

# Council Improvement Profiles

## LOCAL AUTHORITY : TRAFFORD

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- 9 ASCOF measures have improved since 2014/15.
- The best performing council in the North West (out of 23 local authorities) and ranked 9th nationally (out of 152 local authorities) for the Learning Disability Employment measure: the proportion of adults with a learning disability in paid employment (ASCOF 1E). Trafford performance was at 13.7% in 2015/16 which was well ahead of the regional (4.1%), and national (5.8%) averages.
- The best performing council in the North West and ranked 7th nationally for the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B(1)). Trafford performed at 93.4% and was well ahead of regional (82.1%), and national (82.7%) averages.
- A major improvement in meeting the long-term support needs of younger adults (aged 18-64) by admission to residential and nursing care homes, per 100,000 population between 2014/15 and 2015/16. Trafford rank third in the North West and ranked 19th nationally for this indicator.
- Introduced a pilot stabilise and make safe (SAMS) service in December 2015, aimed at providing a dynamic and short intervention focused on an intense period of care to re-establish independence after an acute episode of illness or hospital admission. SAMS has been commissioned in 3 week unit blocks of care, from two main providers across the Borough.

The Locality Plan for Trafford presents the framework for an enhanced, integrated and co-commissioned health and social care offer for Trafford citizens. It provides an outline of both current and intended programmes which will support us to close the financial gap and also the impact that our transformational programmes will have.

The imperative to take this opportunity is driven by a financial challenge which means that the current system is not sustainable. In Trafford, the financial gap relating to Social Care is £44.3m by 2021, so a range of interventions are required to address this gap.

We intend to radically reform the health and social care system, in line with the devolution of health and social care responsibilities across Greater Manchester.

This new system will be complemented by a range of other transformational developments which will contribute to the system wide change required across Trafford. These programmes of work will provide:

- An all age integrated health and social care service delivery model for community based services that will see teams working through integrated structures that are multi-agency and geographically based in four localities;
- Dedicated health and social care support for residential and nursing homes; continued investment in and potential expansion of the community enhanced care service model;

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- Greater levels of independence for service users through a new model of social care, which will call upon the use of community assets and individual resources before and in addition to the use of public service resources;
- Improved quality, access and range of support services for people with learning disabilities, autism and mental health needs, to support personal resilience;
- More effective use of resources available to support health and social care in Trafford by pooling budgets and equal commissioning of services that citizens require, alongside a holistic approach to health and social care that considers an individual's wider circumstances such as employment status and housing.

In 2015/16, Trafford has improved in 9 ASCOF measures relative to 2014/15 and in 18 of the measures since 2011/12 when we started the SLI assessment process. This demonstrates a year on year improvement and significant progress from our initially low starting point in 2011/12.

There are areas we need to focus on over the coming year in which we were low performers. This includes the delayed transfer of care from hospitals (ASCOF 2Cii) which has shown deterioration over the last 4 years. Other areas of improvement include employment and independence for people with Mental Health needs (ASCOF 1F and 1H), which have shown deterioration over the past three years.

Trafford has undertaken robust analysis to better understand the local population of service users engaged in services, their needs, life trajectories, journeys into services as well as the costs associated with quality care.

We are committed to a re-commissioned landscape which delivers a sustainable model of care and improves the lives of people with learning disabilities. The new commissioning structure has been designed around promoting early intervention and prevention, a more

joined up approach to health and social care commissioning, the promotion of independence and well-being and market management.

A comprehensive review of the Carers Centre has been carried out, and as a result of the review, a new carer's service was specified. This was conducted with the CCG so that budgets were aligned and a single service specification to meet both health and social care needs of carers in Trafford was created.

In addition, the recommissioning of Advocacy, Information and Advice was also undertaken. Both of these areas involved a significant re-structure of voluntary sector contracts, so that lead provider models were created with the intention of making sure that our voluntary sector were working closely together.

A S75 Partnership Agreement has been in place between Trafford Council and PCFT since 1st November 2013. It set out how Trafford Council would take the lead in managing children's health and social care services and PCFT for adult health and social care services on a day to day basis. The agreement formally expired on 31st March 2016 and was revised to describe the all-age health and social care model which has Pennine CFT as the lead provider on a day to day basis.

We will be moving to an all-age approach in 2016/17, which will be delivered by a skilled and committed workforce with a clear value base that promotes a culture of recognising and building on strengths, not just meeting needs. This will require a shift to planning for the future from an early age, and the use of resources to increase competencies and opportunities, rather than a focus on eradicating risk and restricting lives, especially for people who challenge our services.

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