficulty. To date only 10% of Trafford residents presenting with common mental health difficulties have been able to access psychological therapy services. The local higher rate of Incapacity Benefit claimants with reported mental health difficulties is also higher than the national average. Last year this reached a peak of more than 1000 patients on average waiting to access a first appointment and 400 of these individuals waiting for more than 26 weeks with some having waited for 78 weeks, and only 25% of those patients accessing local talking therapies finding the current support model useful.

Currently, psychological therapy services are provided in a variety of service settings across Trafford including

- Low intensity - GP practices, Health/community centres, Broome House resource centre, Altrincham General Hospital, Stretford Memorial Community Hospital, Partington Healthy Living Centre
- High intensity - GP practices, Manor House Psychological Therapies Centre, CMHT bases, Red House, Moorside

Action has already taken place with modest investments to make rapid improvements through expanding the availability of low intensity interventions and a Triage Stepped Care access model. The delivery of a dramatic reduction in the waiting times to access psychological therapies assessments and facilitation of the stepped care model with increased low intensity therapy options has convinced GPs of the value of a more integrated working model supported by the broader Clinical Congress workshop events initiative involving all GPs across Trafford with secondary care Consultants and other key stakeholders has changed the local

culture and approach to adopting new models of care across 24 different health conditions

An IAPT change management programme was implemented in the second half of 2008 involving the successful implementation of the Rapid Assessment and Brief Intervention model to resolve long-standing access to psychological therapies assessments at minimal costs. This first phase involved organising meetings between the commissioners and providers to develop an urgent action plan to validate waiting lists, and gain an understanding of the services required by groups of patients. The action plan was then approved by PBC groups, and has now commenced implementation aiming to reduce assessment waiting times to less than 8 weeks on average.

The second phase of developing a long term sustainable solution has now commenced, and the team are seeking to establish engagement sessions across all stakeholders. The results have been that within a period of 4 months a transformation of the local service operations has been achieved, with widespread support of GPs, users, commissioners and clinicians alike.

Following a recent successful submission, Trafford PCT will now also receive significant additional funding as a 2nd Wave IAPT Implementation site. The additional funding will enable rapid enhancements in the availability of low and high intensity psychological therapy services in Trafford. Plans are in place to recruit 8 additional Low Intensity staff and 12 additional High Intensity staff this coming year

In addition to this Trafford PCT has prioritised significant additional investment as part of its 5 year Commissioning Strategic Plan to enable additional low intensity primary care mental services through BlueSCI and various other 3rd sector providers and to create a new specialist high intensity mental health service for people with severe and complex mental health difficulties associated with labels of personality disorder/ADHD/Autistic Spectrum Disorder/trauma-abuse histories and eating disorders. These are the groups of vulnerable individuals who have in the past been caught in the gap between primary care and specialist mental health services.

The introduction of third sector IAPT providers will target those committed to securing voluntary and paid employment opportunities in line with the PCT's Commissioning Strategic Plan. Together with statutory sector services, they will all be required to adopting the following core values and principles

- Using resources efficiently, avoid duplication of services in relation to role of Employment Support advisers and employment/health related services
- Continuously improve performance, delivering high and consistent standards and setting a benchmark for the quality of respective services

It has recently been agreed to try and develop a coordinated approach across Manchester, Salford and Trafford (including all the resources developed by PCT commissioners and those currently separately commissioned by Jobcentre Plus)

At present, discussions of the specific action plan to be adopted in Trafford are still at an early stage, with further meetings planned to agree a comprehensive action

plan including the Department of Work and Pension's funded Conditions Management Programme, as part of the PCT's CSP Mental Health Promotion and Social Inclusion work stream (including how to supplement practical job finding/securing skills with enhanced confidence/self esteem strategies and resolving any accompanying common mental health problems and maximising the outcomes of a coordinated programme to make more available CBT resources such as Beating the Blues)

9.3 Severe and Enduring Mental Health Difficulties

Trafford's prevalence rates for schizophrenia, bi-polar disorders and other psychoses mirror the national average at 0.73%. Despite being amongst the lowest 20% for prevalence, the length of hospital admissions in Trafford for both Schizophrenia and Bi-polar Disorder exceed the national average.

Trafford's Adult Community Mental Health Teams are facing a situation where increasing numbers of people are being assessed as needing services under the Care Programme Approach (CPA). Together with the admission rates noted above this may reflect the operation of a stricter gate-keeping model from primary care to specialist mental health services, a greater targeting of support to individuals with more severe mental health difficulties and limited primary care and community-based support.

Trafford's Older People's specialist mental health teams face increasing demands to support people with severe and enduring mental health difficulties.

Studies have suggested that 24.3% of men with personality disorders and 7.5% of women are unemployed, but probably would not be if they did not have these conditions, are more likely to be in contact with the criminal justice system, and the demands for access to specialist secure mental health services has gradually increased in real and cost terms.

Trafford PCT has recently completed its strategic commissioning plan for the next 5 years and mental health has been placed as one of its key priorities. In developing the plan we have been driven by themes of equality and justice as many people with mental health problems have reported experiences of discrimination and social exclusion as a familiar part of their every day lives. If you have a mental health difficulty you are less likely to be working. You are more likely to be poor. You are more likely to have struggled at school or university and your physical health is likely to be worse than that of the general population. If you belong to a black or ethnic minority group these disadvantages are likely to be even worse because of the effects of discrimination.

Our response to this has been to develop a plan which will shift the balance away from specialist services towards mental health care which emphasises the quality of our lives and our right to enjoy the benefits of this rich and vibrant borough along with everyone else.

This does not mean that we do not value our specialist mental health services - we do - they deliver excellent care to many people and we will continue to actively support them. It means we have a clear focus upon developing services that promote recovery and social inclusion, which improve people's physical health,

which improve access to services for all people and which helps carers in their incredibly important role supporting loved ones to live as independently as possible.

Trafford PCT's Commissioning Strategic Plan has confirmed a strong consensus between local professionals and the public for further investment and development in mental health services in general, and improving access to psychological therapy services in particular, as a major priority supported by local patients, staff, GPs and other stakeholders.

Over the last 18 months, significant additional investment in local strategic clinical and commissioning leadership has been introduced. This has resulted in a dramatic improvement in performance. In particular, the national NSF targets have been achieved in Adult Mental Health and Drug / Alcohol Services, including: those relating to Early Intervention, Assertive Outreach, Crisis Resolution/Home Treatment, Rehabilitation and Liaison services, Acute In-patient Care, Delayed Discharges, Section 136 provision, CPA, S117 Reviews and Secure/Out-of-area placements. Further improvements are planned through joint action following the completion of the Council-led Best Value Review of commissioned mental health services.

9.4 Dementia

Over the next 20 years a 61% increase is expected in the number of people suffering from dementia, not least because the number of men, amongst whom the prevalence of dementia is greater than that amongst women, living beyond 65 is projected to increase by over 30%. In real terms a doubling of associated health care costs is expected.

Despite being in the lowest 10% for prevalence of dementia Trafford's average length of hospital admission exceeds the national average at 95.2 days compared with the English average of 62.1 days.

People with a learning disability may experience a higher risk of dementia with an associated need for specialist support to meet increasing need.

9.5 Physical Health

Specific risks faced by people with mental health difficulties include:

- Obesity, heart disease, high blood pressure, respiratory disease, diabetes and strokes.
- People with severe mental illness are more likely to smoke than the general population.
- Lower rates of access to evidence-based treatments such as statins and cholesterol checks.
- More likely to live in poorer physical health; for example over 20% of older people with mental health difficulties living in institutional care settings are noted to be malnourished.
- More likely to miss out on primary health care interventions and go straight to specialist mental health services.
- Development of key conditions such as diabetes at a younger age.

- Higher risk of certain cancers; for example women with schizophrenia are 42% more likely to develop breast cancer and people with schizophrenia 90% more likely to develop bowel cancer.
- Risks associated with anti-psychotic medication can include weight gain, heart problems, low blood pressure, osteoporosis, seizures, Parkinsonism, metabolic syndrome and cardiovascular disease (Clozapine), hyperglycemia, diabetes etc.

Highlighted Health and Social Care Needs

- **Initiatives to tackle physical health inequalities amongst people with mental health problems**
- **Improving access to mental health promotion, prevention and psychological therapies through service review and redesign**
- **Increase proportion of people with common mental health difficulties who are able to work through the commissioning of more evidence based primary mental health interventions**
- **Targeted initiatives to reduce inpatient stays to match the English average including expansion of crisis support, early intervention and other alternative support programmes**
- **Review of specialist mental health teams to ensure appropriate distribution of resources to reflect pressures relating to an ageing population and expected increase in dementia but also issues such as access arrangements, relationships with primary care and the treatment of eating and personality disorders**
- **Improve early detection and treatment of dementia, depression and other disorders in older people and carers**

Section 10: Substance Misuse

Prevalence

Trafford is at the lower end of the prevalence scale for problematic drug use in the North West region. Of the 22 NW DAATs it had the lowest prevalence rates per 1000 population of opiate users, drug injectors, and PDUs (persistent drug users); only Cumbria had a lower rate of crack users.

A pattern consistent with previous data is that the predominant age group of PDUs is again the 'over 45 years of age' group with a discernible lack of presentations from clients between 25 and 34 and the under 24s.

Although the actual numbers in treatment are still small at 779 for 2008, Trafford has experienced a steady growth in the number of individuals entering treatment from 2004 and this growth continues to date.

Referrals into treatment during this period have largely been through the Criminal Justice System which saw an increase of 43% during the 2007/2008. Disappointingly there were only 7% 'Self' referrals and 8% GP Referrals.

The general health of drug users across the borough is poor and is a reflection of both drug and poly-drug use itself and lifestyle factors. All drug users, particularly injectors, need access to assessment, referral and treatment for related healthcare issues.

The take up of Hepatitis advice and or vaccinations, for example, is worryingly low in Trafford, it will be a priority to ensure that Hepatitis B advice and vaccination is available in specialist services or if necessary through links to generic health care, and the roll out of Hepatitis C will also be a significant factor in the harm reduction strategy for Trafford.

All clients, but especially tier 3 and those with more complex needs, will receive improved access to either psycho-social interventions or psychological therapies, depending on need. The challenge for the key worker will be to work on specific interventions around risk behaviour and responsibilities. These changes coupled with further interventions will be monitored through consistent use of TOP. Clients who are assessed as tier 2 or stimulant users will be given the opportunity to attend a range of harm reduction interventions including one to one motivational interviewing based therapies and Aftercare.

BME Population

The latest needs' assessment highlights that this sector of the community are proportionately represented in treatment and that the effective treatment and discharge rates are also proportionately balanced.

Trafford does seem to meet the needs of a diverse population, but the work around diversity and equality will continue as a theme throughout the year.

Parents:

Of all Trafford clients in effective treatment, 16% were parents. This compares with 27% regionally and 31% nationally. Treatment effectiveness rates for those parents in treatment are marginally higher than regionally, and equal to national levels. In addition, parents in Trafford are more likely to exit the treatment system successfully, with 48% leaving successfully, compared with 27% regionally and 33% nationally.

The Hidden Harm research indicates that between 350 and 1300 children in Trafford may be at risk of drug and alcohol using parents. Whilst the highest percentage of

clients with children was represented at CJIT, the highest actual numbers of children with drug using parents was seen at the CDT at 561. The pressures with safeguarding children are within the sharing of information between all agencies, including school nurses, and the willingness of the treatment providers to work within the CAF and Child Protection system. It is encouraging that so much work has been done this year and that both CYPS and Adult workers have come together on the issue of Hidden Harm. The recommendation of the research and supported by the Hidden Harm Steering Group is the re-introduction of the Family Worker to straddle both services and to set up the Think Family service. This will go a long way to integrating Adult and CYP services and to protecting families whilst simultaneously assisting in the resolution of what is likely to be a myriad of problems.

DIP and Prolific and priority offenders

The growth in numbers referred to treatment through the Criminal Justice System was markedly higher for 2007 - 2008 than in previous years. Mainly male, white and under 25, these were also the group who left treatment early and who did not access Aftercare or Resettlement.

Whilst the target for DRRs was met during 2007 - 2008, those retained in treatment was amongst the poorest in the region. It requires further work to discern why this is the case and a need to improve the engagement of this cohort through both enforcement and targeted engagement activities.

Drug of Choice

There has been a significant shift in drug use away from heroin with a shift towards the use of crack as a secondary drug and cannabis. This is worrying as it points to a small trend in poly-drug use. Equally worrying but something that needs further investigation, is the number of people stating crack as a primary drug, particularly as this is a growing trend within the younger age group. As for Cocaine, whilst not showing a huge growth in use in the Borough, there is a high percentage of CJIT clients referred to treatment that drop out as unplanned discharges. Cannabis is, as last year, the preferred drug of choice of the younger client group, that is, those under 24. This age group also drops out of treatment early.

Retention and treatment effectiveness

Supporting the findings of retention and effective treatment, what has been reinforced for this year's treatment plan is the rate of effective treatment and the need to manage that target during the coming year. The key factors for PDUs during 2007/08 were:

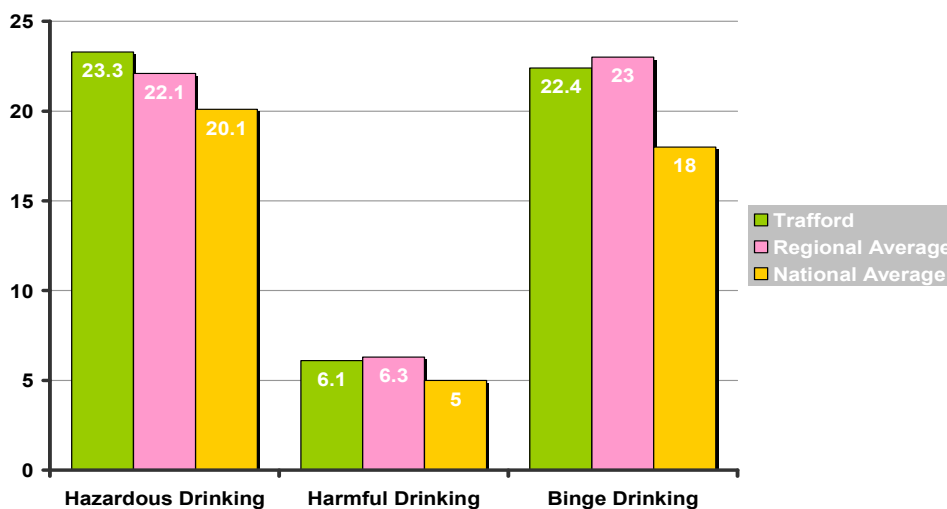
- Treatment was more effective among males than among females and equal amongst BME
- Treatment was more effective among opiate users than among crack users
- Treatment was least effective among those aged 25-34.

There are indications that the lower age range also leave fairly early and that the use of Cannabis, whilst a preference for the younger age ranges, also shows a high early discharge rate. This will be an issue addressed through the DIP steering group and as a factor for managing PPOs.

Alcohol

The North West contains 7 of the 10 worst areas in the country for alcohol-related harm, 5 of which are in Greater Manchester. Trafford, although in a regional context fairly moderate, is ranked in the worst performing 20% of local authorities nationally for hazardous, harmful and binge drinking. Hazardous drinking is defined as drinking between 22 and 50 units of alcohol a week for males and between 15 and 35 units for females. Drinking at this level on a regular basis leads to increased risk of harmful consequences to the user, although they may not yet be feeling the harmful effects of excessive alcohol consumption. In Trafford it is estimated that 23.3% of the population drink to this level; more than both the national and North West regional averages of 20.1% and 22.1% respectively.

More at risk than hazardous drinkers, harmful drinkers consume more than 50 units per week if they are male, 35 units if they are female. Estimates suggest that an additional 6.1% of the borough's population are harmful drinkers, higher than the national average (5%), but lower than the regional average (6.3%). A binge, for the purposes of measurement, involves individual consumption of more than twice the daily recommended limit in a single drinking session (8 units for males, 6 for females). In Trafford it is estimated that 22.4% of the population consume alcohol in this way, while the national and regional averages are 18% and 23% respectively. Due to the way in which differing estimates are calculated, it is not possible to identify a relationship between, for example, estimates for binge drinking and hazardous drinking: the proportion of hazardous drinkers whose consumption habits are characterised by binge drinking is therefore not known.



Alcohol Consumption Patterns in Trafford, Regionally and Nationally (NWPHO estimates)

The Alcohol Needs Assessment has highlighted a lack of appropriate engagement with alcohol treatment services as a significant problem: a large proportion of individuals referred by doctors into specialised alcohol treatment services never actually attend an appointment with the service. Of those that do engage with the alcohol treatment service, almost half receive treatments that, it would appear, could be more effectively delivered by GPs or elsewhere within the community. Further, areas such as Old Trafford and Partington present additional problems as they have relatively higher proportions of people identified to be at greater risk of alcohol-

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related harms than the more affluent south of the borough. The number of people in these areas engaging with the established treatment services is lower than desirable and this again serves to highlight some of the issues arising due to the provision of a central alcohol service.

The challenge for the coming year is therefore to enable greater public access to alcohol treatment interventions across the borough whilst still meeting the needs of people with more demanding alcohol-related concerns. A key element of this strategy is the rolling out of Information and Brief Advice (IBA) training across primary care and other frontline services. This will enable targeted and on-the-spot delivery of advice and information at times when individuals may be more receptive and motivated to take positive action to address their drinking. Spreading expertise across the borough in this way will also improve accessibility and create more robust referral pathways into more intensive treatment services. In support of this, the DAAT has launched a self-help website (www.trafford.knowalcohol.co.uk) which provides a variety of information around alcohol and a number of tools to help people to calculate their intake and reduce their intake if necessary. The website has already been promoted in an alcohol awareness campaign run by the partnership and promotion and expansion will continue throughout the year.

Section 11: User Views

11.1 Trafford Healthcare NHS Trust Patient Survey 2007

For many of the survey questions Trafford healthcare NHS trust is performing in line with the intermediate 60% of trusts. This includes patients' opinions on issues such as privacy, waiting to be admitted, choice of hospitals, information and involvement.

For a small number of issues the responses of patients of Trafford Healthcare NHS Trust for were amongst the worst 20% of trusts. These were; changes of admission dates, nurses hand washing between patients, information about danger signals to watch out for and medication effects on leaving hospital.

For choice of admission dates Trafford Healthcare NHS Trust is in the top 20% of trusts.

11.2 Trafford Primary Care Trust – National Survey of Local Health Services 2008

Trafford Primary Trusts survey results revealed that it lies within the 20% of trusts with the highest scores for the following areas:

- Respondents able to make advance appointments with GPs if they wanted to;
- Doctors listened carefully to respondents;
- Doctors answered respondents' questions understandably;
- Respondents were able to get through to their GP practice/health centre on the phone;
- Respondents were able to get through to their GP practice/health centre on the phone;
- Respondents who wanted advice on their diet received it from someone at their GP practice/health centre;
- Respondents who wanted advice on giving up smoking received it from someone at their GP practice/health centre.

This means that the PCT scores fell above the 80th percentile threshold score nationally for these survey questions.

11.3 GP Patient Access and Choice Survey 2007/8

Trafford Primary Trusts survey revealed that the results for access indicated that:

- Satisfaction for telephone access, 48 hour access to a GP, ability to book 2 days in advance, ability to book with specific GP were all higher than the England average.
- Satisfaction with the percentage of patients offered choice at their GP surgery was at the England average between 92 and 93%.

11.4 LGB & T

There is an emerging body of evidence of specific healthcare and social care needs, such as problematic substance and mental health needs, within the Lesbian, Gay, Bisexual and Trans (LGB&T) communities. There is also emerging evidence that LGB&T people are not accessing primary care services and have poor health outcomes compared to the rest of the population. Both inaccessible services and a lack of engagement by LGB&T people borne of an expectation of discrimination if they disclose their sexual orientation are cited as reasons alongside a lack of knowledge and awareness among NHS staff about LGBT health needs.

These issues – attitudes, communication and knowledge – mean that LGB&T people delay seeking help for a health problem and are less likely to access routine health screening, including breast and cervical screening for women and presenting with early signs of prostate cancer for men. It also means that LGB&T people are less responsive to preventative healthcare messages, because they think the health sector has little to offer them.

11.5 Social Care User Views

Trafford Social Care Services are committed to obtaining feedback about services from service users and carers, involving them in the development of new services and ensuring that services change as a result of their input. In addition to users and carers we have invited interested citizens to get involved. We have positive examples of this approach in a wide range of services including:

- Improvements in Homecare Services
- Community Meals
- Extra Care Housing
- Carers Services
- Day Support Services
- Residential Care
- Respite Care
- Learning Disability service tenders panels
- Mental Health user initiated ideas social enterprise funding – bike repair scheme

In addition surveys have been carried out targeting particular service users. Some examples are:

- Department of Health survey of Homecare users 2007/8
- Department of Health survey of Equipment Service Users in 2008
- Service users regarding their individual review
- Consultation regarding changes to Trafford's 'Fair Access to Care Criteria'
- Consultation regarding changes to charges for social care services in Trafford

A great deal of positive feedback about Social Care services in Trafford has been received from users and carers.

This includes:

- Improved communication between service providers and users
- Services are vital to enable people to stay independent and maintain their dignity.
- Services are valued highly by services users and carers
- People are very positive about being asked their views and being involved in new developments

However areas for development are always identified as part of an ongoing improvements process. Some of the areas include:

- The need to improve competency of staff of some service providers
- The need to focus more on achieving positive outcomes for service users and carers
- To continue to improve the range and choice of service provision
- The need to improve information about services and how to access them
- The need to keep modernising services to make sure that people will want to use them in the future
- To improve the amount of control people have regarding how their needs can be met

Information from the involvement of service users, carers and citizens has given us a clear direction for the future development of social care services and the principles which should underpin them.

These include:

- Focus on positive outcomes for service users and carers
- Develop more extra care housing
- Introduce new technology to increase independence
- Provide services which enhance opportunities for full participation in the community
- Develop opportunities for volunteering and being a good neighbour
- Make it easier to find out about the support available
- Provision of seamless services across health and social care
- Ensure service users and carers have choice and control over the support they need

Commissioners of services are using these principles in drawing up commissioning strategies and specific development proposals.

Highlighted Health and Social Care Needs

- **Improve customer care**

- **Develop more extra care housing**
- **Introduce new technology to increase independence**
- **Provide services which enhance opportunities for full participation in the community**
- **Improve information about the support that is available and how to access it**
- **Improve range of services to support choice and control**
- **Develop opportunities for volunteering and being a good neighbour**

Section 12: Conclusion

This is Trafford's first refresh of the JSNA. It is important to remember that the JSNA is not a statement of our priorities across Health and Social Care services over the next few years. It is an assessment of needs in the Borough that have been identified from the collection and analysis of information from a wide range of sources. The JSNA is a source of intelligence, to be rationalised by commissioners and it will be highly influential in determining our priorities for health and social care in the coming years.

Service user engagement and consultation will take place around commissioning strategies as they are developed and updated.

We will regularly update the JSNA to ensure that it continues to reflect the local environment, identifies and highlights emerging issues that individuals and communities face in relation to their health and wellbeing as we move towards achieving our vision for Trafford.

If you wish to make any comments about the contents of this JSNA please contact;

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Or

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