



Trafford

Joint Strategic Needs Assessment (JSNA)

2008 - 2012

live learn work relax

tp
traffordpartnership



TRAFFORD JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2008 – 2012

**Produced in partnership
by;
Trafford Council
Trafford Primary Care Trust
Trafford Children and Young People's Service**

Contents

Section 1: Introduction	3
1.1 Purpose of JSNA	
1.2 The Vision for Trafford	
Section 2: Trafford Overview	5
2.1 Population	
2.2 Ethnicity	
2.3 Trafford's Economy	
2.4 Index of Multiple Deprivation	
2.5 Health Overview	
2.6 Housing	
<u>Life Cycle:</u>	
Section 3: Children and Maternal Health	8
3.1 2007-2009 Outcome & Commissioning Priorities	
3.2 Be Healthy	
3.3 Stay Safe	
3.4 Enjoy and Achieve	
3.6 Make a Positive contribution	
3.7 Service User Involvement	
Section 4: Lifestyle and Risk Factors	15
4.1 Relevance of Lifestyle Factors	
4.2 Lifestyle Characteristics of the Trafford Population	
4.3 Trafford's Health Profile	
4.4 Preventative and Well-being Services	
Section 5: Adult Ill-Health	20
5.1 Health in Trafford	
5.2 Health Deprivation and Disability	
5.3 Premature Mortality from Circulatory Diseases	
5.4 Premature Mortality from Cancers	
5.5 Premature Mortality from Respiratory diseases	
5.6 All Age All Cause (AAACM) Mortality Trend	
Section 6: Adult Social Care	25
6.1 Transformation of Social Care	
6.2 Impact of People Living Longer	
6.3 Learning Disability Services	
6.4 Analysis of BME Take-up of Social Care Services	
6.5 Prevention	
6.6 Social Care User Views	
<u>Cross Cutting Issues:</u>	
Section 7: Disabled People	34
7.1 Disability Equality Workshop	
Section 8: Mental Health	36
8.1 Context	
8.2 Common Mental Health Problems	
8.3 Severe and Enduring Mental Health Difficulties	

8.4 Dementia
8.5 Physical Health

Patient Experience

Section 9: User views on Health Care	39
9.1 Trafford Healthcare NHS Trust Patient Survey 2007	
9.2 University Hospital South Manchester NHS Foundation Trust Patient Survey, 2007	
9.3 Trafford Primary Care Trust – National Survey of Local Health Services 2008	
Section 10: Conclusion	40
APPENDIX A	41
References	45

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 have completed a Joint Strategic Needs Assessment (JSNA). 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 intend to use this document as a basis for consulting with local communities, patients, service users, carers and service providers. It will then be used to 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



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 2006 Trafford was home to 211,800 people with 104,100 males and 107,800 females. There is a predicted growth in Trafford's population in future years of over 10% over the 25 years from 2004 to 2029. By 2012 there will be 2,300 more working age adults and 2,800 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 2700 live births registered in Trafford every year. It is projected that this level of live births will continue until the period of 2012.

2.2 Ethnicity

It was estimated that in 2005 10.3% of Trafford residents considered themselves to be part of the non white ethnic groups. That equates to about 21,700 people. The largest of Trafford's minority groups is Indian which equates to 2.4% of the population. This is closely followed by people of Pakistani origin at 2.0%.

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.

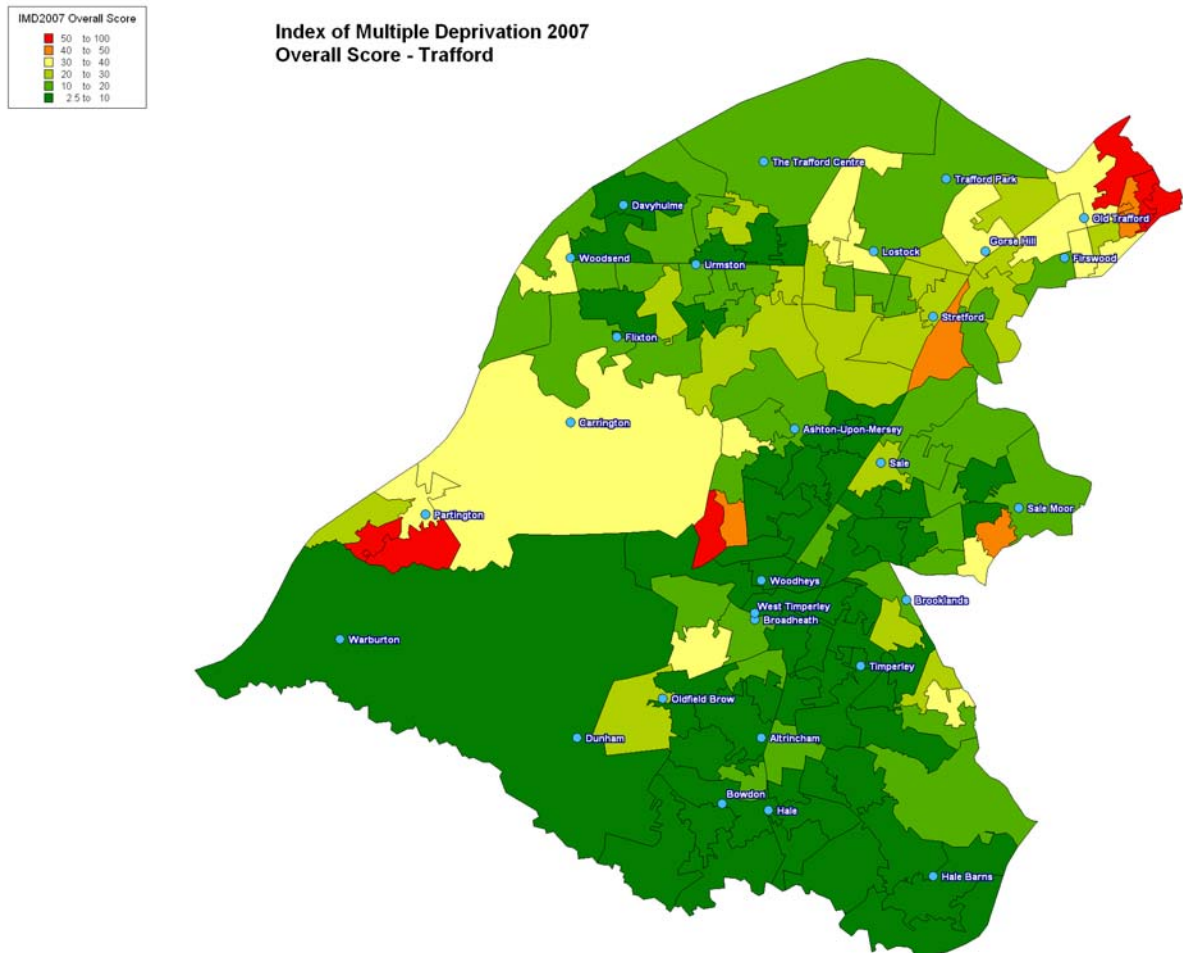
2.3 Trafford's Economy

Trafford has a strong local business base, high skill levels and a very successful enterprising culture with above average levels of economic activity. It has long established industrial and commercial areas of significant size concentrated in high technology, warehousing and distribution, office and other service businesses. The total number of jobs available to the local and wider population has increased by some 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. In 2004 75.1% of Trafford's population was in employment which compares well to the country as a whole (74.3%) and the North West (72.8%). The borough has an excellent level of GCSE achievement being the ninth best in England (based on the percentage achieving five A*-C grades).

Despite this predominant affluence and levels of achievement Trafford still has a number of hidden pockets of deprivation at neighbourhood level where local people experience social isolation and exclusion. Tackling the significant levels of poverty and disadvantage in these neighbourhoods remains a

challenge for the Borough, as its overall prosperity, seriously restricts our ability to access to external funding to tackle labour market and enterprise development failure, placing a reliance on key strategic partners to maximise the Borough's economic assets and mainstream funding, to tackle Economic Development and Regeneration issues.

2.4 Index of Multiple Deprivation



Source; Department of communities and Local Government Indices of Deprivation 2007

The above map sets out the relative deprivation levels for Super Output Areas (SOAs) in Trafford. The average ranking for Trafford is 59% having moved from 52% in 2004, showing that Trafford is moving towards a position of being less deprived in relation to other boroughs. There are currently 3 SOAs in the most deprived 5% of the country, having moved from 5 in 2004. The number in the bottom 20% has also improved from 22 in 2004 to 15 in 2007.

2.5 Health Overview

The health of people in Trafford is generally better, or similar to, the England average. A number of indicators are significantly better than the England average, including deprivation, the estimated percentage of adults who are

obese and road injuries and deaths. A similar number of indicators are not significantly different from the England average, such as male and female life expectancy and infant deaths. However, some indicators are significantly worse than the England average, such as deaths from smoking.

Male life expectancy is 77.6 compared to an England average of 77.3 and female life expectancy is 81.4 compared to the England average of 81.6.

There are health inequalities by gender, level of deprivation and ethnicity. For example, men from the most deprived areas have over nine 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 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 Service 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'.

Housing should not be seen in isolation, but rather, as the bedrock of a range of partnerships necessary to make the Community Strategy vision a reality. The Housing Service makes the links to a wide range of themes and partnerships, and these partnerships have worked successfully to deliver housing targets, as well as outlining future partnership working to deliver the Housing Strategy's aims.

Relevant documents are;

Housing Strategy 2005 - 2008:

http://www.trafford.gov.uk/cme/live/dynamic/DocMan2Document.asp?document_id=B7936B30-37B2-44CA-8F7F-6C7AF69052F2

Homelessness Prevention Strategy 2008 - 2011:

http://www.trafford.gov.uk/cme/live/dynamic/DocMan2Document.asp?document_id=6621FEE3-A6AC-4935-A101-6104FEEDE5B7

Black and Minority Ethnic Communities Housing Strategy 2005 - 2008

http://www.trafford.gov.uk/cme/live/dynamic/DocMan2Document.asp?document_id=BD68ADE3-9AB3-4616-8C01-2A7E59099037

Section 3: Children and Maternal Health

3.1 2007-2009 Outcome & Commissioning Priorities

Our focus remains on developing a jointly commissioned whole-systems approach to multi-agency services which work in an integrated way providing the flexibility and strength to deliver the demands of the Children's Plan, build resilience in our families, schools and communities and are well placed to achieve the ambitious and challenging targets we as a partnership have set ourselves. Therefore, the following are the key priorities which Trafford Children's and Young People's Service (CYPS) will focus on between 2007 - 2009:

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	

Our ambition is 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.

We believe that Trafford CYPS provides good services for children and young people in an area which has significant areas of social disadvantage, but attracts only low levels of funding. Our work with partners to develop integrated ways of working, delivered by services which are increasingly multi-disciplinary, and our commitment to including children and young people and their families has ensured that the quality of provision is sustained and improved. Outcomes are generally good and we continue to improve year on year.

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.

Mental Health

Waiting times for mental health services are generally acceptable but for new specialist and non specialist cases, the waiting times need improving to meet the target of below four weeks. Regarding progress towards a comprehensive CAMHS, plans and protocols for children and young people with learning disabilities and mental health needs are in place with some services in development. Plans and protocols for 16 and 17 year olds who require mental health services are partially in place for them to receive age appropriate services and support.

24 hour cover is due to go live in Autumn 2008 through a Greater Manchester Network approach. Protocols/plans are either agreed or in early development to support children and young people with complex, persistent and severe behavioural and mental health needs. There has been a marked increase in spending on Tier Four provision for young people with eating disorders.

A comprehensive needs assessment on mental health, emotional well being and anti-social and offending behaviour is due to be completed by summer 2008. A Commissioning strategy will then be available for consultation in August autumn 2008 which will highlight short, medium and longer term priority areas for action.

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.

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 Health and Social Care Needs

- **Improve waiting times for mental health services**
- **Continue to improve physical activity in schools**
- **Continue Development of CAMHS**
- **Address repeat termination rates**
- **Improve prevention and treatment for sexually transmitted disease, particularly Chlamydia**
- **Reduce level 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 80% for Trafford which is below the national average of 87.3%.

Highlighted Health and Social Care Needs

- **Improve access and take up of suitable accommodation for care leavers**

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.

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 Health and Social Care Needs

- **Continue to support under achieving schools**

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. 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. Work has begun to develop a Children in Care Council and this will be established by September 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.

Highlighted Health and Social Care Needs

- **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.

A Cluster Area Engagement Plan is in development to provide a link between participation activities and commissioning, and a group of young people were commissioned recently to undertake a piece of research and make recommendations regarding bullying and cyber bullying in the north of the borough. Methods of better engaging with disabled children, particularly those living outside the borough have also been investigated through an innovations project. 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

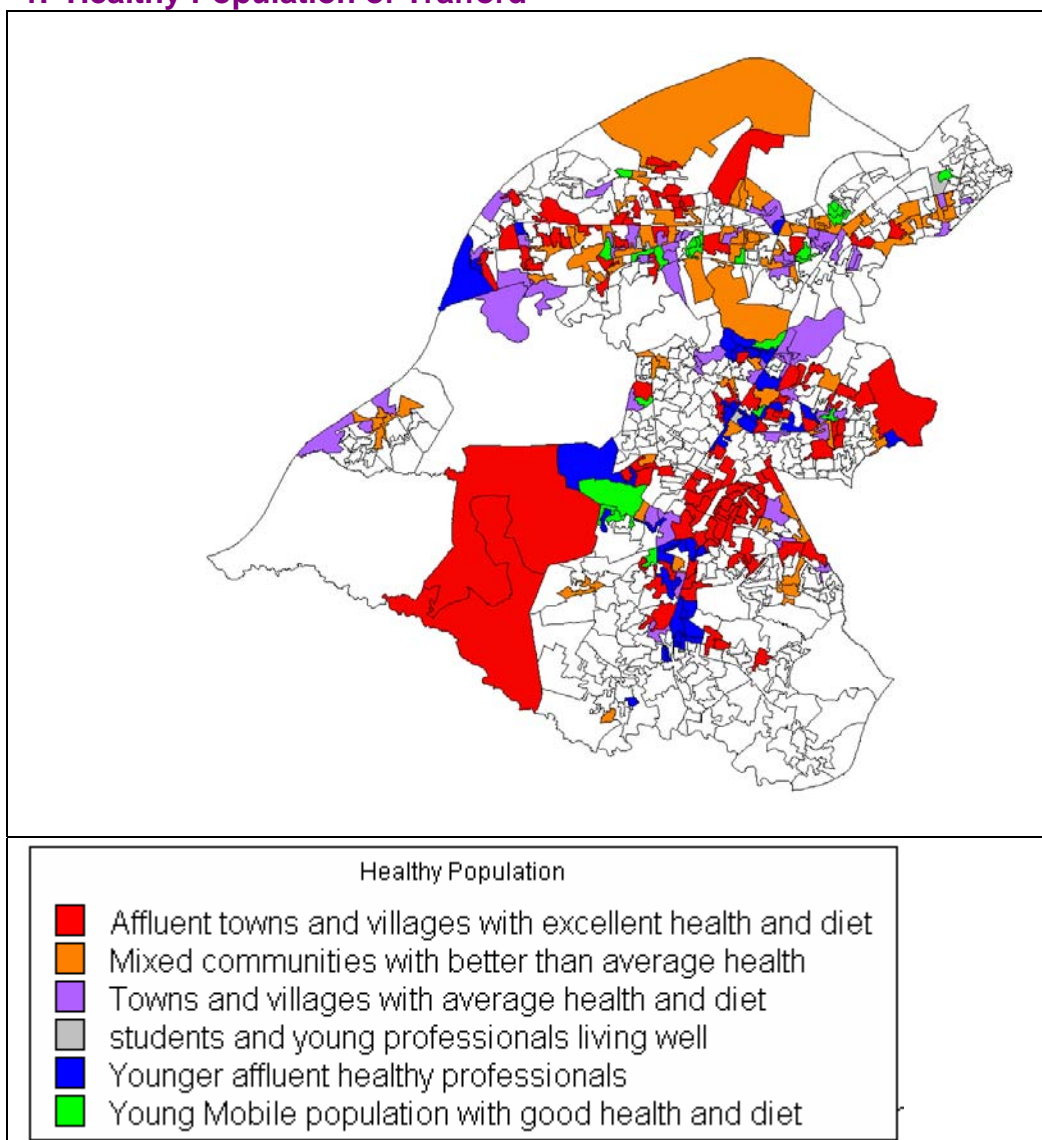
4.1 Relevance of Lifestyle Factors

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.

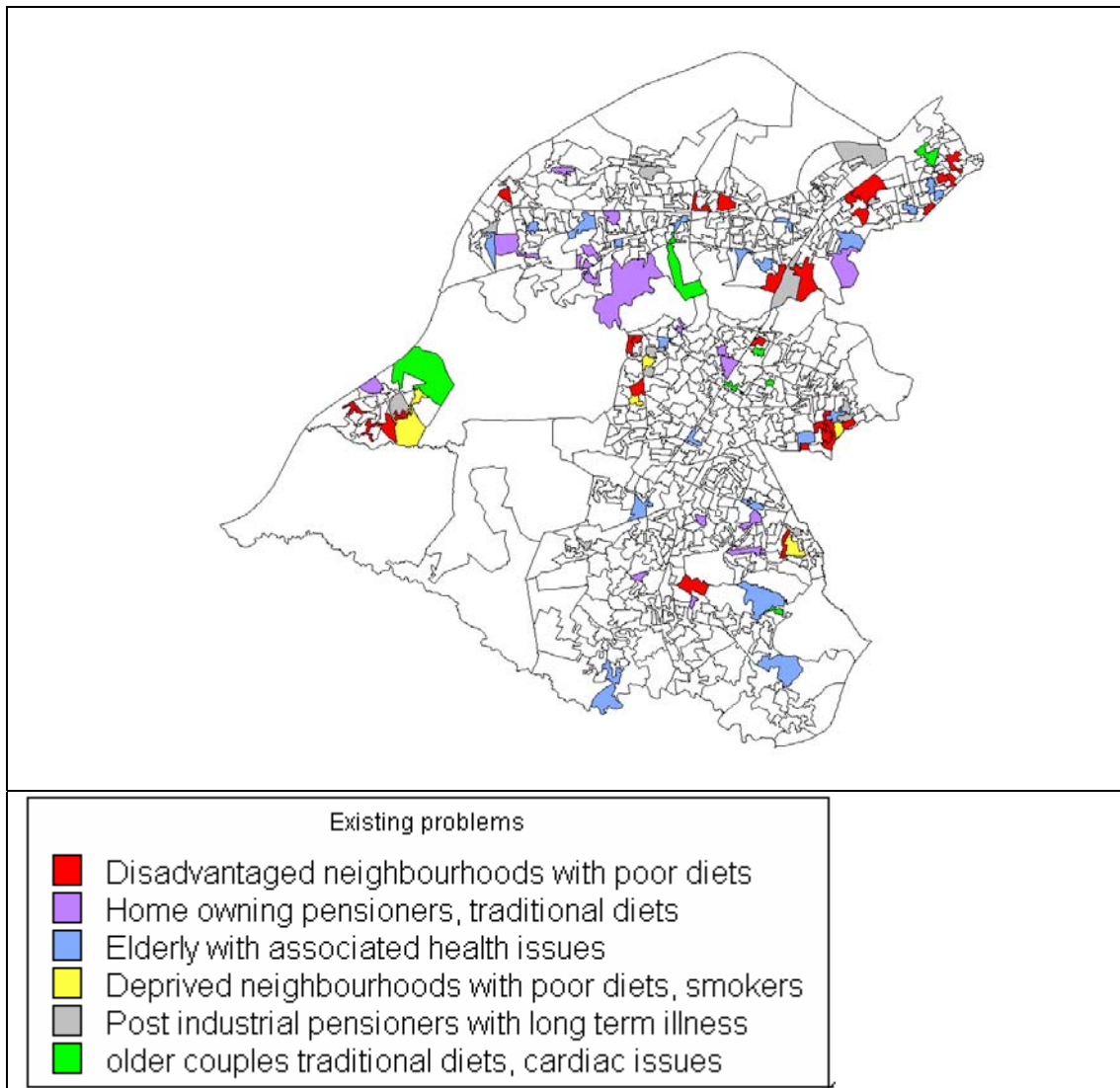
4.2 Lifestyle Characteristics of the Trafford Population

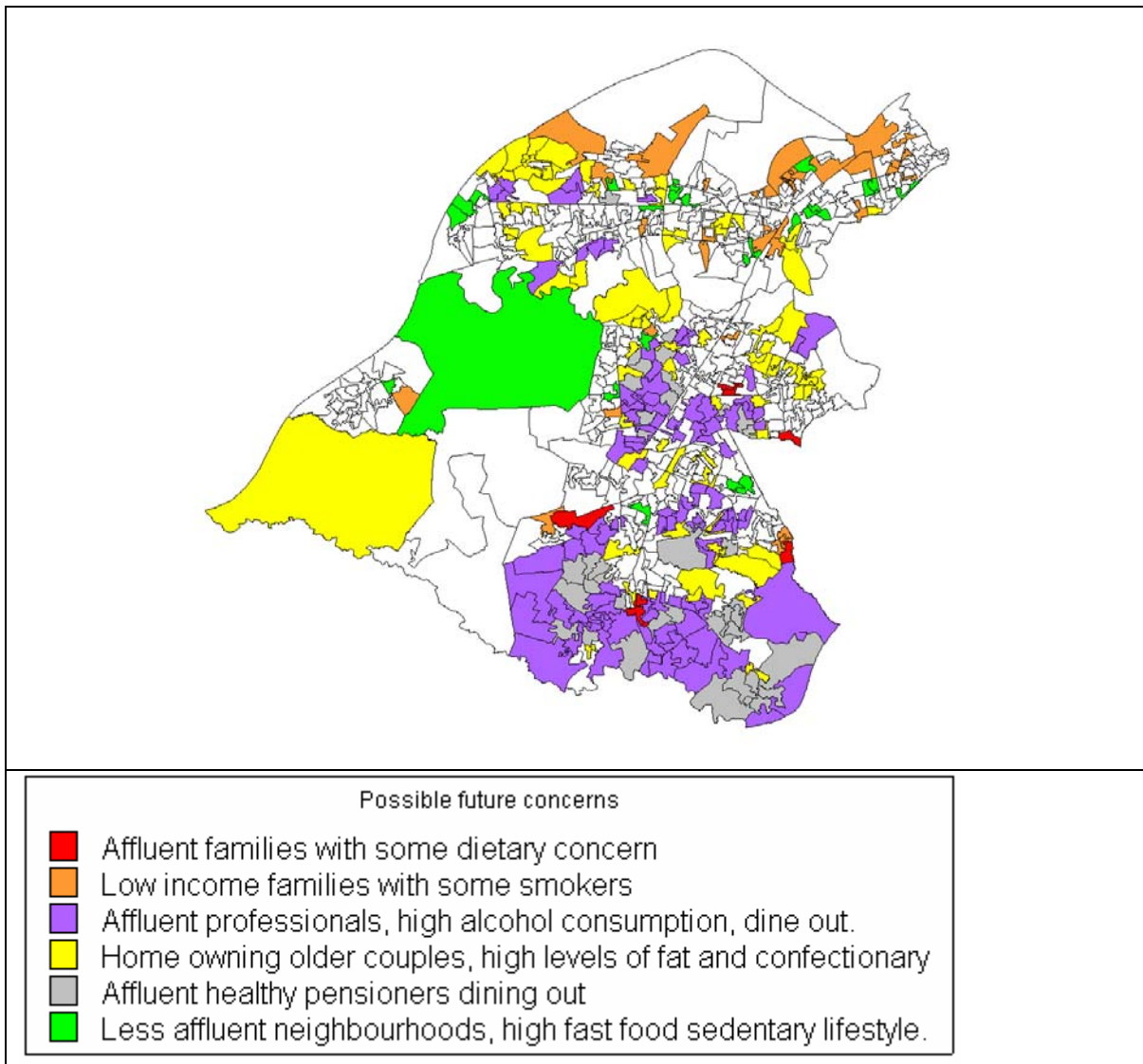
The maps below show the lifestyle characteristics of populations segments in Trafford. These confirm that the key areas of existing health problems lie in disadvantaged neighbourhoods, home owing pensioners and the elderly with existing health conditions. They also indicate that a major focus of future 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





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 is 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 *	7239	17.3	22.4	86.5		8.0
	3 Statutory homelessness	280	2.8	4.4	14.4		0.0
	4 GCSE achievement (5 A*-C) *	2178	74.6	60.1	35.8		82.7
	5 Violent crime	3740	17.6	19.3	38.9		4.5
	6 Carbon emissions *	2076	9.9	7.6	20.6		4.6
Children's and young people's health	7 Smoking in pregnancy			16.1	38.8		4.4
	8 Breast feeding initiation *	1767	70.7	69.2	33.2		90.9
	9 Physically active children *	22568	84.8	85.7	63.3		99.2
	10 Obese children *	227	10.7	9.9	16.1		4.9
	11 Children's tooth decay (at age 5)	n/a	1.6	1.5	3.2		0.4
	12 Teenage pregnancy (under 18) *	139	33.9	41.1	83.1		12.5
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	14.2		45.8
	16 Physically active adults	n/a	11.5	11.6	7.5		17.2
	17 Obese adults	n/a	21.7	23.6	31.2		11.9
Disease and poor health	18 Under-15s 'not in good health'	389	10.1	11.6	20.8		6.4
	19 Incapacity benefits for mental illness *	3900	29.9	27.5	68.8		8.4
	20 Hospital stays related to alcohol *	632	289.1	260.3	741.1		87.6
	21 Drug misuse	1051	7.6	9.9	34.9		1.3
	22 People diagnosed with diabetes	8228	3.9	3.7	5.9		2.1
	23 Sexually transmitted infections						
	24 New cases of tuberculosis	21	9.0	15.0	102.0		0.0
	25 Hip fracture in over-65s	184	405.6	479.8	699.8		219.0
Life expectancy and causes of death	26 Life expectancy - male *	n/a	77.8	77.3	73.0		83.1
	27 Life expectancy - female *	n/a	81.4	81.6	78.3		87.2
	28 Infant deaths	9	3.5	5.0	10.3		0.0
	29 Deaths from smoking	386	243.9	225.4	365.0		139.4
	30 Early deaths: heart disease & stroke *	207	91.0	84.2	142.4		39.7
	31 Early deaths: cancer *	277	125.1	117.1	167.8		76.7
	32 Road injuries and deaths *	65	30.8	56.3	194.8		20.8

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;
- Flu Immunisation programme;
- National childhood Immunisation programme including the introduction of HPV immunisation
- Breast, bowel and cervical screening programmes;
- NHS Direct and NHS Choices;
- Expert Patient Programme;

- Healthy schools programme
- National Child Measurement Programme;
- GO3 and Sports and Physical Activity Alliance (SPAA);
- Tiered Obesity services for children and adults
- Minor ailment scheme;
- Self care programmes for people with long term conditions;
- Active Case Management programme;
- Emergency contraception scheme;
- Condom distribution scheme;

Borough Wide

-
- Manchester Versus Cancer initiative;
- 'Your Life' social marketing campaign;
- Graduate Mental Health Workers;
- Brief interventions – alcohol in A and E and primary care
- Intermediate Care, rehabilitation and re-ablement services;
- Healthy Lifestyle Trainers;
- Falls prevention;

Ward Level

- SureStart and Children Centres;
- Prevention of obesity – locality approaches
- Breastfeeding Cafe
- 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 those 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

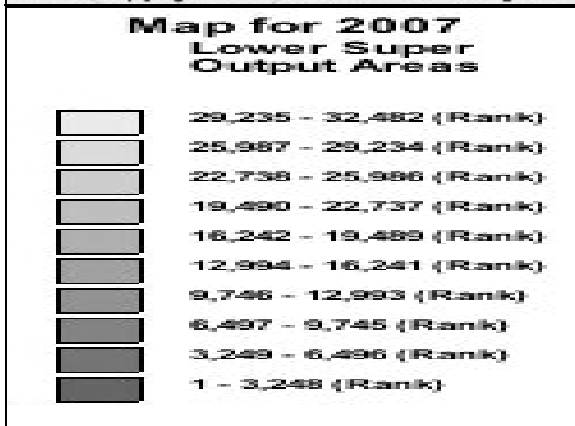
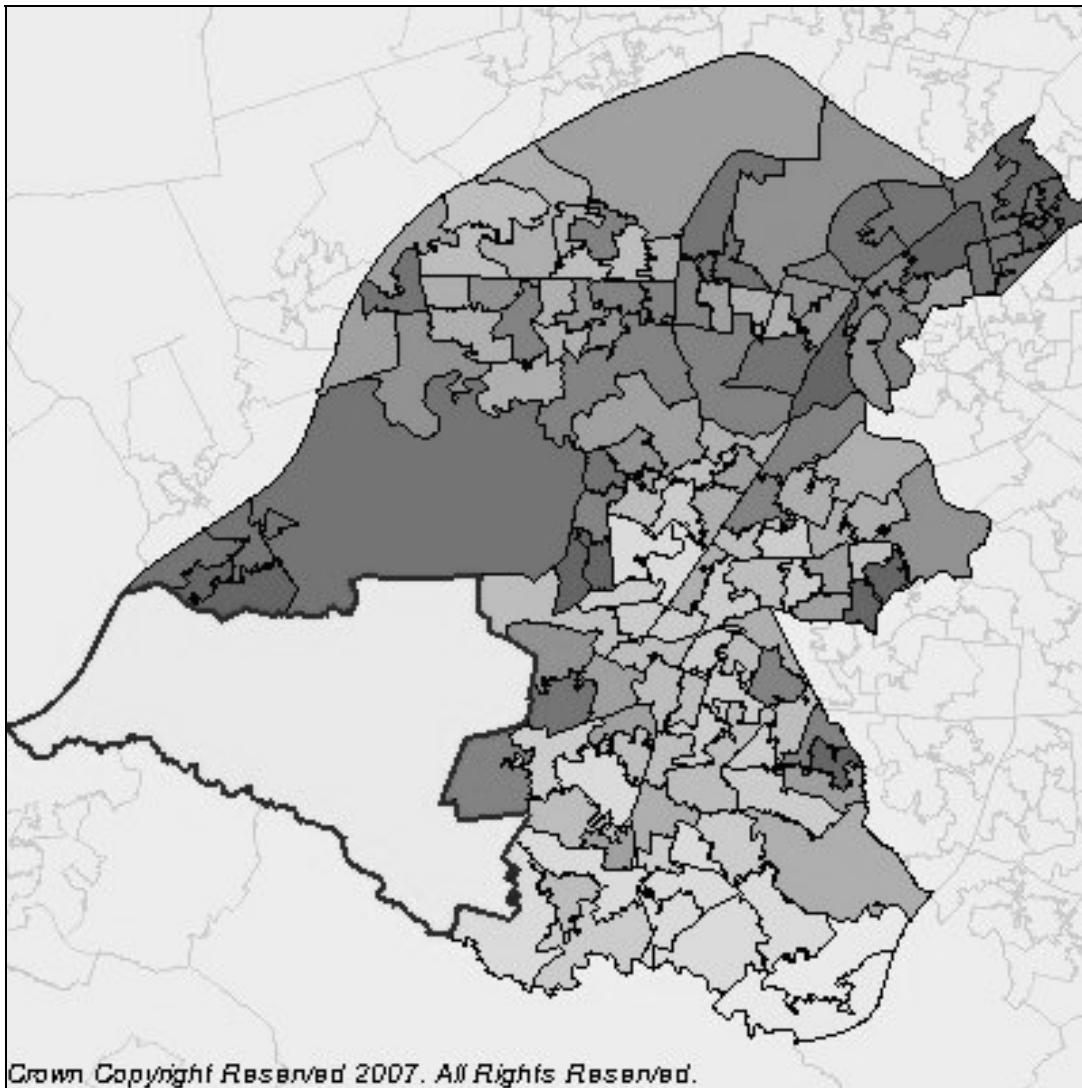
5.1 Health in Trafford

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: the darker the grey, the more deprived the neighbourhood (ranking is based on a national scale). 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 & Disability, 2007

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.
- 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.
- COPD is usually a progressive disease with poor lung function leading to a poor quality of life.

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 nine years less than a man in the least income deprived part of Trafford. For woman the gap is around six years. The age standardised death rate is twice as high in Clifford than 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 in 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: Adult Social Care

6.1 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. In the future it requires that people 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.

6.2 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 1.2% by 2010 and 13.5% by 2020. This means that by 2015 there will be 2,900 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 more stark. Projections indicate an increase of 4.3% by 2010 and 23.9% by 2020. That equates to 400 more over 85s by 2015 and 2,200 more by 2025.

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 160 people over 65 by 2015 and by 643 people by 2025.
- There are currently around 2,478 people over 65 in Trafford with a health condition caused by a heart attack. It is projected that this will increase by almost 200 people by 2015 and by over 500 in 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 70 in 2015 and by over 200 in 2025.

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

- We currently provide 2,900 people in Trafford with help to live at home. This equates to about 8.5% 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 over 600 more.
- We currently support around 450 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 1,300 people over 65 in care homes. By 2015 this is projected to increase by around 110 and by 2025 by around 270.

As people generally live longer, many with conditions that affect their ability to provide some elements 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 estimated that almost 4,000 over 65s In Trafford provide care. It is estimated that by 2015 this will increase to approximately 4,200 and by 2025 this will increase to 4,600.

With increasing life expectancy and the trend towards more single parent households. More divorces mean that more people are likely to live alone. This may impact on the numbers of people requiring social care.

By 2015 there will be a 7% increase in people over 65 living alone in Trafford. In effect this means 900 single households. This ageing population profile brings a number of issues to the fore;

- Preventative services and early interventions can help by ensuring that 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 wellbeing 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.**

6.3 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 this equates to 741 people. Of that number 489 people are receiving services from the local Joint Learning Disability service.

People aged 18-64 yrs	People aged 65+ yrs
443	46

376 people are receiving ‘helped to live at home’ services which include;

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

161 people are receiving respite care or support in residential and nursing homes.

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.

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

Civil Rights
 Independence
 Choice
 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. There were 51 people with severe learning disabilities in paid work in 2007/08. A steady increase in numbers has been noted

since investment was made in supported employment and job coaching services, with further investment planned in 2008-10.

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

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

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

244 Carers support people with learning disabilities at home in Trafford and of this number 151 Carers of people with learning disabilities aged 18-65 have received an assessment and/or review of their needs. 23% of Carers are living with a person with learning disabilities aged over 50 years old.

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. Four people known to learning disability services have become parents.

Following the efforts to move away from the medical model of care the focus of support for adults with 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, rightfully, 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.

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**

6.4 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.**

6.5 Prevention

A number of initiatives and schemes are supported within Trafford which contribute to the 'prevention' agenda, enable people to remain independent and provides people with the information 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.

6.6 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:

- Praise for our professional, caring and friendly staff
- 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.

This includes:

- 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
- Work more closely with health services
- 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 7: Disabled People

7.1 Disability Equality Workshop

On the first November 2006 a workshop was held at Lancashire County Cricket Club to involve disabled people in the creation of the Disability Equality Scheme. There were sessions of group work which dealt with two key issues: the barriers disabled and Deaf people face in Trafford and the involvement of disabled and Deaf people in the design and running of services.

What are the barriers disabled and Deaf people face in Trafford?

The responses to this question can be divided into four main themes: accessibility, workforce issues, information, and processes and services.

Accessibility

The majority of the barriers discussed in the workshop concerned accessibility. This included access to buildings, transport, pavements, and services. Access for Deaf people was a particular concern in relation to the contacting the emergency services and then obtaining a service from them. Transport was another key issue with the accessibility of stations, trams, buses and trains all being a concern.

Council buildings were still felt to have issues relating to accessibility. This was related to concerns around poor lighting, narrow doorways, parking and the use of intercom access which is not suitable for Deaf people. 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 basic knowledge of disabled issues was reported as well as concerns relating to disabled people being denied services and dealt with badly by different service providers.

Information.

Information is often presented in ways that are inaccessible. This was mentioned in particular 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 disabled or Deaf people be involved and what are the barriers to involvement?

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.

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.

Lots of different types of involvement were discussed and it appears that a variety of different options would enable accessibility for different people. The different options discussed were: 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 with improving services.

Highlighted Health and Social Care Needs

- **Improve accessibility of facilities across the borough**
- **Improve disabled people's access to public transport**
- **Improve availability of accessible housing**
- **Increased awareness of disability issues by those providing services**
- **More accessible Information**
- **Improve opportunities for disabled people to get involved in service development**

Section 8: Mental Health

8.1 Context

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.

Over 50% of Trafford wards exceed the average MINI score for all English wards. (The MINI index was developed to establish a population's mental health needs using hospital admissions the data generated can, with obvious limitations, calculate the likely number of individuals between the ages of 16 and 64 per 100,000 of the population, likely to have at least some inpatient care in any given year. For this reason the relative need for mental health services has often been based on MINI scores with 100 noted as the average MINI score for English wards.)

8.2 Common Mental Health Problems

From data recorded as part of Trafford's *Improving Access to Psychological Therapies* initiative 33% of Trafford residents are likely to report a common mental health difficulty.

The average length of hospital admissions in Trafford for depression significantly exceeds the national average at 92.1 days compared to the English average of 33.3 days.

The waiting time for access to psychological therapies in Trafford is currently 30 weeks and as at August 2008, 1000 patients were waiting to access a first appointment – 400 of these were waiting over 26 weeks.

One third of people with depression and half of those suffering from anxiety in Trafford are not in contact with services. Of those people suffering from a common mental health difficulty between 30 and 50% do not receive medication or psychological therapy. Data from GPs suggests unreasonable variations in the number of patients receiving an assessment of severity using a tool validated for use in primary care when presenting with a new diagnosis of depression.

Trafford has high rates of Incapacity Benefit claimants with reported mental health difficulties, which exceed the national average, and this suggests that providing evidence based treatment to this group, whilst increasing costs in the short term, would achieve longer term savings through increased rates of employment. In 2006 *The Kings Fund* published its report into the current and projected needs for mental health services and their related costs. This suggested that significant investment in evidence-based services could help many people back to work.

8.3 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 (134.9 days compared with a national average of 117.8 days) and Bi-

polar Disorder (75.9 days compared with a national average of 67.1 days) exceeds the national average.

Trafford's Adult Community Mental Health Teams are currently engaged with 600 clients against a national average of 950 and 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 Crisis Resolution Home Treatment, Assertive Outreach, and Early Intervention in Psychosis teams are all recognised as performing in line with nationally agreed targets.

Trafford's Older People's specialist mental health teams are in contact with approximately 725 people and have faced 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.

Eating disorders are relatively uncommon and often go untreated. Prevalence rates for anorexia nervosa and bulimia nervosa are 0.3% and 1% respectively with numbers expected to rise slightly in line with changing demographics. (It should be noted that over the last three years – 2005 / 2008 – a dramatic increase in the demand for specialist inpatient admissions for this group has placed significant demands upon the PCT's exceptional treatments budget.)

8.4 Dementia

Over the next 20 years a 61% increase is expected in the number of people suffering from dementia. In real terms a doubling of associated health care costs is expected. It is estimated that, currently, 2847 people living in Trafford suffer from Dementia.

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.

8.5 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

- **Improving access to psychological therapies through service review and redesign**
- **Initiatives to tackle health inequalities amongst people with mental health problems**
- **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**

Section 9: User Views on Health Care

9.1 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.

9.2 University Hospital South Manchester NHS Foundation Trust Patient Survey 2007

For admission to hospital, the hospital and ward, care and treatment and leaving hospital, University Hospital South Manchester NHS Foundation Trust performed in line with the intermediate 60% of trusts.

University Hospital South Manchester NHS Foundation Trust performed generally better in terms of satisfaction for operations and procedures, care by doctors, care by nurses and was towards the best performing 20% of trusts nationally in these areas.

9.3 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 were 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.

Section 10: Conclusion

This is Trafford's first JSNA, and it will be highly influential in determining our priorities for health and social care. Our first task will be to consult with local people about the needs we have identified in this document to ensure that these are correct and to ask them for their ideas about how we should address them. It will be then used by commissioners across adults and children's social care and in health services to influence the development of local services in line with local needs.

It will be refreshed regularly to ensure that it continues to reflect the local environment and highlights the 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;

Jan Walker on jan.walker@trafford.gov.uk or 0161 912 1015

Appendix A – Projections and Baselines for the JSNA

A projection is a prediction made by extrapolating from past observations. It shows what may happen if a particular set of assumptions holds true. If we wish to vary these assumptions to see how much difference they make by producing a set of variant projections. These might include, for example, our ‘best-case’ and ‘worst-case’ scenarios.

The JSNA is meant to assess current and future needs. In order to have the greatest impact, JSNA will assess needs over the next three to five years, but will include a longer term assessment (five to ten years) to take into account anticipated changes in demography and infrastructure developments and inform strategic planning. The quantity and quality of baseline data (e.g. whether available as a time trend or for one year only) will influence the choice of projection method for the JSNA.

Table 1 aims to provide a quick guide as to which indicators have local projections already available, or an indication of the quantity and quality of baseline data from which a projection is able to be constructed. **Refer to the JSNA data compendium for further information.**

Indicator	Projection available (free of charge)?	Next best thing	Source	Comment
Population	Y		ONS	
Births	N	Trend data	ONS	
Ethnicity	N	Trend data	ONS	
Disability (misc. indicators)	Y		POPPI etc	
Migrant population	N	Fragmented - mostly one or two years only	Misc	ONS does provide projections of migration <i>flows</i> .
Households	Y		DCLG	
Older people living alone	Y		POPPI	

Indicator	Projection available (free of charge)?	Next best thing	Source	Comment
Smoking rates	N	Local survey data (if any)	Local survey (if any)	Cannot base projection on modelled estimates
Eating habits	N			
Alcohol-harm related hospital admission rates (NI 39)	N	Trend data	DH (via Unify)	For trend-based projections, see Planning Tool issued for LAA purposes
Drinking behaviour	N	Local survey data (if any)	Local survey (if any)	Cannot base projection on modelled estimates
Physical activity	N	One year's data	Active People Survey	
Teenage pregnancy (NI 112)	N	Trend data	ONS (via Teenage Pregnancy Unit)	
Hypertension	N	Brief time series	QOF	Cannot base projection on modelled estimates
Obesity in adults	N	Local survey data (if any)	Local survey (if any)	Cannot base projection on modelled estimates.
Obesity in older people	Y		POPPI	QOF data not considered reliable.
Obesity in Reception Year (NI 55)	N	One year's data	National Child Measurement Programme	Effectively one year's data, as first year of NCMP not considered reliable.
Obesity in Year 6 (NI 56)				

Table 1: Currently available projections or baseline data for JSNA

Indicator	Projection available (free of charge)?	Next best thing	Source	Comment
Mortality – all causes	N	Trend data	NCHOD	
Infant mortality	N	Trend data	NCHOD	Will need to search past editions of Compendium
Life expectancy	N	Trend data	NCHOD	
Healthy life expectancy	N	One year's data	ONS	
Mortality from causes amenable to healthcare	N	Trend data	NCHOD	
Deaths due to smoking	N	One year's data	Health Profiles	
Diabetes prevalence	Y		YHPHO	
Mortality – circulatory	N	Trend data	NCHOD	
Mortality – CHD	N	Trend data	NCHOD	
CHD prevalence	N	Brief time series	QOF	Cannot base projection on modelled estimates
Mortality – stroke	N	Trend data	NCHOD	
Mortality – cancer	N	Trend data	NCHOD	
Cancer registrations	N	Trend data	NCHOD	
Mortality – COPD	N	Trend data	NCHOD	

Indicator	Projection available (free of charge)?	Next best thing	Source	Comment
COPD prevalence	N	Brief time series	QOF	Cannot base projection on modelled estimates
Tooth decay	N	Trend data	BASCD	
Dementia	Y		Dementia UK, POPPI	
Mortality – suicide and undetermined injury	N	Trend data	NCHOD	
Mental illness– • depression in older people	Y		POPPI	
• mental health needs	N	Local index	Centre for Public Mental	
• mental health disorders - prevalence	N	National rate	<i>Paying the Price</i> report	
Number of older people receiving services: 1. in the community 2. 'supported in care homes'	Y		POPPI	'Supported in care homes' equates to all social care other than in the community
Uptake rate for flu jabs	N	Brief time series	Information Centre	
Children completing immunisation on schedule	N	Brief time series	Information Centre	

References

1. JSNA Guidance. Department of Health, 13th December 2007.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097
2. JSNA Core Dataset. Department of Health, 1st August 2008.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086676
3. Creating Strong, Safe and Prosperous Communities: Statutory Guidance. DCLG, 9th July 2008.
<http://www.communities.gov.uk/publications/localgovernment/strongsafeprosperous>

If you need help to understand this information, please ask someone to phone 0161 912-2000 to let us know how we can best provide this information.

اذا كنت في حاجة الى مساعدة لفهم هذه المعلومة الرجاء طلب من شخص الاتصال برقم الهاتف: 0161 912-2000 لاجبارنا عن كيفية تقديم هذه المعلومة بأحسن طريقة.

ARABIC

如果您需要帮助才能看懂这份资料，可以请人致电：

0161 912-2000，告诉我们如何最好地给您提供这些信息。

CHINESE

Si vous avez besoin d'aide pour comprendre ces informations, veuillez demander à quelqu'un de téléphoner au 0161 912-2000 pour nous informer de la meilleure façon pour fournir ces informations.

FRENCH

જો આપને આ માહિતીની સમજણ માટે મદદની જરૂર હોય તો કૃપા કરી કોઈને કહો કે, આ માહિતી અમે કેટલી સારી રીતે પૂરી પાડી શકીએ તે બાબતે અમને જણાવવા માટે, 0161 912-2000 નંબર પર ફોન કરો.

GUJARATI

Jesli potrzebujesz pomocy aby zrozumiec ta informacje, popros kogos, aby zadzwonil pod numer 0161 912-2000 aby nas poinformowal, w jaki sposób najlepiej mozemy ci ja przekazac.

POLISH

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਲਈ ਸਹਾਇਤਾ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਨੂੰ ਸਾਨੂੰ 0161 912-2000 ਨੰਬਰ ਤੇ ਟੈਲੀਫੋਨ ਕਰਕੇ ਇਹ ਦੱਸਣ ਲਈ ਕਹੋ ਕਿ ਅਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਭ ਤੋਂ ਅੱਛੇ ਢੰਗ ਨਾਲ ਕਿਸ ਤਰ੍ਹਾਂ ਦੇ ਸਕਦੇ ਹਾਂ।

PUNJABI

Haddii aad dooneeyso in lagaa taageero garashada macluumaadkaani, fadlan qof uun ka codso inuu waco telefoonka 0161 912-2000 oo noo sheego sida ugu fiican oo aanu macluumaadkaani kuugu soo gudbin karno.

SOMALI

اگر آپ کو یہ معلومات سمجھنے میں مدد کی ضرورت ہے تو براہ مہربانی کسی سے کہیے کہ وہ ہمیں 0161 912-2000 پر ٹیلیفون کرے تاکہ ہمیں معلوم ہو سکے کہ آپ کو یہ معلومات فراہم کرنے کا بہترین طریقہ کیا ہے۔

URDU

For further information please contact:

Jan Walker
Performance and Partnerships Manager
Community Services and Social Care
Trafford Metropolitan Borough Council
Trafford Town Hall
Talbot Road
Stretford
Greater Manchester
M20 0YT

Tel: 0161 912 1015
Email: jan.walker@trafford.gov.uk