ROCHDALE
BOROUGH COUNCIL

NHS
Heywood, i leton
and Rochdale
Cl i l Com

Co-operating for better health and wellbeing

Rochdale Borough Locality Plan 2020-2024

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Foreword

In our first locality plan, published in 2015, we set out a bold vision that we would make significant improvements in the health of our local people.

To do this, we recognised that we need a sustainable health and social care system that is able to respond to the needs of our residents whilst managing with ever tighter financial resources. We also recognised that we needed to be able to tap into the local assets that we have, both the places where we live and the people in our neighbourhoods, so that we make the most of everything that our borough has to offer.

Our borough is in the midst of an exciting period of transformation. Not only are we progressing our plans for health and social care integration, we have a new retail development almost complete, and a significant programme of renovation on our historic town hall.

In addition, new housing developments will provide a range of homes to meet local need, and in 2020 Number One Riverside will be the only North West host venue for a visit from 'Dippy' the Dinosaur as part of its tour of Britain from its usual home at the Natural History Museum in London.

We have made huge steps forward in achieving our vision in a very short space of time and subsequently health and social care has seen a rapid transformation. Since our first plan was published we have established strong relationships and partnerships across our system, allowing us to progress new ways of working much faster than originally anticipated. This is testament to the commitment of all partners working with residents to make our system as strong as possible.

Local residents told us that a sense of pride in our borough is important, and for our residents to be more prosperous so that their health and wellbeing improves across our borough. They want health and social services to be there when they need them, delivered by the most appropriate person and to get good quality care at the right time. They want to be able to use technology and for services to be closer to home, they want more choice and control over the services they receive, and to be involved in how services are developed. To this end we have been ensuring that those who use services are involved in designing them.

Our ten borough strategic goals were agreed by our Health and Wellbeing Board and are also the corporate priorities for the Council. To achieve our vision, we will continue to build on the strong relationships we have built as commissioners and providers of health and social care services, but most importantly with all of our residents.

Councillor Sara Rowbotham
Deputy leader and cabinet member for health and wellbeing at Rochdale Borough Council

Our commitment

We support this locality plan and will continue to work closely together to ensure that Rochdale residents have improved heath, wellbeing and prosperity.

Steve Rumbelow
Chief executive of Rochdale Borough Council and accountable officer of Heywood, Middleton and Rochdale Clinical Commissioning Group

Steve Taylor
Chief officer of One Rochdale and managing director/chief officer of Bury & Rochdale Care Organisation.

Councillor Allen Brett
Leader of Rochdale Borough Council

Chris Duffy
Clinical chair for Heywood, Middleton and Rochdale Clinical Commissioning Group

Our vision

Our plan sets out how we will do all we can so that residents in our borough live long and happy lives that are as healthy as possible, for as long as possible.

If we achieve this, it will mean that we will have;

'Improved the health, care and wellbeing outcomes for the borough of Rochdale'

We can only achieve this by working together, which means that services and residents will need to work in partnership, each doing their part so that;

'Everyone in the borough will make things better for themselves and others'

To do this, we have established six core principles, or ways of working across our partnership of stakeholders (including our residents). These six principles run through every aspect of our plan and are core to how we operate. These principles are set out below.

Co-operation

Public services, partners, citizens, businesses and the voluntary sector will share decision making and jointly design and deliver services.

Strengthening community assets

Individuals and families will be supported to use their skills, experience and collective kindness to improve communities. By doing so our 'place' will be a better area to grow up, get on and live well.

Prevention and intervention

Prevention will be part of everything we do, and we will support our residents and workforce to take care of themselves and others. We will take action to stop problems from arising or becoming worse.

Collective change

We will work together to change things so that we have sustainable services and have reduced inequalities

Integrated and local

Public services, partners and the voluntary and community sector will share skills, expertise and resources to deliver person and community centred services at the right time and in the right places for residents.

Addressing the climate emergency

We will increase our efforts to ensure that we consider and reduce the negative impacts that services and activities have on the environment and thus help to address the climate emergency.

Stakeholders from across our local health and social care system have been working to develop a joint vision for health and care in Rochdale. A joint visioning workshop in early October 2019 has further supported our ongoing journey toward a single system and vision.

Health and wellbeing in our borough

Population

Borough population	Projected population in 2028	Growth since 2011
220,001	224,700	4%

Around a quarter of local people have at least one or more long term condition

One in five residents are from a black or minority ethnic background

A third of residents live within 10% the most deprived neighbourhoods nationally

Population unemployed: 5.7%

Households in fuel poverty: 12.8%

Violent crime rate per 100,000 people: 37.1%

Children achieving GLD: 66%

Adults that do not smoke: 84%

Adults physically active: 60%

Healthy weight in reception: 74%

Healthy weight in year six: 60%

Some recent improvements

Hospital admissions for alcohol specific conditions has decreased by 15% since 2014

Levels of appropriate antibiotic prescribing has improved by 14.5% since 2015

Premature mortality for cancer is at its lowest level ever

58% reduction in first time entrants to Youth Justice System since 2015

Healthy Life Expectancy for Women increased by 10 months since 2013

What difference have we made so far?

Rochdale

What difference have we made to carers?

76% reduction in the number of times carers visited their GP in relation to their physical health needs in the last three months

80% reduction in the number of times carers visited their GP in relation to their mental health needs in the last three months

Increase in:

- Use of assistive technology, including Carers UK Digital Resources
- Access to peer support groups
- Access to short breaks
- Access to bespoke training
- Level of mental and physical wellbeing and greater levels of confidence in the sustainability of their caring role

One Rochdale Health & Care

What difference have we made to patients and service users?

82% reduction in Falls Assessment Waiting Times. They have reduced from 12 months to less than 9 weeks.

HEATT Car Service has successfully deflected 86% of all call outs, providing a saving to the locality of around £600k

- 3.6% reduction in calls to 999 from Care Homes
- 7.5% reduction in ambulances attending Care Homes
- 10.6% reduction in conveyance rates to A&E from Care Homes

95-100% reduction in A&E activity and Emergency Admissions for Enhanced Respiratory patients.

70% or above same day discharge has been achieved by the The Discharge to Assess service

We:

- Are providing better outcomes to end of life patients with visits during the night from the Night Sitting Service preventing unnecessary A&E visits, improving patients care and dignity
- Have increased communication between staff and patients which has led to Respiratory patients reporting better outcomes as their conditions can now be managed at home
- Are providing Clozapine treatment to people in the community enabling patients to receive their treatment outside of hospital
- Have a Clinical Psychologist based in the Middleton Integrated Neighbourhood Team who is working with staff to identify and support patients

One Rochdale Health & Care (ORHC) aims to, **'Improve the health, care and wellbeing outcomes for the borough of Rochdale'**. We will do this by working together effectively, so that the services provided are safe, effective, coordinated and appropriate to enable healthy, happy communities and individuals.

Our partnership is unique in that ORHC partners are representative of their sector within the system rather than representing their own organisation. No longer do we operate in silos, we recognise that the whole system needs to be working together to achieve.

'Being on the ORHC Board representing the Carers sector has enabled me to build relationships and increase my understanding of the system in Rochdale. I have been engaged in a meaningful way in the decision-making process and am part of the strategic direction of travel in terms of genuine partnership working and integration.'

Teresa Jennings, chief officer, N-Compass NW

'By being embedded from the start we are ensuring the VCSE sector are an equal strategic and delivery partner in the future development of health and care services across the borough of Rochdale'

Chair, Rochdale H&WB Alliance

One Rochdale Health & Care

'With new developments across Rochdale Borough with access to shared records, working in partnership with Northern Care Alliance through ORHC is providing the foundations for a more robust, efficient, safe healthcare system. This will improve services for our residents and allow collaboration in developing and delivering new innovative healthcare services across our borough'

Dr Mo Jiva, chair, RHA

Achievements

- Implemented a new Integrated Elective Care Pathways programme, a partnership of providers working together to deliver specific planned care pathways reducing duplication and unnecessary waits for patients.
- Our award winning cardiac smart programme has seen 32 defibrillators installed across the borough, over 3,000 people trained in basic life support and is already helping to save lives
- Launched the Primary Care Academy that works with schools to highlight the career opportunities available in primary care settings in the borough
- 97.3% of childcare providers in the borough are rated as good or outstanding
- All general practices in the borough have a CQC rating of good or outstanding
- Over 6,000 military veterans have been identified through the primary care system
- An additional 46% of children and young people have accessed emotional and mental health services in 2018-19
- Our innovative co-designed #Thrive service won the national Healthcare Transformation Award for Redesign in Mental Health in 2017

How have we achieved this?

We recognise that strong partnerships are critical to the delivery of our collective vision and priorities. Therefore we intend to continue to prioritise the work we have set out in this plan in relation to four key strategic overarching work streams. In our last plan we referred to three strands of transformation (which are retained as the first three of those set out below) this new plan adds a fourth work stream which relates to a series of enablers.

Key strands of transformation	**What will it mean, what are the benefits?**
Further developing **Integrated Strategic Commissioning**	We have already integrated our commissioning teams from the NHS and local authority. These teams work out what health care is needed in the borough and determine how resources can be used to maximum benefit. Commissioners work with providers such as hospitals and community NHS and social care to determine what local need is. Bringing the two major commissioning teams (NHS and Local Authority) together has reduced duplication, fragmentation and enabled innovative joint commissioning.
Further establishing our **Local Care Organisation** or 'LCO'	A Local Care Organisation brings together experts from primary care, hospitals, community and voluntary organisations who deliver care and support directly to local residents. The LCO is responsible for how care and treatment is provided. By working together more closely, the LCO has been able to lead innovation and the development of award winning services.
Delivery of a programme of **transformation** in order to reduce demand, improve outcomes and reduce inequalities	We have been examining the impact of a range of new initiatives intended to reduce demand on the system, in particular demand for urgent and non-urgent care provided by our hospitals. This learning has led to significant changes in service design and has already reduced spend in some areas of care and treatment. We have agreed our priority outcome areas and have established programmes of work to accelerate progress.
Strengthening a range of '**enablers**' that will support the above	We can only make significant changes if we ensure that we have firm foundations. Across our partners, we have recognised the importance of ensuring that our Workforce, our IT infrastructure and our estates need to be fit for purpose. Also, being able to share and use data helps us to provide better care and make better decisions. We are integrating our intelligence and performance functions and developing strong workforce development plans.

Integrating our senior leadership

Successful delivery of our ambitions as a locality requires a shift in the way we lead from an organisational focus to an integrated approach. This approach needs to be reflected in the way we structure our leadership roles and teams as well as in the skills and behaviours the leaders would need to develop and demonstrate.

- We have established a joint role of Chief Executive for Rochdale Borough Council and Accountable Officer for Heywood, Middleton and Rochdale CCG
- We have established a joint executive leadership team for the council and the CCG which includes the directors from within the CCG and the council
- Our Director of Commissioning is also our Director of Adult Social Services (DASS) which supports both commissioning and delivery of integrated care
- The Integrated Commissioning Board has been established, comprising equally of cabinet members from the council and clinical leads from the CCG. The board has delegated responsibilities from both the council and the CCG
- We have established a pooled health and social care budget of around £350m, delegated to the Integrated Commissioning Board
- Overseen by a new Strategic Place Board (incorporating the Health and Wellbeing Board) and supported by a Public Service Reform Steering Group
- We have established an integrated strategic commissioning directorate which has brought together CCG and local authority commissioning staff
- We established One Rochdale Health and Care (Local Care Organisation) with a board comprising of provider and commissioning leads, led by an independent chair and leadership team overseen by a Chief Officer nominated by the lead provider
- To support development of the LCO and our direction of travel, we have moved key leadership roles from within the council to the LCO (director of operations for adult care, and the deputy director of public health) who work across both organisations.

Strategic Commissioning

By listening to local people, and sharing what we know, we sought to have a joined up view of what local residents need.

We wanted to bring our best skills and knowledge together to create smart solutions to some of the biggest health and social care challenges we face and we wanted to use our pooled budget to enhance our collective bargaining powers so we can get a better deal for residents.

Our intention is to move away from approaches that are based on counting the numbers of people who use services to approaches that look at actual health outcomes for our population. This is supported by a single common procurement process which makes it easier for providers and commissioners alike. Since our last locality plan we have made significant progress and have some of the strongest joint commissioning arrangements across Greater Manchester.

We published a Joint Commissioning Strategy in 2018 supported by an outcomes based framework which describes the adoption of outcomes based commissioning and accountability in Rochdale.

We have strengthened our approach to whole system decision making. For example we have established the Rochdale Sustainability Group which is made up of senior managers across commissioning and our Local Care Organisation to support system wide savings and collective management of the locality's financial pressures.

We have identified the following actions amongst our key next steps:

- Formally develop our strategic commissioning function operating model
- Gradually shift tactical commissioning functions to the LCO when the system believes the time is right
- Describe our operating model for the LCO
- Set out our specific priority work streams in relation to: urgent care, planned care, population health, mental health, children and primary care.

Stakeholders are working to develop a joint vision for health and care in Rochdale. The ICB and LCO Board held a joint visioning workshop in early October 2019 to support our ongoing journey toward a single system, joint workforce and supporting contract arrangements across health and care. The following sections describe a number of key strategic work streams that support the development of our strategic commissioning function.

Governance

Our first locality plan described a vision where staff would work flexibly across organisational boundaries, in multi-disciplinary teams supported by single patient records and joined up IT systems, sharing premises to provide care for local people in community, rather than hospital settings. We envisaged joined up commissioning arrangements which would support this. Integration does, however, present challenges in relation to how our current systems can fit together i.e. how different practitioners, contracting methods, IT systems and legal frameworks might work in union.

To support the significant transformation that was and still is required, we identified that we needed to review all of our decision making arrangements.

Our bid for transformation funding which was made as part of Greater Manchester devolution arrangements outlined our work to support the development of a Shadow Provider Alliance to demonstrate a shift in commissioner and provider relationships and subsequently resource management.

We pledged that our shadow period would conclude by April 2018 with a lead provider who would be the prime contractor and host organisation.

In 2017/18 we established an Integrated Commissioning Board (ICB) comprised of clinical and political leaders from across the borough, and supported by other local experts and partners.

We have operated a **formal pooled commissioning budget** arrangements from 2018/19.

The pool is hosted on the council ledger and managed by the CCG chief finance officer (CFO) in the role of pooled fund manager, supported by an integrated finance team across health and care. The pooled budget includes adult health and social care, public health and children's health and social care.

The board had been monitoring a shadow integrated health & social care pooled budget before setting up of a formal integrated health and social care pooled fund in 2018/19. The pooled fund will be governed through a formal agreement which will incorporate how we will share risk. For the financial year 2019/20 the pooled fund contains services to a value of £355m.

We have developed **integrated governance arrangements**, with a sub-group structure to support ICB namely the finance, performance and risk sub group, quality and safeguarding group and a clinical and professional advisory panel.

Supporting the development of our Local Care Organisation

We set out to establish a strong partnership of providers, with a lead provider arrangement. Our borough was already at the forefront of integration. Over the last three years we have moved toward an outcomes-based commissioning approach. This was demonstrated in the commissioning of our Intermediate Tier Service (ITS) which used innovative commercial frameworks. We had already worked in close partnership with our provider colleagues in order to establish this award-winning service and this has been an excellent foundation on which we have built our partnership approach.

Our LCO was initially established during 2017/18 with a shadow board and independent chair. This board sought to bring together all sectors of the Health and Care system in Rochdale with a clear remit that Board members represented their sector and not their individual organisation. Since the early inception of this Board our LCO has developed at pace. An early Organisational Development programme resulted in agreeing the direction of travel for the LCO and ultimately developing a brand identity, One Rochdale Health and Care (ORHC). Our system architecture is pictured below.

Local care organisation coordinate delivery of integrated care in each borough

Boroughs are made up of smaller neighbourhoods - GP practices working with other health and care professionals as part of the **GM model of unified public service**

Standardisation across hospitals sites and more care in the community closer to home

A single **local commissioning function** in each borough plus a GM Commissioning Hub

A gateway approach was taken when developing the LCO to allow for staged contracting arrangements to be put in place. Gateway 1 resulted in the identification of Northern Care Alliance (NCA) as the lead provider for the LCO and the managing director (chief officer) of the Bury and Rochdale Care Organisation was appointed. Gateway 2 allowed for the transfer of responsibility for transformational programmes in relation to urgent care, primary care and neighbourhoods. A partnership agreement was established between all LCO Board partners, including commissioners.

This set out the principles under which the LCO partners would operate. This has recently been refreshed to cover the period up until end March 2021 and includes memorandums of understanding for both public health and adult social care. Key governance links have been made in relation to estates, information technology, communications, finance, equality, diversity and inclusion, workforce and business intelligence.

The LCO had a strong focus on mental health from the outset. This group held a borough wide mental health event for Rochdale and over 160 stakeholders attended.

Agreement has been reached between commissioners and the LCO to establish a single mental health programme board to bring together the LCO mental health programme and the Pennine Care NHS Foundation Trust mental health sustainability work.

The current scope of the LCO relates predominantly to adults although it now also includes children's community nursing services and the LCO is also leading the locality work programme for person and community centred approaches (PCCA). As in other areas across Greater Manchester we are examining how we ensure strong all-age working models.

Commissioning for outcomes

Outcomes based commissioning means that instead of focusing on the numbers of patients we see, we move to an approach which focuses on the actual results for our residents i.e. does the service work, does it help residents to stay well or recover.
We have developed and agreed our ten health and wellbeing priority outcomes, and these have also been adopted as the Councils' Corporate Priority Outcomes.

Rochdale is already utilising an outcomes integrated elective care pathways based commissioning approach to service redesign that will drive up performance, reduce variation in the quality of the health and care offer and create system sustainability. For example, we have demonstrated success using innovative commercial frameworks to procure its intermediate tier service, integrated neighbourhood teams (INT) offer and integrated elective care pathways, all of which are unique to Greater Manchester.

This shift in approach is further depicted above.

The pooling of budgets between the local authority and CCG is in line with NHS England guidelines and allows us to progress the integration of adult social care and health in accordance with the decision made by the council's cabinet and the CCG's governing body. The operation of a formal pooled budget has been in place from April 2018 in line with the agreement for transformation funding from the GM Health and Social Care Partnership. Better Care Funding is provided to local authorities and the NHS to better jointly plan and deliver local services, reporting is required each quarter in line with NHSE guidelines.

We have an arrangement for funding with our main acute provider, Pennine Acute Hospitals NHS Trust, which allows for greater flexibility and assurance whilst our programme of transformation in Rochdale is embedded.

Ongoing work with the LCO and a new partnership in the form of the Rochdale sustainability group are moving the local economy forward to an outcome based contracting mechanism.

Community services contracts let from 2016/17 have contained mechanisms for linking percentages of (block) contract value to achievement of service outcomes for patients. More recently, these services have been varied in to one larger contract (One Rochdale Health and Care) with the same provider and discussions are in train to establish governance and performance management processes for this contract. Additional considerations are being given to transferring budgets for other areas such as prescribing, patient transport, or some diagnostics.

Primary care

Our key aim is to build a stable and sustainable primary care that provides timely support ensuring that people can access services when they need to and are supported to be well and stay well. Integral to this is primary care's role as part of an integrated system of place-based care. The NHS 2019 Long Term Plan outlines ambitious goals around achieving a truly integrated system and highlights robust primary care and community services as essential in ensuring that patients have access to the right care, at the right time and in the right place.

Since 2015 significant work has been undertaken to ensure strong and sustainable primary care that can respond and act as a linchpin of a fully integrated local care system. This has resulted in successful co-production between the CCG and local GP Federation, Rochdale Health Alliance (RHA), and the establishment of a Primary Care Academy (PCA) in the borough. Through this initiative we are developing a local infrastructure to create and maintain a sustainable and adaptable workforce to meet the needs of our local population.

Part of this includes promoting our borough as a good place to work by working closely with local education providers and a wide range of employers to develop a clear understanding of issues underpinning recruitment and retention challenges.

A range of work experience and traineeship programmes have been implemented. For instance, collaborative working with Salford University has recently resulted in the placement of counselling students in some general practices.

In addition, we have been successful in introducing a range of new roles. Two nurses and one paramedic have commenced advanced practitioner course. Work is underway to develop primary care nurse trainee development programme and the academy is playing a pivotal role in supporting the newly established Primary Care Networks (PCNs) to implement and expand their workforce. We have been testing the implementation of 'focused care' and social prescribing.

The introduction of the Core + contract between the CCG and the LCO has introduced a new way of working across the borough to improve quality of primary care services with a greater focus on proactive care. This contract covers 7 themes; access, integration, borough wide services, prescribing, quality improvement, workforce and performance. Each theme contains a range of indicators with achievement targets and has resulted in consistent delivery of a range of borough wide services, reducing variation and ensuring that patients receive access to same services wherever they are registered.

Population health

Improving the health of all our residents means that we have to look not only at health and social care services but we also have to think about wider factors that affect our health in the context of Rochdale. Much of our time and energy goes into ensuring we have a safe and sustainable health and social care system particularly in times of austerity, however we know that these services account for only about ten percent of what makes us healthy.

To make significant gains in population health we need a whole system approach and a strong investment plan that prioritises prevention and uses national and local powers and levers (for example the smoking ban in public spaces). Importantly, all services see prevention as core to their business and smart deployment of public health expertise is essential. The diagram below shows the whole system approach to prevention adopted across Greater Manchester.

We have a strong history of co-operation and pioneering and we celebrate the diverse and vibrant nature of our communities. Our local authority is a co-operative council, and we are committed to the six key co-operative values of self-help, self-responsibility, democracy, equality, equity and solidarity. We have been developing our public sector reform and place based working across all of our services and are adopting person and community centred approaches at the centre of our work. We have brought this together at strategic level via an Integrated Strategic Place Board (incorporating the functions of the former Health and Wellbeing Board) supported by a place based steering group, in recognition of the significance of place as a determinant of health and wellbeing.

We are working to further develop our shared programme of public sector reform (PSR) and person and community centred approaches (PCCA). We have many examples of excellent work across our place based neighbourhood work and our adults, children's and prevention programmes. Currently we are looking at how we take the best practice from these areas and when appropriate scale this across the borough. Leadership and current action is evident across the Place Board, public sector reform steering group, leadership team (council and CCG), Local Care Organisation, voluntary and community sector and housing.

Equality, diversity and the reduction of inequalities

It's only by recognising the diversity of our population and ensuring equitable access to services that we will help to reduce long-standing inequalities. As we work together with our people, citizens, staff, carers and volunteers, to develop our place-based approaches to deliver public services we must be mindful to ensure that inclusion is a golden thread. While the focus and ambition of our plan is to tackle; the determinants of poor health, outcomes across the life course we must also demonstrate that we are able to tackle bias, barriers, stereotypes and the impact of discrimination.

Our journey so far has created an opportunity to develop a joint approach to addressing equality, diversity and inclusion that reflects not only the legal obligations described in the Public Sector Equality Duty and the Health and Social Care Act, but also align with the aspirational goals and standards applicable to the whole of health and social care.

This includes, for example, the NHS policies in relation to workforce race equality standards, accessible information standard and sexual orientation monitoring standard.

We intend to publish our Draft Joint Equality, Diversity and Inclusion Strategy in April 2020, which will identify how we will achieve year on year improvements for staff and our citizens with protected characteristics and those from vulnerable groups. We recognise that Equality Impact Assessments (EIA) are the primary tool that discharges our public sector equality duty for 'due regard' in decision making and in this context the priority areas identified within this plan will undertake an EIA. We are committed to ensuring that the work that we all do will see a reduction in any unfair inequalities of outcomes, access or uptake of services.

Quality and safeguarding

As commissioning organisations NHS HMR CCG and Rochdale Borough Council are required to assure that all providers they commission have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect adults from abuse or the risk of abuse. Providers are linked into any new safeguarding arrangements, the local safeguarding children partnership), and the local safeguarding adults board, and that health workers contribute to multi-agency working. Importantly, safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support
- Assuring ourselves of the safety and effectiveness of commissioned services
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.

The quality gap acknowledged in the Five Year Forward Plan (2014) and further indicated in the NHS 10-Year Plan generated a national commitment to providing person centred, quality and economically viable care.

Although this is a challenge, we are committed to working with all partners to improve the health, wellbeing and safety of our residents.

One of the key factors highlighted in the recent national reviews into organisational failings in health and social care is the importance of strong leadership with a consistent focus on quality and safety. It is acknowledged that leadership is vital in securing and maintaining this emphasis and will enable question and challenge with providers where issues are identified and improvements required.

We have been developing a culture of openness, learning and continuous improvement which cuts across the whole of the health and social care economy. We are also committed to engaging with clinicians and providers to ensure that those who deliver care directly can inform and influence service provision and commissioning decisions based on their expert knowledge and experience across the life course.

Delivering a sustainable health and care system

A new relationship with citizens and the VCFSE sector

We have a strong Voluntary, Community, Faith and Social Enterprise sector (VCFSE) in our borough and have committed to putting communities and citizens at the heart of what we do. We have been developing a person and community centred (PCCA) ethos as core to our work and a programme of work that is focussed on local public sector reform. Since our last plan we have moved forward with several approaches to working with citizens and communities to test and learn. We have completed self-assessments, established a leadership group, commenced training programmes for staff and embedded approaches within our neighbourhood teams.

A new VCFSE infrastructure support organisation started in the borough this year. Action Together, which has been commissioned to strengthen and build a strong community and voluntary sector has improved our citizen engagement by using creative approaches known as citizens' enquiries. we are testing new ways to engage local people and groups through our ideas shops and we have developed our community building work and provided seed funding to local voluntary and community groups.

There are an estimated 1,180 voluntary organisations in Rochdale and an 'army' of 34,300 volunteers. They provide peer support, run social activities and provide practical support that helps people to stay healthy and promotes mental and physical wellbeing.

Many of these groups also work with communities of geography, identity or interest that help to reduce health inequalities. They are trusted and are firmly based in their localities and community.

There was a successful bid to Health Education England (HEE) to support 'strengths based' working and health and wellbeing coaching and these are now underway including awareness raising, face to face training and e-learning. We have taken part in the work to develop ways of measuring success in this area alongside other boroughs in Greater Manchester by developing metrics and sharing stories that show the difference these approaches can make to people's lives.

Co-operative engagement

We seek to gain a better understanding of what matters to local people in relation to their health, care and wellbeing so that we can encourage people to invest in themselves, use services appropriately and effectively self-care therefore develop resilient communities. Citizens and communities are at the heart of what we do, enabling shared decision making and ownership. We wanted a co-operative engagement approach within Rochdale that meets the equality, diversity and inclusion needs that we have across our five townships.

The council and CCG have undertaken a continuous communications and engagement process with local communities and carried out regular outreach work which has informed and tested the plans going forward. More recently we have worked in partnership to further facilitate dialogue with local communities and stakeholders.

This work has included:

- Hosting staff and stakeholder engagement sessions in each neighbourhood
- Creating the space and place for key stakeholders to better work together
- Monitoring social value and developing a range of social value principles
- Ideas Shops - PCCA driven initiative for better engagement in neighbourhoods

We want to deliver meaningful engagement with our VCFSE sector and our citizens to ensure that Rochdale moves beyond traditional methods which focus on consultation to one which is underpinned by co-production principals to reflect Rochdale's co-operative history. One Rochdale Health and Care will co-produce an engagement strategy with Action Together that focusses on co-operation and co-production of services. The strategy will enable a shift in the balance of power between the public sector and people and communities; ensuring that the public sector goes to the places of people and communities to engage rather than expecting people and communities to come to them.

The engagement strategy will focus around the 'Ladder of Engagement Methodologies' highlighted in the diagram below to deliver engagement locally.

A set of principles for engagement with local people and communities will be developed that can be signed up to by all sectors within the health care and wellbeing system; this will be promoted as 'Rochdale Co-operative Engagement Principles.' Alongside this a toolkit will be developed to highlight the existing various methods of engagement currently available within the system.

Establishing integrated neighbourhood teams

In our first locality plan we set out our ambition to develop integrated health and social care neighbourhood teams that were able to work seamlessly together and wrap around the needs of clients, patients and communities. We set out to develop co-located teams across our health and social care teams including primary care which would work with our political townships.

The borough of Rochdale is made up of Middleton, Heywood, Rochdale, and Pennines. All four are distinct and different, and residents generally identify most closely with their own township or neighbourhood rather than the borough as a whole. For residents of Middleton in particular, residents often have a close alignment to Manchester as the township lies on the border with North Manchester and indeed several of the health facilities and services within the North Manchester catchment area are closer for these residents than ones based within the borough of Rochdale.

In early 2019, the council completed a review of its townships. This covered not just the split of neighbourhoods, but also the role of elected members as leaders of place. The Council set out five newly defined township areas, with teams established in each of these areas.

We are proud of the success of our integrated neighbourhood teams. These teams are working well and our vision is that, where feasible, we will co-locate those health and social care staff who are part of these teams.

We intend to prioritise quality of care, strength of working relationships and what makes sense for local people.

Within neighbourhoods, dedicated responsive 'place teams' offer intensive work with high priority cases. The place teams work across the system integrating education (including adult education), housing, police, the Department for Work and Pensions, and voluntary and community sector to target and reduce crisis in cases where there is clear risk. Place teams also work with local 'universal' services such as libraries, local business and community organisations to develop an offer for everyone in the neighbourhood. This model of intensive work operates at a 3-5k population level (as a part of the 30-50k populations), it has so far worked with around 1,000 individuals, and we have been able to demonstrate significant savings across the whole system of up to £4.50 per £1 of resource deployed.

We have worked to the principle of local delivery with some specialist services operating across the borough including re-ablement services and some mental health services. We have worked hard to ensure these link effectively with the new neighbourhood model.

Other examples are:

- Housing First and some complex housing related needs
- Targeted prevention services for social isolation, relationships issues, financial difficulty, bereavement and common mental health issues
- Services for survivors of childhood sexual exploitation.

Integrated Health and social care teams have supported the delivery and development of the following transformation schemes:

- Enhanced respiratory service to prevent emergency admissions
- Falls and frailty service to assess risks of falls and prevent need for A&E
- Expansion of intra venous services in the community, 7 days a week, 8am-8pm
- Domiciliary care to improve the quality of home care services
- Community catalysts – building social microenterprises in the community
- Free two week home care package for individuals on the acute hospital discharge pathway
- Care sector training on dementia using strengths based approaches
- Substance misuse and alcohol liaison service to improve access to detox
- Enhanced carers service offer to improve support and identify hidden carers
- Night service to support people at the end of life in their own homes
- Easy hubs have been piloted in each Neighbourhood
- Mental health trauma training being delivered to primary care staff
- Clinical psychology as part of one neighbourhood team.
- Mental health out of hospital - Clozapine service now in the community.

We currently have a plan and a delivery board to achieve our objective of having six operational health and social care integrated neighbourhood teams. Issues remain around estates that are affecting co-location but so far two sites have successfully achieved this and one further site is planned for mid-2020. We intend to continue to strengthen these teams by investing in a programme of workforce development, strengths based training and sharing of good practice.

Primary care network (PCN) development

Six primary care networks were established across the borough in July 2019. Three networks cover Heywood, Middleton and the Pennines and the other three - Canalside, Rochdale North and The Bridge - cover central Rochdale.

A clinical director (CD) has been appointed for each network to provide leadership for the network, produce strategic plans and play a vital role in helping to ensure primary care is central to shaping and supporting local delivery.

Our primary care networks are largely coterminous with our integrated neighbourhood teams and, where these vary, we are looking at our operational review to ensure that we fully understand any operational challenges that may exist, and develop solutions to ensure further alignment. There is a strong commitment from clinical directors and all stakeholders to ensure that local delivery models are as streamlined as possible.

The focus to date has been on organisational development, clinical leadership, and identification of local priorities. Our primary care strategy due to be published in 2020 will have a focus on a sustainable workforce and the development of PCNs and to work at scale to support general practice and the integration and delivery of joined up services.

As a result of successful co-production between the CCG and local GP Federation, Rochdale Health Alliance (RHA), the Primary Care Academy (PCA) has been established. Through this initiative we are developing a local infrastructure to create and maintain a sustainable and adaptable workforce to meet the needs of our local population. The Academy has already commenced a comprehensive range of projects across four domains; growing our own, education and training, new roles and future leadership and research in primary care.

The Academy works closely with local education providers to influence their programmes and continues to work with a wide range of employers to develop a clear understanding of issues underpinning recruitment and retention challenges across the borough. A range of work experience and traineeship programmes have been implemented. For instance, collaborative working with Salford University has recently resulted in the placement of counselling students in the borough's general practice which has supported GPs to manage patients with low level mental health interventions.

Our strategic approach to mental health

Our local ambition for mental health is to provide place based health and care services across the borough, integrated within neighbourhoods, primary care networks, and voluntary sector to deliver an easily accessible system wide 'all age' mental health offer. To achieve this we have increased spend on services and invested additional funds.

Our crisis service, our increasing access to psychological therapies, and the early Intervention in psychosis service are all starting to see service improvements across the system with national targets now being met locally across our services. We have significantly improved access to children and young people's mental health services and are currently projected to achieve 62.9% access by 2020/21 against the national target of 35%. Transformation schemes have delivered improvements in 24/7 access to provision across community and crisis services and schemes have started to evidence benefits across our local system. We intend to implement a new model of care which will enable children and young people with learning disabilities and/or autism who have significant needs to remain within the community.

Integrated working has resulted in the significant reduction in out of area placements (OAP) and delayed transfers of care (DTOC). We will continue to reduce the number of people reaching acute mental health crisis, ensuring the right level of support is a managed approach to care that will shift the balance of the current system from acute inpatient services to local community provision.

Our new integrated parent infant mental health pathway and early attachment service was launched in June 2019, which provides support to parents who are presenting with mental health difficulties, or where there are concerns about the parent – infant relationship. It offers early intervention through its Homestart peer mentoring service, supporting parents in their own homes, through to highly specialised assessment and intervention for severely unwell babies and parents. The service is multi-disciplinary including midwifery, health visiting, IAPT, and adult mental health, and is clinically led by a clinical psychologist in Healthy Young Minds. This multi-agency approach ensures that a shared language and approach is adopted to keep baby in mind across all services.

The GM children and young people's crisis care pathway was mobilised in 2018/19 offering a rapid response (within 2 hours) to our children and young people who require an urgent assessment with a seamless approach to ongoing care. Plans are in place to enhance the GM crisis care pathway through the development of a home treatment team, which can intensively support those children and young people who may continue to present with significant needs and are at risk of admission.

Children and young people referrals are now made through a single point of access, where they are triaged by a multi-disciplinary team into the most appropriate service to meet their needs. Further development of pathways for children and young people's mental health will continue with a particular focus on enhancing the support available in our schools. Our children and young people are now able to access a range of services that previously had been a gap in provision. These include; a new early intervention service - #Thrive, offering drop-ins and self-referral, a community eating disorder service, online counselling, signposting, advice and consultation in our localities, as well as a range of VCFSE services aimed at building community resilience and capacity.

People living with severe mental illness (SMI) face one of the greatest health inequality gaps in England. The life expectancy for people with SMI is 15–20 years lower than the general population. In Rochdale we are working with our mental health provider, primary care, public health and our prevention team to assess need and then implement a programme of work

We have a vision to make Rochdale a better place to live for people with dementia and their carers. Care sector training on dementia is in place and a new model of care will reduce the likelihood of an increasing number of clients and patients who require acute beds.

The local street triage service supports those people in crisis sitting within the mental health liaison team offering a direct phone service to front line police officers and paramedics whom can direct patients appropriately so that patients get seen by the right person be that in A&E or elsewhere.

The Five Ways to Wellbeing and Connect 5 training programme has been embedded as a framework for prevention and sustainable recovery within our commissioning and investment plans and we are consistent with suicide reduction, commissioning additional suicide bereavement services within the borough.

We want to ensure that all service users who may present in Urgent Care and A&E departments are able to access specialist mental health support in a timely manner. With a shared vision in place for Mental Health Services across the whole sector, we are refocusing a system wide mental health agenda in the borough. Pathways are improving between secondary services and community provision through the introduction the adult care recovery and enablement service.

We will continue to focus on improving access and waiting times during the next five years with a view to implementing a maximum waiting time for children and young people's mental health services of four weeks.

We will continue to improve access to Mental Health services as part of the One Rochdale Mental Health theme, both within our Local Care Organisation and Family Services Model programmes of work, with our primary focus being on prevention and early intervention.

This was created at a mental health workshop.

Our strategic approach to children and young people

In our first locality plan we set out our plans to mobilise our family service model (FSM). This was developed to support the management of coordinated responses to early help for families and avoid families being referred to statutory services. The model created four locality teams to offer support to partners in the management of early help provision. In addition the referral route into social care was reshaped to become the Early Help and Safeguarding Hub (EHASH). This provides additional support through police, community health, healthy young minds and youth justice services, social workers and early help officers.

We have seen an increase in early help assessments of 61% in the space of a year, so that over 500 families have received a response earlier rather than referral through into statutory services. In addition although contacts into EHASH have increased (as might be expected) a higher proportion of contacts have resulted in a social care referral.

This would suggest that services are working more effectively at an early help level, and escalation to social care is appropriate to the level of need and risk.

Alongside the FSM we mobilised paediatric nurse practitioners (PNPs) to support families to care for children with minor injuries and illness to avoid an attendance and admission to hospital. The PNPs operate 7 days per week and in 2018/19 deflected 911 children from an urgent care setting.

We mobilised a new integrated community children's health service on 1 November 2019. This brings together our health visiting, school nursing, community paediatric, children's community nursing team and therapy services into a single service with a single point of access. This will mean that families do not have to navigate a complex system and will be seen by the right person at the right time.

In addition to the FSM we are also mobilising two further innovation schemes within the borough. No Wrong Door (NWD) and strengthening families model are accredited practice models approved by the Department for Education for roll out across other local authorities. In principle NWD is an approach which seeks to reduce numbers of children, particularly older children, from coming into the care system and if young people do require looking after that they are placed within family settings rather than residential placements. Our NWD hub has been launched in November 2019.

The strengthening families model seeks to support mothers and fathers through care proceedings and continues to work with them after a child is removed to help them to manage the loss and also to intervene to stop cycles of repeat patterns of removal.

Our strategic approach to planned care

When planned care is required i.e. when patients need pre-arranged treatment they need access to care that delivers the best health outcomes and returns them to independence as quickly as possible. We want to continue to develop opportunities for day case treatment, and we will share services across a number of hospitals and ensure concentrated expertise in clinical teams delivering the 'once in a lifetime" specialist care. Specifically for cancer, our aim is to deliver services that give people the best chance of avoiding or surviving cancer.

The Rochdale strategy for planned care focuses on improving clinical outcomes for patients, in line with national strategy, to shorten waiting times for care, and make cost savings and efficiencies wherever possible by reducing the requirement for unnecessary hospital attendances.

In Rochdale, we know that the most significant prevalence of disease is around patients presenting with cardiovascular and respiratory conditions. We have seen a marked increase in demand in both planned and unplanned care for patients presenting with these conditions.

Consequently, for 2019/20 we have identified this as a priority and we have specific programmes of work in place.

We have focused on prevention, early identification and prompt diagnosis, and supporting self-management and care wherever possible. For patients who have already been diagnosed, our strategies are focussed on better chronic disease management in primary and community-based settings. Where hospital admission is required, we will ensure that length of stay is at a minimum and that support and care is available for patients at the point of discharge.

Across a range of other specialties we are implementing initiatives such as virtual clinics, which reduce the requirement for patients having to attend face to face consultations in a hospital setting. The concept of 'patient initiated follow up' for those patients with long term conditions is also being explored, thus negating the need to bring patients back for unnecessary follow up appointments.

In 2019 we implemented a referral gateway for patients with musculoskeletal conditions (MSK) which will ensure that all referrals for any MSK condition (i.e. orthopaedics, rheumatology, pain management, physiotherapy, orthotics and podiatry) will undergo clinical triaging by a specialist team. We will use the data that this gives us to implement a fully integrated treatment pathway for patients exploring the use of first contact practitioners.

Our integrated elective care pathways (IECP) (Orthopaedics, ENT, Urology, Gynaecology and Gastroenterology) have been fully reviewed during 2019 and our plans moving into 2020 will be to further refine and develop these pathways of care, maximising the opportunities around clinical triage, working in an integrated provider model with service partners, in primary and secondary care, and improving clinical outcomes for patients.

We will ensure that when people need pre-arranged treatment, they will have access to care that delivers the best health outcomes and returns them to independence as quickly as possible. We will do this by supporting our PCNs and local planned care providers to work together to maximise opportunities to provide support close to home reducing the need for traditional face to face outpatients unless clinically necessary.

We will continue to develop opportunities for day case treatment reducing overnight stays in hospital and our local hospital will continue to work with other hospitals to provide high quality treatment and care to provide the best outcomes and experience for patients. We will share services across a number of hospitals and ensure concentrated expertise in clinical teams is best able to deliver specialist care.

Our strategic approach to urgent care

We identified in our last locality plan that the urgent care system in Rochdale is a challenge with patients accessing care from both our current Urgent Care Centre at Rochdale Infirmary, and also – often inappropriately – from A&E Units in surrounding boroughs. This often results in longer waiting times for patients, poorer outcomes, and financial inefficiencies caused by multiple access points. There are currently 14 different access points which cause confusion to patients who need to access same day emergency care quickly and appropriately.

Since 2015, our transformation projects have delivered a greater shift towards community based urgent care. Schemes such as the Heywood Middleton and Rochdale Emergency Assess and Treat Team (or HEATT for short) is a car service that rapidly responds to less complex 999 calls where these are less complex, and manages these patients at home. Also our Discharge to Assess service has enabled patients to be discharged faster with the right package of care as soon as medically fit.

The early piloting of primary care streaming within Rochdale Urgent Care Centre and Pennine Acute Emergency departments supported most sites to work towards meeting the 27 national standards set out for Urgent Treatment Centres. Work initiated in our borough and new alliances formed through the out-of-hours providers has tested the concept for the Clinical Assessment Service (CAS) for Greater Manchester, presenting significant opportunities to manage less complex 999 and NHS 111 calls within a community setting.

Our strategy seeks to improve access to urgent care provided by GP practices, including access to same day emergency care. We intend to support self-care whilst ensuring that the majority can access urgent care within the borough. We intend to reduce the number of avoidable emergency admissions and readmissions to hospital and make sure that urgent care services have access to information to support those with long term conditions, complex social needs and people approaching the end of their life. We are also integrating physical and mental health care and improving the response for people with mental health problems and learning disabilities. We are also seeking to improve urgent care for children.

For those with serious or life-threatening emergency needs we will ensure they are treated in neighbouring ED units with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.

A key objective in the strategy is to implement a single number access point, coupled with the implementation of a single, multidisciplinary Clinical Assessment Service (CAS) within an integrated NHS 111, ambulance dispatch and GP led primary urgent care from 2019/20. This will provide specialist advice, treatment and referral from a wide array of healthcare professionals, encompassing both physical and mental health supported by collaboration plans with all secondary care providers.

Strengthening our model of prevention

We recognise that the determinants of health lie well beyond health and social care services and our prevention work since the last plan has highlighted the equally important issues of income, debt, housing, jobs, skills and safety. Our system increasingly works together to jointly address these issues as a system.

Since the last locality plan we have focused on upscaling prevention and enabling people to take more control over their health and wellbeing. We prioritised community building, developing a coaching offer, extending lifestyle and behaviour change programmes, strengthening community engagement and building more opportunities for community and peer support. We delivered on our commitments through the Our Rochdale: Connecting You integrated prevention system.

The model aims to improve access to information, advice and support to enable healthy living, based on a behaviour change framework and reduce the need for people to access traditional services such as GPs, hospitals and social care.

Our prevention system service transformation now aims to build on the achievements of Our Connecting You. We have a new overarching ambition that seeks to support greater 'mental fitness' across our population. Ways to improve mental fitness include the receiving the right support, being in a less stressful environment, and improving thinking patterns. For most people positive life change will only happen when they are feeling mentally fit and not when they are low, anxious or depressed.

As part of the prevention work stream a number of transformation programmes have been delivered including:

- A significant expansion of our National Diabetes Prevention Programme (NDPP)
- 654 residents referred to NDPP service now have a set plan with Coaches & Health Trainers. 57 peer led support activities have been set up in the community
- A self-care strategy has been launched and practitioners have been trained in strength based conversations
- A directory of services has been developed surpassing the annual target to reach 381,968
- Reducing smoking rates

We will work to focus the service on those clients most at risk, and will use interventions with the best evidence of success. We will develop our single system further with a central point of access and will seek to integrate provision within our neighbourhoods so as to offer a joined up response to the needs of individuals and communities.

We will embed the new social prescribing link worker as part of our neighbourhood teams and benefit from the introduction of a new digital platform to realise a true whole system approach, drawing the relevant teams together, strengthening the collation of outcomes and reducing confusion.

We have introduced a new community grant, the Connecting You Seed Fund, which resulted in over 100 new grass level groups developing and forming. We will seek to expand this programme of work and shift resource into our Voluntary, Community and Faith Social Enterprise (VCFSE). To date we have reached out to over 7,000 residents but we need to reach many more.

- Build on the Our Rochdale online directory, a single resource directing residents and staff to local services, groups and activities
- Build and expand our self-care strategy which will empower residents in improving their own health and wellbeing
- Support access to digital solutions to self-care, and progress the self-care large scale training programme for the 'wider workforce'
- Embed our programme of work in relation to oral health in childhood and old age in order to improve quality of life, and reduce the need for anaesthesia dependent extractions
- Establish a targeted programme of coaching and support for those most likely to develop a long-term condition as a result of behaviour related risks
- Expand our support for the VCFS.

The impact of place

People's opportunities for health are influenced by factors outside of the health and social care system. They lie in the circumstances in which people are born, grow, live, work, and age: the social determinants of health. These are the 'causes of the causes' of ill health and they can enable individuals and societies to flourish, or not. Creating a healthier population requires greater action on these issues.

Housing

Poor or inappropriate housing puts health and wellbeing at risk. It can contribute to and cause many preventable diseases and injuries, such as falls and respiratory problems. Inappropriate housing can impact everyone, but those living in poverty are more likely to live in poorer housing, precarious housing circumstances or lack suitable accommodation altogether. Poor housing is estimated to cost the NHS at least £600 million per year.

Good quality and suitable housing improves quality of life. It can be effective in preventing, delaying and reducing demand for social care and health care, by enabling people to manage their health and care needs and live independently in their own homes. The home is a vital component in developing successful integrated services.

An increase in older people living longer and becoming elderly will be one of housing's biggest challenges. This will increase the need for dementia care and for new solutions to keep people safe in their own homes. We also foresee increased need for high quality single unit accommodation to meet the needs of people of working age with long term health issues and disabilities.

We've modelled our future housing and care needs of different groups by looking at current provision and changes in the population over the next ten years. We have developed an integrated response to better meet housing, health and care needs. Our accommodation strategy will set out our commissioning intentions by way of a market position statement for specific groups of residents. In particular older people and working age adults, who need varying degrees of support to maintain a stable and independent life.

Education

'School readiness' is a summary measure of childhood development to the point at which formal education begins. It is a strong indicator of how prepared a child is to succeed in school, with those who do not reach a good level of development by age five being more likely to not meet their full potential. We therefore set out to mobilise our collective efforts so as to maximise the impact of all our preschool services on school readiness.

Our health visiting, school nursing service and early years practitioners were trailblazers in implementing and supporting the development of the 'Essential Parent' online resource for families with children. The programme enables early years practitioners to send specific, high quality informative resources, developed in line with the Healthy Child Programme, to parents following one to one interventions. The programme has now been expanded for use across Greater Manchester.

Having good oral health is vital for school readiness. We have worked in partnership with GM to develop an evidence based programme to improve the oral health of our children. We have achieved 100% coverage of all local education authority and private nursery settings with the enhanced marketing and promotion of fluoride varnish intervention. We have also developed strong links between oral health improvement practitioners and general dental practitioners. The programme has achieved increased dental attendance for children with increased engagement from dentists in the fluoride varnish programme.

Investment has been approved by the GM Reform Investment Panel to extend the Essential Parent programme across GM. In Rochdale we will ensure that all frontline staff will be trained to deliver the resources to parents following one to one interventions.

The tool is flexible and will allow the resources to be extended to include a wider range of issues relevant to families in Rochdale, which will support families to ensure their children are school ready. For example, childhood obesity and communication and language development.

In re-commissioning our children and young people's service (which includes health visiting and school nursing) we will work to develop plans to ensure the service integrates with children's centres and develops strong links with early years providers, to ensure that the 2-2.5 year review is a fully integrated assessment.

Community safety

Feeling safe and secure is essential to wellbeing. Priorities around community safety raised by local people include reducing and supporting victim based crime, tackling all aspects of domestic abuse, anti-social behaviour, alcohol and drugs and serious organised crime. In Rochdale we address this through the Rochdale Safer Communities Partnership.

The Rochdale Safer Communities Partnership is a statutory partnership established in October 2000, which supports the priorities set out in the Greater Manchester Police and Crime Plan. The partnership aims to tackle crime in Rochdale and the underlying causes of it. It uses a mix of prevention and intervention activity as part of its policing and community safety work. The partnership shares money and resources to commission services and implement effective approaches.

Last year the Rochdale Safer Communities Partnership underwent an extensive exercise of intelligence gathering and consultation to agree priorities for the partnership, and we are now in the process of developing a plan for 2019-22, based on these priorities. The plan will set out how we can make the borough a safe and welcoming place for everyone, working together to tackle behaviour that has a negative impact on our town.

Rochdale Safer Communities Partnership

Economy and skills

Working, whether paid or unpaid, is good for our health and wellbeing. It contributes to our happiness, helps us to build confidence and self-esteem, and rewards us financially. It is a foundation for good health throughout life, hence supporting our residents to stay in work or gain employment is a key part of our plan for improving the health of our residents.

In 2018/19, 286 new jobs were created and 413 jobs were safeguarded through collective efforts combining support from Rochdale Development Agency, RBC and GM Business Growth Hub. New industrial units have been built to accommodate new and growing businesses, there has been 34 new business start-ups, seven new inward investors and 20 local businesses have been helped to expand.

In 2018/19 Employment Links (part of the council's economy directorate) helped 567 unemployed borough residents get a job, 24 to become self-employed and 1,203 obtain higher qualifications. Support has been given for higher level apprenticeships in growth sectors and promotion and support for businesses to gain the Greater Manchester Good Employer Charter which includes the real living wage, workforce training, secure work and productive and healthy workplaces.

The 2020-2030 Growth Plan highlights the main opportunities across the borough for:

- New areas for employment
- New housing
- New infrastructure – transport, education and digital
- Town centre redevelopments

It also includes the Greater Manchester Local Industrial Strategy (LIS) ambition for '2D Tech City' in North East Manchester – building on the commercialisation of graphene and other advanced materials and will be used to attract private sector investment and share of public funding.

Main priorities for 2020-2023 which will contribute to the wider GM strategy are;

- Include skills and work in the delivery of all other public services to the working age population, especially health services, by training and supporting internal and external partners, identifying where it supports their objectives too
- Ensure the GM skills and employment programmes such as Working Well and funding pots such as Skills Capital support the borough's priorities, growth sectors and meets the needs of both residents and businesses
- Increase the number of borough residents obtaining Level 4 (HND/ Foundation degree) and above qualifications by helping expand appropriate local training and raising aspirations of local residents
- Support residents in low skills, low paid employment to progress, especially those on Universal Credit and the gig economy, via the test and learn HMT/ GMCA Self-employment pilot 2020-2022
- Strengthen employer engagement both internally and with external partners to help employers become more productive, with a more skilled workforce and adopt good employment practices. Key partners will be RDA and GM Growth Hub, as well as council services such as public protection.

We also recognise the impact of culture arts and heritage on the wellbeing and prosperity of our residents. Our cultural development group is in the process of developing a five year strategy for the borough with delivery commencing during 2020-21.

Planning and health

Addressing the role of both the physical built environment and the social factors which shape neighbourhoods and places, is a key component of health improvement. The NHS Long Term Plan stresses the importance of the NHS and the built environment sector continuing to work together to improve health and wellbeing.

Rochdale town centre is undergoing an exciting period of growth as a result of an unprecedented £400million investment programme. There have already been a number of developments including the extension of the Metrolink and the new sixth form college.

To maximise this opportunity we have drawn upon the expertise of the Town and Country Planning Association to determine how in Rochdale we can approach, influence and impact on public health planning now and into the future, ensuring the provision of health promoting environments for the local population. Our aim in Rochdale is to explore how the development of new places could provide an opportunity to create healthier and connected communities with integrated and high quality health services.

Over the next five years the council intends to bring forward around 2,000 high quality new homes, redevelop unique heritage assets such as Rochdale Town Hall, improve the public realm to promote walking and cycling as well as further improve the retail and leisure offer. The public health team will continue to work as active participants in planning, housing and development, helping to support planners to shape places that improve the health of the population.

Air quality

Poor air quality is the largest environmental risk to public health in the UK, with long-term exposure contributing to the development of chronic conditions such as cardiovascular and respiratory diseases, and ultimately impacting on life expectancy. Air quality in Rochdale is not as big an issue at it is in other areas, however, we have hot spots across the borough and we are committed to tackling these.

The Greater Manchester Clean Air Plan aims to reduce nitrogen dioxide (NO2) exceedances in the borough of Rochdale and across Greater Manchester in the shortest possible time.

There are 152 road links across Greater Manchester where NO_2 levels have exceeded safe levels; seven of which are in the Rochdale borough. The plan is being developed by Rochdale Borough Council collectively with all Greater Manchester local authorities and the GMCA, and has been co-ordinated by Transport for Greater Manchester, in line with government direction and guidance.

A public conversation took place between 13 May and 30 June 2019 with general awareness of clean air being raised during a series of events and actions during Clean Air week w/c 17 June.

Further deliberative research with impacted groups has been undertaken to inform the further development of the full package of measures and mitigation.

The GM proposal includes a Clean Air Zone and a package of measures supporting moves to electric and other greener forms of transport. Following the outcome of the public consultation, we will continue to work with GM to implement the plan locally.

Key enablers

Workforce

When launching the Rochdale locality plan in 2016 a number of key workforce challenges were identified across the health and social care system. Many of these were recognised as being common with other areas both within Greater Manchester and more broadly.

We recognised that we would need to change the way we work to support the changing relationship between our organisations and our citizens which underpinned the plan. We identified that staff would move towards working flexibly across organisational boundaries in multi-disciplinary teams. It was anticipated that specialists would see more people in the community and that staff would share premises to provide more joined up care to local children and adults.

We established a locality workforce transformation group and identified the key priority work streams relating to culture, brand and identity and filling difficult gaps. Underpinning these three work streams are new delivery models including an integrated approach to neighbourhood working within the Local Care Organisation, the children's young people's partnership and the integrated commissioning directorate (ICD).

Specific developments have included a staff survey a coaching programme, strengths based approaches training and alignment of practice assurance and business planning.

Establishment of the primary care academy has supported workforce planning, talent initiatives and development of new roles and we have developed of new roles across the system including more portfolio roles across the system. A GM squad approach has been taken to address the continuing challenges of recruiting and retaining children's social workers with specific measures introduced in Rochdale and we have adopted a proactive approach to developing apprenticeships.

Having the right workforce, in the right place at the right time and with the right skills and behaviours is a fundamental enabler for delivery of the locality plan both currently and going forward. Many of the challenges particularly relating to supply and retention remain across the system.

We will continue to develop our approach towards apprenticeships and more innovative ways to develop new roles and pathways. Greater focus will be on achieving the wider public sector reform agenda. Most importantly we need to be agile and responsive to the needs of our changing context and to continue to challenge the way we do things across the system.

Health and social care intelligence

The development of our first locality plan highlighted the strength of good quality information and robust skills in interpreting data and turning it into 'intelligence' and the impact that a lack of robust data has on planning health and social care services. The integration of both health and social care commissioning and provision led to an opportunity for us to integrated data, performance and intelligence across the health and social care system.

In June 2019 we brought together the CCG's business intelligence team, performance, and public health intelligence, into one 'strategic intelligence team' sitting in the public health team within the integrated commissioning directorate. This has enabled us to strengthen the intelligence offer for the borough, ensuring that commissioning and our decision making process is informed by the best available evidence. We have developed systems that bring together finance, performance and activity monitoring, working closely with our commissioners on a monthly basis, so that we are always working on the most up to date data and we are able to immediately respond to issues as they arise.

This integration of teams and new ways of working is already beginning to demonstrate benefits. Our monthly data monitoring process has identified challenges around levels of hospital activity for respiratory disease and cardiovascular disease. In response, the newly formed strategic intelligence team are working together to undertake deep dives into both areas, inputting into needs assessments, to provide a comprehensive understanding of the specific issues, working across all areas of population health.

We are also looking to strengthen our intelligence networks across the wider system. We have had an initial network meeting with intelligence partners across the council, including adults and children's social care, policy, and community safety, to look at how we can work better together and ensure we are better aligned as an organisation in terms of intelligence, and to jointly work to address challenges.

We are also beginning to look at how we might develop an intelligence network across all of our LCO partners in order to work together to build an understanding of activity and outcomes across the borough, ensuring that the LCO is in the best position to understand challenges faced by residents.

Estates

Public sector organisations across the borough have been working successfully to remodel and achieve efficiencies from their estates. It is recognised that a more collaborative and innovative approach is now required to be able to break down historic barriers and to pool resources more effectively to fully maximise opportunities to wider public benefit. This approach aligns fully with the government's one public estate initiative and Greater Manchester Combined Authority's strategic direction.

We are committed to delivering improved public services for all our residents by directly delivering or commissioning the highest quality services available. We are aligning the delivery of quality services as close to our residents' communities and homes as we can, in a joined up way, giving them the best possible value for money and improved accessibility at a time and location convenient to them.

We recognise that property and the built environment are fundamental components to delivering high quality, accessible and efficient public services so we are working together through the Strategic Estates Group (SEG) to facilitate the development of locality Strategic Estates Plan (SEP) in line with One Public Estate (OPE) principles. The Operational Working Group is working with commissioners and service providers to the develop utilisation plans that allow for greater flexibility and financial control of the estate.

The strategic estates plan takes account of service strategies to drive potential estates implications. The delivery of the first phase of an integrated neighbourhood model for adult social care in Rochdale Central and Heywood neighbourhoods is planned for completion by June 2020.

Estate transformation will contribute to our devolution agreements on the GM Land Commission and One Public Estate, helping to join up the management of the public sector estate as a whole to underpin the reform of public services. Funding has been secured to help accelerate a programme of the emerging priority opportunities, this will align most strongly with the OPE benefits criteria in terms of land released for disposal, the number of potential housing units created and the number of potential jobs created.

Digital

The NHS Long Term Plan sets out expectations of care organisations using technology to reshape how care is provided. Over recent years, Rochdale has built a strong digital and information governance foundation to support the required changes.

Graphnet CareCentric is being used to provide the Integrated digital care record, which is known across the borough as Share for You. Share for You is securely connecting different health and social care electronic records and allowing information from different systems to be pulled together when a patient's record is accessed. Health and Care professionals will see the latest and historical information related to the patient at the point of care.

Due to the nature of the information being shared, a robust information governance framework is wrapped around Share for You to ensure the maximum amount of protection to data and participating organisations.

All of our major health and social care partners are part of Share for You in Rochdale and digital care records are available in all care settings through the use of mobile devices that allow for the real-time access of patient data.

Integrated digital care

To ensure we maximise and realise the benefits of the digital transformation of health and care services in the borough, an integrated digital care board has been established with the principles:

1. Integrate services through new data flows and robust governance processes.
2. Support the health and care frontline staff with digital solutions, tools and training.
3. Create a holistic view of the citizen through combined datasets, integrated care plans and data obtained using technology enabled care services
4. Empower the person and enable access to good quality information and enable digital self-care to support citizens to make decision and manage their health and wellbeing.
5. Play a lead role developing a sustainable health and care system for the borough.

Co-location and integration of health and care organisations represents a significant ICT challenge with differing networks and software. We have overcome these challenges and are piloting the co-location of adult social care and integrated neighbourhood teams. Rochdale health and care organisations have implemented the govroam wireless solution which enables multiple organisations to share physical location and connect over a single standardised network.

Assistive technology (AT) will play a significant role in creating a sustainable health and care model for the borough by supporting people's independence by helping them and/or their carers to carry out tasks that they might not otherwise have been able to do, or to undertake them more easily or safely.

Rochdale has been selected as an assistive technology trailblazer due to its exciting plans to ensure technology is embedded in care services. Our aim is to expand the use of AT, redesign service pathways and improve quality of life for both individuals and their carers.

We have developed, in partnership with ORCHA, an app library for the borough that will allow health and care professionals to be able to search for, find and use the best apps in their work and daily lives. ORCHA is currently being trialled by community mental health teams and the integrated neighbourhood team in Rochdale to deliver a different kind of care supported by technology.

For us to achieve the full potential of the digital transformation offering, the locality must work to create a digital culture where health and care staff feel confident using and prescribing technology in care pathways.

Our digital programme will support better sharing of information across providers, introduce virtual meetings and consultations across the care system, implement integrated digital care plans. Access to digital care records is key to empowering patients to be part of their own care.

Finance

Rochdale sustainability group has membership from across the Rochdale economy including Integrated Commissioning (LA and CCG) and two main providers. The aim of the group is to ensure the sustainability of the Rochdale economy.

The group discusses the savings programmes of the Rochdale economy to ensure not only a balanced position but also that the savings are not to the detriment of any partners in Rochdale. Two of the main programmes across Rochdale are the planned and urgent care reviews. Whilst these reviews are being led by the integrated commissioners in the LA/CCG they are supported by staff from the provider organisations to ensure that the outcome of the reviews are owned by all organisations. These reviews not only ensure value for money but also that patients are receiving the best service possible with the minimum waiting times.

We strive to ensure that the Rochdale pound is spent in the best possible way for our population. Contracts are consistently reviewed to make sure that the right services are in place for the population of Rochdale. This is also true for the transformation programme in Rochdale with the Rochdale Sustainability Group having the oversight of the transformation programme. Regular reports are presented to the group to state the expenditure by programme and the monitoring of the benefits of the programme.

The commissioner has a close working relationship with its main providers through various governance structures and some informal relationships which ensure the plans going forward are jointly owned by the commissioner and provider.

The commissioner is aware of the pressures for the providers especially in staff recruitment and retention ensuring this has as little impact on patient care as possible.

As previously mentioned the integrated commissioning board has oversight of the financial position of the £355m Pool, the savings programmes aligned to the Pool and the transformation programme.

Financial forecasts are submitted for the next four years so through this structure to ensure that these groups are not only aware of the forecast financial position but also the actions that are planned to mitigate any risk and the implications on finances and patient care. Through the governance structure highlighted above, Rochdale can give assurance that the finance and non-financial issues have a plan in place to ensure the sustainability of the economy.

Leads for this report

Andrea Fallon, director of public health at Rochdale Borough Council.

Lianne Davies, head of commissioning (prevention) at Rochdale Borough Council.

For any questions about this plan, please email Rochdale Borough Council's public health department at **N1RPublic.Health@Rochdale.Gov.UK**