



**TRAFFORD**  
**COUNCIL**

**AGENDA PAPERS FOR  
HEALTH AND WELLBEING BOARD MEETING**

**Date: Tuesday, 4 November 2014**

**Time: 6.30 pm**

**Place: Committee Rooms 2 and 3, Trafford Town Hall, Talbot Road, Stretford  
M32 0TH**

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
1.	<b>ATTENDANCES</b>  To note attendances, including officers, and any apologies for absence.	
2.	<b>MINUTES</b>  To receive and approve as a correct record the Minutes of the meeting held on Monday 15 September 2014.	1 - 6
3.	<b>DECLARATIONS OF INTEREST</b>  Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.	
4.	<b>ACTION LOG</b>  To receive an update from the Chairman.	7 - 10
5.	<b>RESHAPING TRAFFORD 2015/16 - BUDGET PROPOSAL</b>  To receive a presentation from the Corporate Director of Children, Families and Wellbeing.	11 - 44
6.	<b>UPDATE ON HEALTH &amp; SOCIAL CARE INTEGRATION</b>  To receive a presentation from the Corporate Director of Children, Families and Wellbeing.	

**7. BETTER CARE FUND UPDATE**

To receive a report from the Chief Operating Officer of the NHS Trafford Clinical Commissioning Group.

**8. PRIMARY CARE**

45 - 66

To receive a report from the Director of Finance for NHS England (Greater Manchester).

**9. CCG ESTATE STRATEGY**

To receive a presentation from the Chief Operating Officer of the NHS Trafford Clinical Commissioning Group.

**10. CCG UPDATE**

To receive an update from the Chairman.

**11. HEALTHWATCH UPDATE**

To receive an update from the Chair of Healthwatch Trafford.

**12. TRAFFORD PARTNERSHIP UPDATE**

67 - 70

To receive an update from the Partnership Officer.

**13. KEY MESSAGES**

To consider the key messages from the meeting.

**14. URGENT BUSINESS (IF ANY)**

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

**15. EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

**THERESA GRANT**  
Chief Executive

## Health and Wellbeing Board - Tuesday, 4 November 2014

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### Membership of the Committee

Dr N. Guest (Chairman), Cllr M. Young (Vice-Chairman), D. Banks, Cllr J. Bennett, D. Brownlee, Cllr M. Cornes, A. Day, B. Humphrey, G. Lawrence, Supt Liggett, M. McCourt, A. Razzaq, A. Vegh, S. Webster and C. Yarwood

### Further Information

For help, advice and information about this meeting please contact:

Rhys Hughes

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This agenda was issued on **Thursday 23<sup>rd</sup> October** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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## HEALTH AND WELLBEING BOARD

15 SEPTEMBER 2014

### PRESENT

Cllr J. Bennett	Shadow Member for Adult Social Services & Community Wellbeing
D. Brownlee	Corporate Director of Children, Families and Wellbeing
Cllr M. Cornes	Exec Member for Children's Services
A. Day	Chairman of Healthwatch Trafford
Dr. N. Guest	Chairman of the HWB, and Chief Clinical Officer of Trafford CCG
G. Lawrence	Chief Operating Officer of Trafford CCG
M. McCourt	Chief Executive of Pennine Care NHS Foundation Trust
S. Webster	Director of Bluesci
C. Yarwood	Director of Finance of NHS England (Greater Manchester)
Cllr M. Young	Vice-Chairman of the HWB, and Exec Member for Adult Social Services & Community Wellbeing

### Also Present

J. Crossley	Associate Director of Commissioning of Trafford CCG
L. Davies	Public Health Consultant, representing Abdul Razzaq
G. Devereux	Chairman of Manchester Health and Wellbeing Board
D. Eaton	Joint Director for Adults (Social Care)
S. Gardner	Central Manchester NHS Foundation Trust
I. Khan	Service Transformation Project Manager of Trafford CCG
B. Postlethwaite	Chairman of Trafford Safeguarding Children Board

### In attendance

R. Sheikh	Partnership Officer
R. Hughes	Democratic Services Officer

### APOLOGIES

Apologies for absence were received from C. Baker-Longshaw, D. Banks, L. Hardper, Supt J. Liggett and A. Razzaq.

### 1. MINUTES

RESOLVED: That the minutes of the Health and Wellbeing Board meeting held on Tuesday 1<sup>st</sup> July 2014 be approved as a correct record.

### 2. DECLARATIONS OF INTEREST

No interests were declared.

**3. ACTION LOG**

The Chairman gave a brief summary of the progress on the Action Log following the Board's last meeting held on 1<sup>st</sup> July 2014.

RESOLVED: That the content of the Action Log be noted.

**4. BETTER CARE FUND (BCF)**

A presentation was given to the Board by the Corporate Director for Children, Families and Wellbeing of Trafford Council and Julie Crossley, the Associate Director of Commissioning for Trafford Clinical Commissioning Group, which set out an overview of the Better Care Fund and the plans to use a single, pooled budget to support partnership between health and social care services at a local level, which would be submitted on 19<sup>th</sup> September 2014. The work would be organised through three project areas: Redesigning Frail and Older People's Services, Redesigning End of Life Care in Trafford, and the integration of health and social care and the development of an early help hub. The scope and objectives of each project were identified and information was given on governance arrangements and the potential impact of the projects' successful implementation.

The Corporate Director responded to questions relating to third sector involvement, the continuation of a falls service and how homecare can be improved. The Director of Finance for NHS England (Greater Manchester) emphasised that as the projects were commissioned using existing funds, the funding of initiatives was dependent upon the delivery of the savings identified from reducing admissions.

The Chairman thanked the Corporate Director and the Associate Director of Commissioning for the update, and acknowledged the challenging circumstances and the significant amount of work involved. As there was still some work to be concluded before finalising the planning template, the Board agreed to delegate authority to the Chairman and Vice-Chairman to sign off the plans on behalf of the Board, and to meet the 19<sup>th</sup> September deadline.

RESOLVED:

- i) That the report is received; and
- ii) That the Board delegates authority to the Chairman and Vice-Chairman to approve the Board's support for the final Better Care Fund planning template for submission to NHS England.

**5. HEALTH FUND FOR SOCIAL CARE ACTIVITY FUND 2014/15**

The report from the Corporate Director for Children, Families and Wellbeing was deferred for consideration at a future meeting.

**6. WINTER PLANNING AND RESILIENCE**

The Associate Director of Commissioning for the Trafford Clinical Commissioning Group delivered a presentation which outlined the Trafford Operational Resilience and Capacity Plan 2014/15. The plan made provision for the allocation of £1.4m to support health and social care resilience through the winter period, with a particular focus on protecting against a potential shortage in the availability of beds to help ease the transition to the integration of services.

RESOLVED: That the presentation be noted.

**7. TRAFFORD COUNCIL PUBLIC HEALTH AND NHS TRAFFORD CCG WORK PLAN**

A report was presented by Dr Lisa Davies, Consultant in Public Health, which set out the Trafford Council Public Health and NHS Trafford CCG Work Plan for 2014/15. The work plan detailed a joint programme of activity between Trafford Council and the CCG targeted at meeting the strategic high level priorities for improving the health of the population of Trafford, in compliance with internal audit and external NHS England assurance requirements. The plan was divided in to four areas which reflect the domains of Public Health: Health Improvement, Health Protection, Health Care Quality and Health Inequalities.

Board Members had an opportunity to ask questions in relation to the report and a discussion followed concerning the transfer of public health commissioning for 0-5 year olds from NHS England to local authorities in October 2015, and the continuation of user forums for mothers-to-be and breastfeeding.

RESOLVED: That the Board endorses the report.

**8. TRAFFORD SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT PRESENTATION**

The Chairman of the Trafford Safeguarding Children Board (TSCB), Bob Postlethwaite, presented the TSCB's Annual Report for 2013/14 and Business Plan for 2014/15. The Annual Report set out the Learning and Improvement Framework shared by local organisations who work with children and families, gave an overview of the lessons learned in the last year, and identified on-going safeguarding issues including poverty, homelessness and drug and alcohol misuse. The Business Plan was based around 4 Themes and 5 Priorities, and some of the key challenges to these Priorities were noted.

In response to questions from Board Members the Chairman of TSCB explained that a statistical comparison with other councils with similar demographics would be possible, and that although this data had not been available when the report was produced, the figures would be passed on when they become available.

The Corporate Director for Children, Families and Wellbeing suggested that the Health and Wellbeing Board addressed the 'Challenges and Questions' identified under Priority 1 of the Annual Report and submitted a response.

RESOLVED:

- i) That the TSCB Annual Report 2013/14 be noted;
- ii) That the Board receives an update report in approximately 6 months' time regarding progress made against the Business Plan; and
- iii) That a statistical comparison with other council areas which have similar demographics is submitted to the Board when this information becomes available.

## **9. HEALTHIER TOGETHER CONSULTATION UPDATE**

The Chairman gave an update on the Healthier Together consultation, reminding the Board of the consultation events planned for 22<sup>nd</sup> and 24<sup>th</sup> September and emphasising the importance of encouraging as many people as possible to respond to the consultation before it closes.

Board Members raised a number of issues in regard to the consultation including the complexity of the consultation process, difficulties some people had in accessing the consultation documents, a lack of co-ordination between the Healthier Together consultation and other concurrent consultations taking place, and the low number of responses to the consultation received so far.

RESOLVED: That the update be noted.

## **10. CCG UPDATE**

The Chairman gave an update, as Chief Clinical Officer of the Clinical Commissioning Group (CCG), on the work of the CCG since the Board's last meeting in July 2014. It was explained that much had been covered in the Board's discussion of Item 5 and Item 10 and further details were given in respect of the CCG's work in enhancing access to primary care, care commissioning and the Shrewsbury Street development.

RESOLVED: That the update be noted.

## **11. HEALTHWATCH UPDATE**

The Chairman of Healthwatch Trafford presented a report which detailed the organisation's activity since the Board's last meeting. A discussion followed concerning links between the Walk-in Centre and Urgent Care Centre at Trafford General Hospital, and patient access to specialist care for Parkinson's disease.

RESOLVED: That the update be noted.



**12. TRAFFORD PARTNERSHIP UPDATE**

The Partnership Officer gave an update on the Trafford Partnership's recent activity and submitted an information report on voluntary sector grants to the Board.

RESOLVED: That the update and information report be noted.

**13. KEY MESSAGES**

On behalf of the Board the Chairman acknowledged that a significant amount of work had been going on to improve health and social care in Trafford and emphasised the importance of continuing to improve integration between organisations and services.

The meeting commenced at 6.30 pm and finished at 9.00 pm

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## TRAFFORD COUNCIL

**Report to:** Health & Well Being Board  
**Date:** 4<sup>th</sup> November 2014  
**Report for:** Information  
**Report of:** Dr Nigel Guest, Chair of Health and Wellbeing Board

### Report Title

Health and Wellbeing Board Action Log 15<sup>th</sup> September 2014

### Purpose

The Action Log provides an update on the actions from the last Health and Wellbeing Board meeting on 15<sup>th</sup> September 2014

### Recommendations

That the Health and Well Being notes progress against the actions

### Contact person for access to background papers and further information:

Name: Robina Sheikh Partnerships Officer x1361

	<b>Title</b>	<b>Relevance to the Board (please select):</b>  1. JSNA 2. JHWS 3. Integration and Partnership 4. Governance, Accountability and Assurance	<b>What action is required from the Board</b>  <ul style="list-style-type: none"> <li>• Endorsement</li> <li>• Decision</li> <li>• Approval / assurance</li> <li>• Discussion</li> <li>• Information</li> </ul>	<b>Presentation or Paper</b>	<b>Preparing the paper / presentation</b>	<b>Presenting the paper / presentation</b>	<b>Time required</b>	<b>Outcomes / Actions from Meeting</b>
Page 8	15 <sup>th</sup> September							<b>ACTION AND COMMENTS</b>
1	Action Log		Information	Paper	Robina Sheikh	Nigel Guest	5 mins	Accepted
2	Better Care Fund (BCF)	3	Decision	Paper/ Presentation	Deborah Brownlee/Julie Crossley	Deborah Brownlee/Julie Crossley	20 mins	The Report was received; and  That the Board delegates authority to the Chairman and Vice-Chairman to approve the Board's support for the final Better Care Fund planning template for submission to NHS England.

3	Health Fund for Social Care Activity Fund 2014/15	1	Approval	Paper	Deborah Brownlee	Deborah Brownlee	15 mins	Deferred for consideration at a future meeting
4	Winter Planning and Resilience	1	Endorsement	Paper	Gina Lawrence	Gina Lawrence	15 mins	Board noted and endorsed
5	Trafford Council Public Health and NHS Trafford CCG Work Plan	2	Endorsement & Approval	Paper	Abdul Razzaq	Abdul Razzaq	10 mins	Board noted and endorsed
Page 9 6	Trafford Safeguarding Children's Board Annual Report Presentation	2	Information & Endorsement	Paper	Bob Postlethwaite	Bob Postlethwaite	15 Mins	The TSCB Annual Report 2013/14 was noted and endorsed The Board receives an update report in approximately 6 months' time regarding progress made against the Business Plan A statistical comparison with other council areas which have similar demographics is submitted to the Board when information becomes available.
7	Healthier Together Consultation Update	1	Endorsement Information	Paper	Gina Lawrence	Julie Crossley /Paul Hulme	10 mins	Board noted the progress and endorsed

8	CCG Update	3/4	Information	Paper	Nigel Guest	Nigel Guest	15 mins	Board noted the update
9	HealthWatch	4	Information	Paper	Ann Day	Ann Day	10 mins	Board noted the update
10	Trafford Partnership update	3/4	Information	Paper	Robina Sheikh	Robina Sheikh	5 mins	Board noted the information and update

**Board meeting dates 2014/15 (deadline for papers and presentations)**

- Tuesday 4th November (24th October)
- Tuesday 6th January (19th December)
- Tuesday 3rd March (20th February)

**Workshop dates 2014/15**

- Tuesday 2nd December Strategic Housing and Health (tbc)
- Tuesday 3rd February Primary Care Strategies(tbc)
- Tuesday 7th April



# Budget briefing



# TRAFFORD COUNCIL BUDGET 2015-16

## Budget briefing

## October 2014



## Trafford's budget challenge

- Since 2010 we have already saved £75m
- For 2015/16, Trafford Council has to save **£24.3m**. This is approximately **18%** of our net budget
- By 2017/18 we need to have saved **£57m**.

### ***Therefore...***

Providing services in the way they are currently is not an option, we must change the way we do things if we are to continue to meet our obligations and support local people within the current financial climate.

# Savings required by Directorate

Savings Requirement	Budget 2014/15 £m	Savings 2015/16 £m	Savings 2016/17 £m	Savings 2017/18 £m	
CFW	81.724	17.800	To be confirmed		
EGEI	18.262	2.800			
T&R	18.264	3.200			
Council-wide	36.302	0.500			
Total	154.552	24.300	18.500	14.000	<b>£56.8m</b>

# The Reshaped Council



- A mix of different delivery models and most will be delivered by others rather than the Council directly
- The Council will be leaner, with fewer staff and less direct service delivery
- We will have considered the impact of reductions in service on our key stakeholders (i.e. residents, partners, employees)
- Residents' perception of service delivery will change and we will need to make expectations clear.

## Aims:

- To generate profit to be re invested in front line services
- To manage demand on services through focussing on prevention and asking citizens to 'be responsible'
- To deliver good quality services within the funding available to us and in different ways



# Guiding Principles

To be ready for this challenge we will ensure that:

- Staff are supported
- We meet our minimum statutory requirements
- We have prioritised services within a legally sustainable framework which promotes both fairness and economic growth
- Services which must continue to be delivered will go through comprehensive service reviews to identify further opportunities for savings
- Members are consulted at every step of the way

# Building on our transformation journey



- Most services have been restructured
- Processes have been redesigned to reduce waste
- We have reviewed and reduced spending on all our contracts
- We have revised our staff terms and conditions
- Smarter technology has been introduced with more online services, paperless and agile working.
- We trade some of our services, mainly with schools
  - § £11m income for 2013/14
- We collaborate to increase our resilience:
  - § Fully integrated Children's Services for education, health and social care
  - § Collaboration with Stockport, Tameside and Cheshire East on adoption services
  - § Trafford Assist to provide crisis support to residents
  - § STaR Strategic Procurement Service
  - § Colocation with GMP and plans for a transactional HR shared service



## 2015/16 Directorate Budget Proposals

*There is still a shortfall in savings at this current time against the target we have to achieve, therefore the figures in the following slides do not total to this target. This will be resolved before the budget is presented to Council in February 2015.*

# Children, Families and Wellbeing (CFW) savings 2015/16 (Adult Services)



Savings Proposals	Reshaping Theme	£000k
Reablement	All will contribute to the delivery of the Integrated Health & Social Care and Early Help Hubs programme	1,002
Day support		50
Supported Living		170
Supporting People		230
Voluntary and community sector		17
Mental health		100
All age integrated health and social care		500
All age commissioning		830
Reshaping Trafford		2,100

Page 19



# Children, Families and Wellbeing (CFW) savings 2015/16 (Adult Services contd.)



Savings Proposals	Reshaping Theme	£000's
Learning Disabilities	All will contribute to the delivery of the Integrated Health & Social Care and Early Help Hubs programme	1,448
CCG Contribution		1,500
Continuing Health Care		100
BCF	Some of these proposals are also efficiency savings which will enable the Council to deliver services within the funding available to us or by other means.	2,000
Market Management		1,200
Telecare		116

Page 20





## Children, Families and Wellbeing (CFW) savings 2015/16 (Children's Services)

Savings Proposals	Reshaping Theme	2014 / 15 £000's	2015 / 16 £000's
Music Service	Trafford's Approach to Trading	5	25
Education Psychology		50	50
CAMHS / Pennine	All will contribute to the delivery of the Integrated Health & Social Care and Early Help Hubs programme  Some of these proposals are also efficiency savings which will enable the Council to deliver services within the funding available to us or by other means.	0	126
Early Help Delivery Model 0-18		66	3,209
Education and Early Years		0	377
Complaints and Governance		5	10
AFST Manager		36	18
CAN personalisation		0	100
Home to School Transport		0	300
Governor Services		0	5
Youth Offending Service		0	130

## CFW savings 2015/16

### **Reablement, day support and supported living - £1.222m**

To carry out a 45 day consultation with staff on the following proposal  
To outsource Reablement, Building based day support & supported  
Living

This would be achieved through the transfer of undertakings (TUPE)

This arrangement will ensure that all staff who principally work in the  
specified services for the council will transfer over to the new  
provider

The outsourcing of these service will ensure that the same level of  
service can continue to be provided

## CFW savings 2015/16

### **Supporting People (Floating Support service) - £230k**

The proposal is to end the funding of a housing related support service that helps vulnerable people to maintain their accommodation.

### **Voluntary and Community Sector - £17k**

The proposal is for further reductions to funding for the voluntary sector including:

- § Carers Week funding - £5K
- § Realise full year reduction on payments to Trafford Centre for Independent Living (CIL) and Trafford Carers Centre - £11.5k
- § Review respite allocations - £50k
- § Remove funding for 'time-banking' projects - £6k
- § Reduce budget to Independent Health Complaints Advocacy - £5.5k

# CFW savings 2015/16

## Mental Health - £100k

The proposal for mental health is focused on:

- § reviewing all packages of care to ensure that we continue to meet the needs of the most vulnerable and that we support people to remain independent.
- § reablement becoming a key function of the star worker role, reducing dependence on long term support.
- § reviewing all out of borough placements to ensure that people are receiving the most cost effective services, enabling people to return to live in Trafford.

# CFW savings 2015/16

## Mental Health (continued) - £100k

The proposal for mental health is focused on:

- § working with partner agencies so that people can remain living in their homes (including care homes).
- § developing the shared lives scheme to support people living with mental health issues.
- § reviewing individual aftercare arrangements to ensure that the care plans are meeting needs and that care is appropriate.

# CFW savings 2015/16



## **All Age Integrated Health and Social Care - £500k**

The proposal is to develop a new delivery model with a partner to provide integrated health and social care for people in Trafford.

The figure will be confirmed as work progresses.

The service will be based on a locality partnership model.

The introduction of a new all age integrated front door.

New model delivered through a section 75 partnership agreement.



# CFW savings 2015/16

## All Age Commissioning - £830k

The proposal is to establish an integrated education, health and care commissioning service for eligible people of all ages.

Priorities will be focused on:

- Strategy
- Quality assurance
- Medium Term Financial Plan for the Directorate.

# CFW savings 2015/16



## Reshaping Trafford - £2.1m

The proposal is that:

- § The Council will meet eligible people's needs with the lowest cost option.
- § The Council will ensure all benefits to which an individual may be entitled, such as Attendance Allowance, Disability Living Allowance and Personal Independence Payments, are taken up and used to fund support packages, where appropriate, before assessing the amount of council funding which will be required.
- § The Council is proposing to no longer pay for non-eligible services such as domestic services, cleaning, meal preparation and shopping. Unless there is no viable alternative.





## CFW savings 2015/16

### Learning Disabilities - £1.448m

- § Contract Negotiation – to identify savings.
- § Acceleration Tender Exercise – to seek greater value for money.
- § Ordinary Residence Reallocating Funding Authority to other local authorities.
- § Ordinary Residence Brokering out of area Supported Living Services.
- § Care Packages to review high cost packages.
- § Learning Disability Development Fund - to cease funding from LDDF.
- § Void Management – to reduce voids.

### CCG Contribution – £1.5m

# CFW savings 2015/16

## CCG Contribution – £1.5m

- § Negotiations with the CCG in relation to their contribution will be accelerated in relation to contribution to the Pooled Budget.

## Continuing Health Care - £100k

- § The Council will ensure that where possible every case that meets the criteria of CHC is reviewed.

## CFW savings 2015/16

### **BCF - £2.0m**

- § To agree with the CCG the transfer of 2 million of funding is attributed to the Council.
- § To underpin and protect the current level of social care.

### **Market Management - £1.2m**

- § It is proposed to enter in dialogue with providers currently delivering services across both Children's and Adults services.
- § To complete an exercise to determine the fair price for care in Trafford across several areas of service delivery.
- § To identify the possible future fee structures for 15/16.

## CFW savings 2015/16

### Telecare - £116k

- § To enter into negotiations with Trafford Housing Trust.
- § Trafford Housing Trust to take on board a greater lead in the delivery of Telecare services for the people of Trafford.
- § Trafford Housing Trust in taking the lead will reduce management costs, and make service efficiencies.

## CFW savings 2015/16

### **Income Generation - £80k**

Increasing monies generated from trading savings with schools and other funding streams for the Music Service (£25k), Education Psychology (£50k) and Governors (£5k)

### **CAMHS/Pennine - £126k**

Removal of 50% of Council Funding from the overall CAMHS contract with Pennine that was previously ringfenced grant. This may have a particular impact on CiC and will need to be managed within the CCG contractual arrangements in our associate commissioner role.

## CFW savings 2015/16

### Early Help Delivery Model - £3.209m

A complete redesign of Early Help services for 0-18 yr olds including Children's Centres, Youth Services, Education Welfare, Early Help commissioned services and Connexions

Establish a new activity based model operating across the borough from 2 centres for 0-11yr old and 1 centre for 11-18

Explore opportunities for partner agencies and VCS organisations to form or jointly commission a collaborative model of delivery

2 existing Children's Centres to be retained as hubs for 0-11 year olds in Stretford and Partington

Talkshop to be expanded to create the 11-18 hub

Closure of all other Centres with activity delivered from a range of venues across the borough

# CFW savings 2015/16

## Early Help Delivery Model - Impact

Proposal means closure of Children's Centres activities;

- § Altrincham Children's Centre
- § Sale Children's Centre
- § Urmston Children's Centre
- § Old Trafford Children's Centre

Proposal means closure of Youth Service activities;

- § Partington Youth Centre
- § Davyhulme Youth Centre
- § Lostock Youth Centre
- § Sale West Youth Centre
- § Broomwood Youth Centre
- § Old Trafford Youth Centre
- § Gorse Hill Studios
- § Duke of Edinburgh, Outdoor Education and Street Based Youth Work

# CFW savings 2015/16

## Education and Early Years - £377k

This proposal removes discretionary activity including the Graduate Leader Fund and Holiday Play Schemes

Further reorganisation of Early Years structure and activity

Increased income generation opportunities from supporting PVI settings and use of Sale West Conference Centre

## CAN Personalisation - £100k

Implementation of the personalisation model for children with complex additional needs has generated savings phased over a number of years as the full impact of the reform is embedded



## CFW savings 2015/16

### **Home to School Transport - £300k**

Remodelling of the transport infrastructure to ensure efficient use of contractors and passenger assistants. This includes changing all transport runs and allocation of PA's from September 2014

Ensure correct and equitable application of the Home to School Transport Policy

Further development of independent travel options

### **Youth Offending Service - £130k**

Restructure of service based on targeted activity. Collaboration being explored with neighbouring LA's to mitigate impact of reduction.

# Transformation & Resource Savings Proposals

Savings proposal	Reshaping Theme	Saving £000k
Trafford Community Leisure Trust	New ways of delivering sport and recreation, arts and culture, and libraries	451
Library Service Review		700
CCTV	Trafford's Trading Approach	54
Business Support Services		1,782
Merging Fairer Charging		40
Waterside Arts Centre income		26
Mitigation of Inflationary Pressure	Managing the budget pressures	147

# Economic Growth, Environment & Infrastructure Savings Proposals



Savings proposal	Reshaping Theme	Savings £000k
Establishing a Joint Venture Contract (wef July 2015)	Joint venture Contract	2,250
Senior Management restructure		86
Review of Parking fees	Managing the Budget pressures and income generation	231
Review of Allotment fees		15
Review of Festive lights funding arrangements		40
Review of School Crossing Patrols		145
Review of fees and charges		50



# Staffing Impact: Council-wide

- In 2015/16 we anticipate that as a result of the budget proposals, there will be in the region of 168.5 FTE job losses, which may reduce staff numbers by around 199, which equates to 6.58% of our workforce
- These job losses are broken down as follows across directorates:

Directorate	Front line	Back Office	Management	Total
Children, Families & Wellbeing	91 (64)	43 (43.6)	18 (21)	<b>152</b> <b>(128.6)</b>
Economic Growth, Environment & Infrastructure	13 (3.9)	0 (0)	3 (3)	<b>16</b> <b>(6.9)</b>
Transformation & Resources	3 (2)	25 (26)	3 (5)	<b>31</b> <b>(33)</b>
<b>TOTAL</b>	<b>107</b> <b>(69.9)</b>	<b>68</b> <b>(69.6)</b>	<b>24</b> <b>(29)</b>	<b>199</b> <b>(168.5)</b>

# Consultation process

- **Given the proposed number of job losses across the Council, we have issued a Section 188 notice to the recognised trade unions. This marks the start of a formal consultation period which will run for a minimum period of 45 days**
- **Consultation will take place at a corporate, service and individual level and will end on 12<sup>th</sup> December 2014**
- **During consultation, the Council will work closely with the trade unions to try and mitigate the number of redundancies**
- **We will aim to minimise the number of compulsory redundancies by seeking volunteers and by following a robust redeployment process**

# Staff at risk of redundancy

- **Where staff are identified as being at risk:**
- **Individual meetings will be held**
- **Volunteers will be sought (VR1 completed)**
- **If insufficient volunteers, selection process applied:**
  - Either**
    - redundancy selection criteria applied (if reduction in number of the same posts)
  - or**
    - interview process (if creation of new posts)
- **Redundancy notices to be issued early January 2015 or, where an Executive decision is required, notices will be issued after 3<sup>rd</sup> February 2015**

# Information & Support

- Reshaping Trafford Council website
- Intranet pages launched w/c 13<sup>th</sup> October 2014 - key information on budget proposals; FAQ's; VR/VER process; support details; etc.
- If no access, information to be cascaded via line manager
- Support
  - Line Manager
  - TU Rep
  - BDMA Counselling service
  - Occupational Health
  - Outplacement support

# QUESTIONS?





<b>Meeting:</b>	<b>Trafford Health and Wellbeing Board</b>
<b>Date:</b>	<b>4<sup>th</sup> November 2014</b>
<b>Item Number:</b>	
<b>Subject:</b>	<b>Public Health Commissioning: Update and overview</b>
<b>Author:</b>	<b>Jane Pilkington, Head of Public Health Commissioning</b> Telephone 0113 825 5277 Email <a href="mailto:Jane.pilkington1@nhs.net">Jane.pilkington1@nhs.net</a>

## 1.0 Purpose

- 1.1 This paper intends to outline the role, function and key areas of work of the Public Health Commissioning team in the Greater Manchester Area Team.

## 2.0 Background

The NHS Public Health Functions Agreement (Section 7A or s.7A) of the NHS Act 2006, as amended by the Health and Social Care Act 2012, outlines specific responsibilities for the National Health Service England (NHS England) for the commissioning of certain public health services as part of the wider system design to drive improvements in population health.

- 2.1 The services commissioned as part of this agreement are:

- § National immunisation programmes
- § National routine screening programmes (non-cancer)
- § National routine cancer screening programmes
- § Children's public health services from pregnancy to age 5
- § Child Health Information Services
- § Public health services for people in prison and other places of detention led by Health & Justice commissioning
- § Sexual Assault Referral Centres led by Health & Justice Commissioning.

In line with the Government's strategies for the NHS and the public health system, we aim to:

- § Improve public health outcomes and reduce health inequalities, and
- § Contribute to a more sustainable public health, health and care system.

In order to achieve this NHS England under the NHS Public Health Functions Agreement 2014/ 2015 (s.7A) has two objectives:

- § Provide high quality services with efficient use of resources within Area Team financial allocations which are set at levels that reflect expectations of efficiency gains in commissioning.
- § Deliver changes in s.7A services at pace and scale, and to implement agreed changes in s.7A services in a safe and sustainable manner, promptly and thoroughly.

### **3.0 Key areas: Overview and performance**

#### **3.1 0-5 years Public Health Commissioning**

- § The commissioning of 0-5 Public Health services will transfer from NHSE to Local Authorities in October 2015. This includes Health Visiting services and Family Nurse Partnership.
- § NHSE is working very closely with Local Authorities around the AGMA early Years New Delivery Model. Health Visitors and Family Nurse Partnership are underpinning elements of the model. An AGMA-led 0-5 PH GM Transition Board meets monthly following the inaugural meeting September 2014.
- § NHSE will make steps towards a model of co-commissioning with Local Authorities to prepare for a safe transition (October 2015).
- § Assurance is given by the NHSE GM 0-5 Commissioning Assurance Committee which includes representatives from NHSE, Health Education England, Public Health England and AGMA.

#### **3.1.1 Health Visiting**

- § As a result of the Government's commitment to significantly increase the Health Visiting workforce, the GM LAT has had a strong focus on workforce growth. In GM there was a requirement to expand the workforce from a baseline of 572WTE Health Visitors to 777.5WTE April 13-March 15, with some areas expanding by as much as 93%. The required workforce growth for 2014-15 is 91.6WTE.
- § For Pennine Care (Trafford) there is a requirement for a growth of approximately 21% in Health Visitor numbers April 2013-March 2015. As of (14/10/14) Trafford currently have 51.3WTE Health Visitors, this is 4.3WTE from the March 15 target. There are an adequate number of students currently training within Trafford to fill these vacancies.
- § Robust systems for monitoring workforce growth are in place and enable monthly analysis of progress at GM and individual provider level.
- § Growth remains behind the required trajectory, with four areas at significant risk of not meeting the required Health Visitor numbers by March 2015. There are not enough students to fill all vacant positions and several trusts will rely on external recruitment, which is extremely challenging at this time.
- § Performance has improved across all Key Performance Indicators in the past 12 months. Acknowledgment needs to be given to Providers who have maintained high levels of performance during a period of significant change which has seen unprecedented levels of inexperienced Health Visitors entering the workforce.
- § An assurance framework is in place for Providers to self-assess themselves against the Clinical Quality Commission standards and to allow monitoring of expected levels of transformation and service development.

- § Pennine Care (Trafford) has increased coverage of each of the key Healthy Child Programme contacts between 13-14 and 14-15 and is currently outperforming the combined average for Greater Manchester.

### **3.12 Family Nurse Partnership (FNP)**

- § The expansion of FNP was another commitment by the Government. In April 2013 there were 430 FNP places available to pregnant teenagers across GM in the three existing sites in Manchester, Wigan and Bolton. These sites were commissioned to expand by a further 170 places in 2013-14.
- § An FNP programme has been commissioned in the seven remaining GM Local Authorities. Trafford has 50 commissioned FNP places which will give an excellent rate of coverage across the Borough. The FNP Implementation Plan is on track with good multi-agency engagement. Referrals will begin to be accepted from Quarter 3 14-15.
- § By April 2015 the number of FNP places will have increased by almost 300% to 1250 places across GM.

### **3.13 0-5 years Public Health Commissioning: Current challenges**

- § Recruitment of Health Visitors to meet final trajectories.
- § Data transfer / data sharing – especially maternity services to Health Visiting services. This is essential to the success of the AGMA Early Years New Delivery Model.
- § IT / data systems remain an ongoing challenge impacting on delivery, monitoring and reporting.
- § Ensuring local authorities get sufficient resources; an additional £1.4m is required across GM, in 2015/16 to meet full growth, seeking DH resolution.

### **3.14 Transition of commissioning responsibility to Local Authorities**

- § Contract guidance is awaited to ensure the smooth transfer of services.
- § Financial allocations have been scoped with further discussion and agreement required. The budget in scope to transfer is £49.9m.
- § The Department of Health has mandated five universal elements of the Healthy Child Programme, specifically: Antenatal visit, New Birth Visit, 6-8 week check, 1 year review, 2-2.5 year review.

## **3.2 Child Health Information Services (CHIS) Overview**

- § GM Area team inherited 10 CHIS services across 5 providers, operating on 4 different CHIS ICT systems with variable budgets
- § Three of the CHISs are hosted by GM CSU on behalf of GM Area Team as the services/ teams did not transfer to a permanent provider pre 1 April 2013. This arrangement is currently under review.
- § All CHIS services are working towards the Greater Manchester CHIS service specification until the National CHIS service specification is introduced in November 2014.
- § Quarterly GM CHIS provider network set up to share good practice and learning.

### **3.21 CHIS key challenges and issues**

- § Common challenges CHISs face include variable capability/ functionality of existing CHIS ICT systems, staffing capacity and receiving timely information e.g. birth

notifications from Maternity, newly registered children from GP Practices, movements in and out of the area as well as outside of the area.

- § National CHIS incidence related to data quality identified 3xCHIS services (Bolton, Stockport and Tameside & Glossop) in GM to proceed to the second phase of risk reduction programme. This includes a patient level extraction/ reconciliation by GP practice.
- § All CHIS providers across NHS England are being assessed against the national specification and service improvement plans developed as part of the risk reduction programme.
- § 6 of the 10 CHIS ICT systems in GM is part of the National connecting for health legacy LSP contract which expires in June/July 2016. National intention is to develop a procurement framework of approved ICT suppliers that are compliant with the national specification.

### **3.22 CHIS commissioning intentions 2015/16**

- § Commissioning responsibility of CHIS will remain with NHSE until 2020.
- § NHSE North region review of CHIS configuration to align to national CHIS developments

### **3.3 Screening and Immunisation programmes**

Since April 2013, the Area Team has been responsible for the commissioning of the national immunisation programmes and the six national screening programmes (see Appendix 1). The Area Team responsibilities also include:

- § Reviewing the delivery and performance of programmes against the national service specifications.
- § Ensuring that new programmes are implemented.
- § Overseeing serious incident investigations.
- § Supporting the investigation of vaccine preventable disease outbreaks.
- § Providing overview reports to Directors of Public Health on programme performance.

In Greater Manchester, several assurance processes have been established for the Screening and Immunisation programmes. These include the Greater Manchester Screening and Immunisation Executive Group. This group, led by the Area Director, oversees the performance and quality issues related to all the screening and immunisation programmes. For each Screening programme (e.g. breast screening programme) there is also a specific programme board which is accountable to the Executive Group. Within the Area Team there are quality surveillance groups which oversee quality issues affecting the screening and immunisation programmes. The screening programmes are also subject to the National Quality Assurance system and external quality assurance visits.

A summary of the programmes' uptake and coverage is presented below. There is variation in coverage / uptake in all programmes at the general practice level. The reduction in coverage in the cancer screening programme is being observed across the country. The Area Team is developing a health inequalities strategy to help address this variation and continues to work closely with screening programmes where external quality assurance visits have identified issues.

The coverage in the three cancer screening programmes is above the acceptable standards, but in common with the national and Greater Manchester position is reducing. As the screening process can take several months from invitation to when an episode is completed, the information may appear to be out of date.

### **3.31 Performance in Trafford**

- § Breast cancer screening coverage is 73% (Quarter ended Dec 2013, acceptable level 70%) and has been below the England average in recent years.
- § Bowel cancer screening uptake is 54% (March 2014, acceptable level 52%) but is below the average for England (55%).
- § Cervical cancer screening coverage is 78% (March 2014, acceptable level 70%).
- § Diabetic eye screening programme uptake is 78%, which is above the programme acceptable level of 70%.
- § The Abdominal Aortic Aneurysm screening programme performance uptake is 81% (March 2014) above the achievable standard of 70%.
- § All the Antenatal and Newborn screening programmes are achieving the acceptable uptake standards for the programmes.
- § The uptake of the primary immunisation programmes for children at 12 months is 97%, above the acceptable standard of 95%.
- § The uptake of a first MMR immunisation by 24 months of age is 95% (achieving the acceptable standard of 95%).
- § The uptake of 2 doses of MMR by age 5yrs is 93% (which is below the standard of 95%); there is currently only one area in GM which is achieving the acceptable rate. The rate in England overall is 88% and Trafford is the 3rd best performing district in Greater Manchester.
- § The uptake in the 2013/14 Flu immunisation programme in Trafford was 78% in the over 65 year old population (2nd in Greater Manchester, target 75%), 55% in the under 65 year olds in clinical risk groups ( 5<sup>th</sup> in Greater Manchester, target 75%), and 44% in pregnant women (5<sup>th</sup> in Greater Manchester, target 75%).
- § The 2014-15 flu immunisation programme has just started. 2 Local Authorities (Bury and Salford) in Greater Manchester are currently involved in the national pilot of the school based flu immunisation programme which will help inform the national roll out of the programme next year (2015-16), and planning has already started for this locally in Greater Manchester.

### **4.0 Summary**

Strong and effective partnership working within Trafford Borough ensures that local services are consistently are of high quality.

The performance of services within Trafford Borough for NHSE Public Health commissioned services is generally higher than Greater Manchester as a whole.

There are no significant areas of risk at this time that requires attention by the Health and Wellbeing Board.

## 5.0 Further Information:

If you require more information around NHSE Public Health Commissioning, please do not hesitate to contact the team.

**Jane Pilkington, Head of Public Health Commissioning**

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## Appendix 1 – National Screening and Immunisation programmes

### Immunisations Programmes:

- § Children 0 – 5
  - Tetanus
  - Pertussis (whooping cough)
  - Haemophilus influenza type b (Hib)
  - Polio
  - Meningococcal C disease (MenC)
  - Measles
  - Mumps
  - Rubella
  - Pneumococcal disease (certain serotypes)
  - Rotavirus (July 2013)
  
- § School Age Programmes
  - Boosters, (tet, dip, polio, Men C, check MMR), HPV (girls aged 12-13)
  
- § Adults
  - Shingles (70 years), Pneumococcal (65 years)
  
- § Seasonal Flu
  
- § At risk populations
  - Neonatal Hepatitis B, Neonatal BCG, Pertussis in pregnancy, Pneumococcal

### Screening Programmes

1. Breast Cancer Screening – women aged 50 – 70, every 3 years
2. Bowel Cancer Screening – men and women 60 – 74, every 2 years
3. Cervical Cancer Screening – women 25 – 64, every 3 years (to 49) then 5 yearly (to 64)
4. Diabetic Eye Screening (DESP) – men and women diabetics aged over 12, annually
5. Abdominal Aortic Aneurysm Screening (AAA) – men aged 65, once
6. Antenatal and New Born Screening Programmes:
  - Foetal anomaly screening (including Down's Syndrome screening)
  - Infectious diseases in Pregnancy screening (Hep B, HIV, Syphilis, Rubella)
  - Sickle cell and Thalassemia screening
  - Newborn Blood spot screening
  - Newborn Hearing screening
  - Newborn and Infant Physical Examination screening

## Community Pharmacy Briefing Paper

Community Pharmacies provide a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service, or who simply want readily available, sound professional advice and help to deal with everyday health concerns and problems. Many pharmacies now have dedicated consultation rooms, specifically designed for private discussions.

Information shows that 99% of the population (even those living in the most deprived areas), can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport <sup>1</sup>. Pharmacies are open at times which suit patients, many late into the evenings or at weekends. In England, since April 2005, over 400 new pharmacies have been approved to open for at least 100 hours per week, every week of the year. In 2013, 1 billion prescription items were dispensed in the community; this is an increase of 3% (30 million items) on the number dispensed in 2012<sup>2</sup>. People receive their prescribed medicines promptly, safely and efficiently.

The table below shows pharmaceutical provision in the Trafford area and at a Greater Manchester level:

<b>Pharmacies:</b>	<b>Trafford</b>	<b>Greater Manchester</b>
<b>Standard (40 hours)</b>	53	567
<b>100 hours</b>	9	97
<b>*DSP</b>	1	24
<b>*DAC</b>	1	8
<b>Overall Opening Hours</b>	<b>Mon – Fri:</b> 0630-2300 <b>Sat:</b> 0630-2300 <b>Sun:</b> 0800 - 1900	<b>Mon – Sat:</b> 0000- 0000 <b>Sun:</b> 0600 - 2300

\*Dispensing Appliance Contractors (DACs), specialise in the supply of appliances, stomas and incontinence appliances on a prescription. Distance selling pharmacies (DSP) are also referred to as internet pharmacy sites, they provide the same essential services as community pharmacies, but not via face to face.

### **National Contractual Framework**

All community pharmacies have to adhere to their national contractual framework which comprises of essential, advanced, clinical governance and locally commissioned services. The essential (core) services and clinical governance must be provided by all pharmacies, this includes dispensing medicines and appliances, providing prescription linked healthy lifestyle advice, disposal of unwanted medicines, complaints, clinical audits, support for self-care and signposting.

<sup>1</sup> 'Pharmacy in England, Building on strengths-delivering the future' – April 2008

<sup>2</sup> 'Health and Social Care Informatics Centre (HSCIC website)'

Advanced services which pharmacies can choose to provide upon accreditation, includes medicine use reviews (MURs), appliance use reviews (AURs) and the new medicine services (NMS), to support patients with long- term conditions who are prescribed new medicines.

The contractual framework has specific public health elements such as:

- **Promotion of healthy lifestyles** – requires pharmacies to participate in up to six health promotional campaigns annually, on topics such as obesity, cancer and healthy lifestyles;
- **Support for self-care/signposting** - requires pharmacies to help people understand the correct use and management of their medicines, as well provide healthy life style advice. Pharmacies are obliged to help and support people asking for advice and information, by signposting them to the appropriate source of help.

NHS England's Area Teams (ATs) have responsibility for monitoring the national contractual framework and provide assurance of contractor's compliance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. ATs currently use the Community Pharmacy Assurance Framework (CPAF), to monitor pharmacy contractors' compliance.

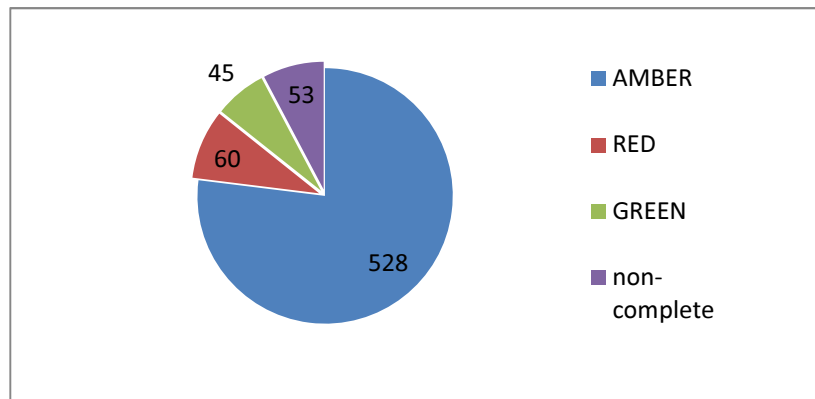
The CPAF is made up of two parts – a pre-visit questionnaire which is completed by the pharmacy contractor before the monitoring visit and a section used by the ATs during a monitoring visit. To enable Greater Manchester Area Team (GMAT) to undertake this work they have deployed PharmaOutcomes (an electronic web based tool), for Community Pharmacies to complete the self-assessment questionnaire and for the AT to review.

### **Assessment of CPAF 2013/14 data**

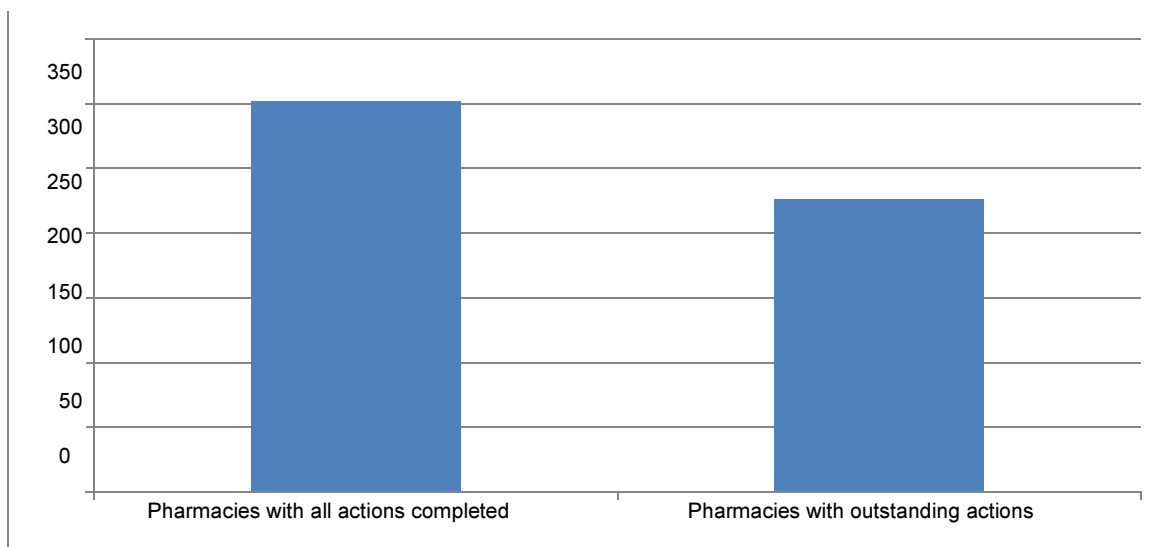
The GMAT undertook a manual data analysis review of each pharmacies responses from the 2013/14 CPAF, to establish how each pharmacy was performing overall against their essential and clinical services. Each pharmacy was RAG rated to assess their compliance with the NHS terms of service. The RAG rating was based on local criteria because no national rating was available. Pharmacies that fell below standard were rated red; those that met the standard were rated amber; and those that were above the standard were rated green.

The outcome of the review (as per pie chart below), identified 528 (77%) pharmacies had an amber rating, including 8 for Trafford and identified 60 (9%) pharmacies had a red rating, including 2 for Trafford. These pharmacies will be required to complete an action plan and implement any identified actions within a specified timeframe.





The bar chart below shows the number of pharmacies from the amber group that has now completed all their actions and are fully compliant against their national contract. The remaining 226 will be required to complete CPAF for this year (2014/15).



### CPAF process 2014/15

NHS England's process for this year is that any pharmacies that submitted the CPAF questionnaire in 2013/14, reviewed and rectified areas of non-compliance will not be asked to submit any further information this year. There will be a rolling programme of assurance visits to manage the assurance process and to inform commissioning decisions; relating to Enhanced /Locally Commissioned Services.

Assurance visits will be undertaken where pharmacies fit the following criteria:-

- § Pharmacies who did not complete CPAF in 2013/14
- § New pharmacies
- § New change of ownerships
- § Particular pharmacies, where concerns and issues have been identified

GMAT visits will commence November 2014, with the intention to complete all the assurance visits by March 2015.

### ***Dementia Friendly pharmacy work***

The GMAT is developing a Greater Manchester Dementia Friendly Pharmacy Framework as part of the Local Professional Network medicines optimisation work. The aim is to have a dementia friend in every single pharmacy and pharmacy teams are ideally placed to discuss with individual patients with dementia how they could be better supported within the pharmacy environment. The launch of the framework is planned for November 2014.

### ***Screening and Immunisation Health Promotional Campaign***

The current GMAT directed health promotional campaign for the pharmacies is Screening and Immunisation for September 2014 through to November 2014.

Public Health England (PHE) has produced national communication for the seasonal flu vaccination programme, this will aide and support the pharmacies in delivering this campaign. The creative route and media plan are being finalised following research and it is planned the campaign will be launched on 8 October 2014. The specific target audiences will be; under 65s with long-term conditions, pregnant women and parents of children aged 2, 3 and 4 years old.

PHE will provide Local Authorities and the NHS with a campaign briefing sheet, PR toolkit, posters and digital assets in mid-September. GMAT is looking to build on this national campaign with the local communication teams.

The GMAT public health commissioning colleagues have now concluded discussions with Community Pharmacy Greater Manchester on behalf of the Greater Manchester Local Pharmaceutical Committees regarding the implementation of the Greater Manchester seasonal influenza vaccination pharmacy scheme for 2014/2015. The scheme will continue to target those aged 18 - 64 years in a clinical at risk group and carers. The Pharmacies who agree to take part in the scheme will be offering the vaccination from 1 November 2014 to 28 February 2015. If you have any queries regarding this service please contact initially the CPGM team at [secretary@manlpc.co.uk](mailto:secretary@manlpc.co.uk).

### ***Contact Details***

If you require more information around community pharmacy and the contribution they can make, please do not hesitate to contact the Greater Manchester Area Team (Optometry and Pharmacy Team) via email [AGM.optometry-pharmacy@nhs.net](mailto:AGM.optometry-pharmacy@nhs.net) or telephone 0113 825 5162/5139/5270.

Produced by: Pina Renzulli  
Date: October 2014.

### **Dental Briefing Paper (Trafford)**

From April 2013, the NHS Commissioning Board took over commissioning responsibility from Primary Care Trusts for all NHS Dental Services: primary, community and secondary, including dental out of hours and urgent care. This includes commissioning dental services provided in high street dental practices, community dental services, and dental services at general hospitals and dental hospitals.

The NHS Commissioning Board commissions NHS dental services based on historic activity and local oral health need.

Responsibility for commissioning Oral Health Improvement now sits with the Local Authorities.

### **Information for Trafford and Greater Manchester arising from a dental survey of five year olds 2012**

Despite an overall improvement in the number of children free of tooth decay, over 37% of five year olds in Greater Manchester have tooth decay according to a survey published by Public Health England (September, 2013). Children with decay have, on average, nearly four teeth affected by decay, which is treated or untreated.

The study '*National Dental Epidemiology Programme for England, oral health survey of five-year-old children 2012*' is the second national survey undertaken with the current methodology, the previous survey was in 2008. Comparison between 2008 and 2012 shows an apparent overall improvement in decay levels in young children.

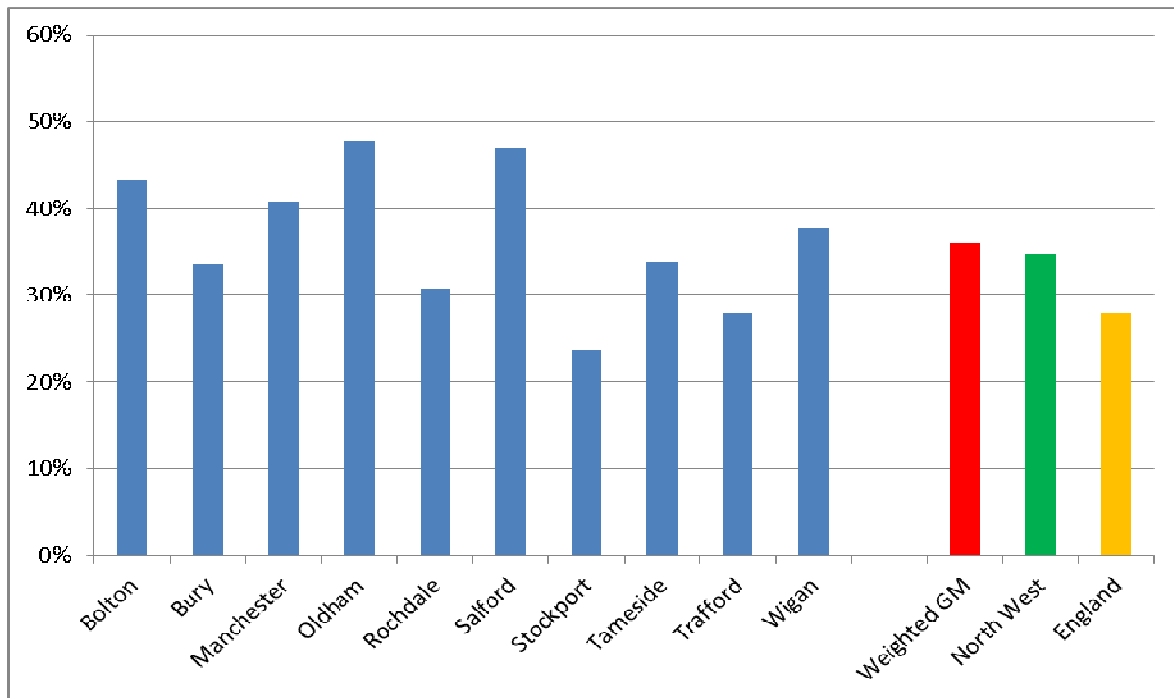
In England the 2012 survey found:

- Overall the proportion of five year old children with any tooth decay has reduced from 30.9% to 27.9%
- The proportion of children with untreated decay has reduced from 27.5% to 24.5%
- Children with sepsis in their mouths has reduced from 2.3% to 1.7% since 2008
- 72.1% of five year olds are free from tooth decay, up from 69.1% in 2008
- The survey is likely to underestimate the true level of disease

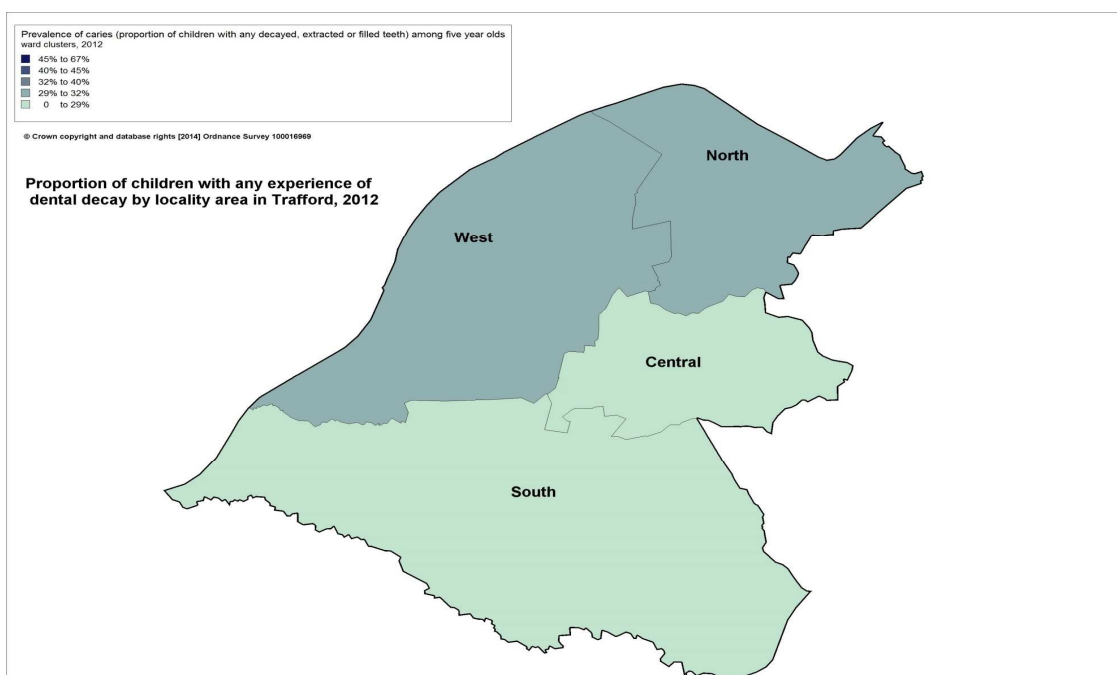
Whilst there has been an apparent improvement in disease levels in the country overall there is no room for complacency in the Greater Manchester area as the inequalities in health persist in comparison with the rest of the country and within the region from one Local Authority to another.

Levels of decay in the North West are higher than any other region in the country with 34.8% of children having one or more teeth that are decayed, extracted or filled. This compares with 27.9% in England and 21.2% in the South East.

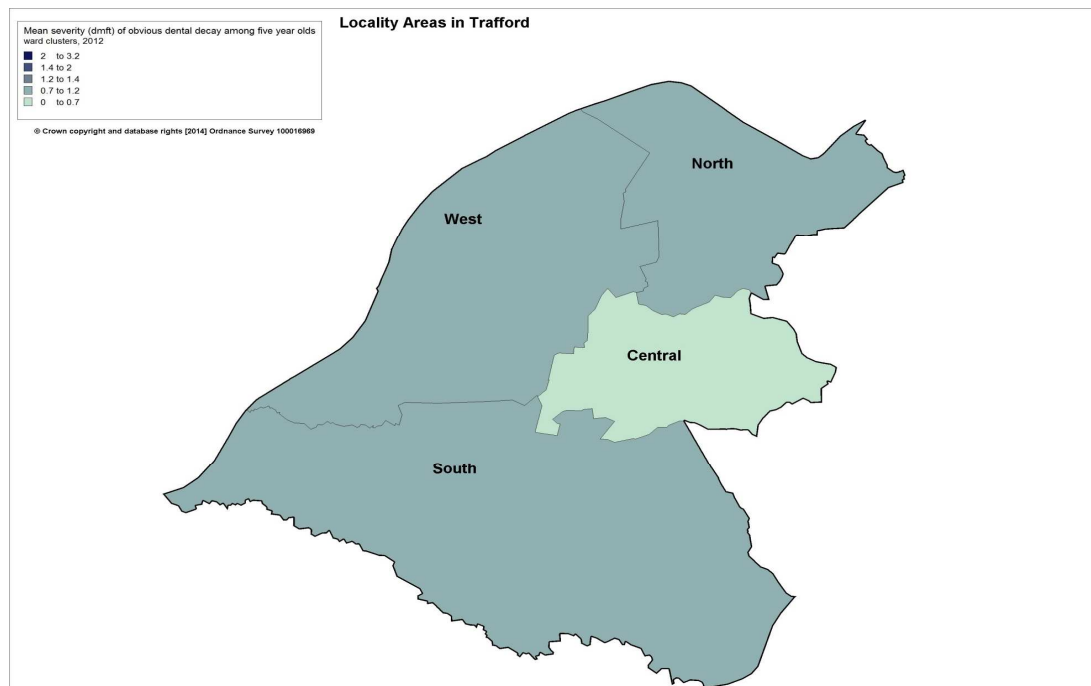
Within Greater Manchester there are also inequalities in health with only 23.7% of children in Stockport being affected by decay compared with 47.7% in Oldham. Graph below shows the proportion of 5-yr-olds with one or more decayed, extracted or filled teeth in Greater Manchester, 2012:



Data arising from the survey described above has been analysed by the Dental Public Health team in Greater Manchester Public Health England to provide more detail for Trafford at locality area level. Overall the prevalence of decay among five year olds is lower than that for Greater Manchester as a whole. There is some inequality as the proportion of five year olds living in North and West localities with experience of decay is higher than in the other two localities (see map below):



The severity of decay is significantly lower than the mean for Greater Manchester and is lowest in the central locality (see map below):



Early childhood caries (ECC) typically affects smooth surfaces of upper front teeth and can affect many other teeth as well. It is usually associated with long term use of a baby bottle containing sugared drinks, especially if given at night. In some areas it is culturally acceptable to put a baby or toddler to bed with a bottle and allow them to drink freely from a bottle during the day. If water or milk were given in this way there would be no harm to teeth but drinks containing sugar can cause this rapid and disfiguring type of decay. The measures of decay at age five include decay that may have been caused during the first two or three years of life. In Trafford there is a low prevalence of this type of decay, with small variation at neighbourhood level. It may be necessary to identify smaller sub-groups of the population who may be at increased risk of ECC if it is to be tackled.

### **General Dental Practices Responsibilities for Access to the Service**

Under the current GDS contract (2006) there is no formal registration with a dental practice. Patients who have received a course of treatment on the NHS are entitled to a 12 month guarantee period relating to that course of treatment. Most practices operate a recall system, through which patients are invited back on a regular basis for a routine check-up, in line with NICE guidance. Recall intervals can vary from 3 months to 12 months depending on the dental health of the patient. Compliance with NICE recall guidelines should create further access for new patients.

Practices have a policy for managing FTAs (fail to attend) and this may include no longer offering appointments to patients who have failed to attend on two or more occasions. It is the patient's responsibility to cancel any appointment they cannot attend. Such a policy is to enable practices to manage their limited resources. The decision not to offer future appointments is considered on an individual basis.

It is the responsibility of each practice to ensure that their NHS Choices entry is up to date and correct. The Dental Commissioning Team at GMAT is working with all practices across Greater Manchester to ensure that this is done.

Patients are entitled to access NHS dental services in any part of Greater Manchester. The Area Team continues to ensure that practices take the time to update NHS Choices, providing a central resource for everybody to access, including patients, to be better informed about availability within Greater Manchester.

### **Contract Numbers**

The table below shows Primary Care Dental provision in the Trafford area and at a Greater Manchester level:

<b>Contract Type</b>	<b>Trafford</b>	<b>Greater Manchester</b>
General	39	381
General and Orthodontic	0	18
Orthodontic	6	38
Pilot (Type 1)*	0	2
Pilot (Type 2)**	0	2
Pilot (Type 3)***	0	3
Community (PDS)	1	4
<b>Total</b>	<b>46</b>	<b>448</b>

In total there are 16 secondary care contracts across Greater Manchester.

\*Pilot Type 1 - guaranteed contract value remuneration for guaranteed NHS commitment.

\*\*Pilot Type 2 – based on weighted capitation (age, gender & social deprivation) and quality within contract value covering all care.

\*\*\*Pilot Type 3 – based on weighted capitation (age, gender & social deprivation) and quality with capitation payment covering only routine care with the remaining contract value attributed to complex care.

All pilots are based on oral health assessments and reviews which follow a clinical pathway.

### **Performance 2013 / 2014**

The headlines for 2013 / 2014 performance across Greater Manchester are as follows:

- Underperformance equates to 1% of the total 13/14 contacted activity for UDAs (Units of Dental Activity) & UOAs (Units of Orthodontic activity)
- For Contractors delivering less than 96% - £1.54m (Equates to 57,111 UDAs) will be recovered from contractors before March 2015

- For Contractors delivering between 96.1% - 99.9% 42,739 UDAs will be carried forward and delivered in 14/15
- For Contractors delivering between 100% - 102% 34,352 UDAs will be carried forward and UDA delivery will be reduced for 14/15
- Any Contractor delivering over 102%, the UDAs will not be carried forward as per the policy this equated to 17,235 UDA's at a cost of £545k

The headlines for 2013 / 2014 performance in Trafford are as follows:

- Performance achievement for Units of Dental Activity (UDAs) was 96.57%
- Performance achievement for Units of Orthodontic Activity (UOAs) was 100.29%

The table below summarises the year end position for 2013 / 2014 for Trafford:

	Contracted Activity	Completed UDA / UOAs	Performance Achievement (%)	Over / Under Performance (UDA / UOA)	Under / Over Performance (£)
Unit of Dental Activity (UDA)	418,941	404,567	96.57%	-14,374	-151,338.71
Unit of Orthodontic Activity (UOA)	24,283	24,354	100.29%	71	0.00

### **GP Patient Survey**

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK.

The GP Patient Survey has been designed to give patients the opportunity to comment on their experience of their GP practice and other local NHS services including dentists. The survey asks questions about experiences at local GP surgery and other local NHS services, and includes questions about general health. The survey includes questions about a range of issues, such as how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours, the quality of care received from their GP and practice nurses, amongst other things. Replies to the survey help surgeries and NHS England understand where improvements are needed. The survey is an opportunity for patients to have their say about how well their practice is doing at providing these services to patients.

Below are the responses to two questions relating to dental practices from the 2013 / 2014 survey. Responses include all those who tried to get an NHS dental appointment within the last two years.

## 1. Were you successful in getting an NHS Dental Appointment?

	% Yes	% No	% Can't remember
England	93%	5%	2%
Greater Manchester	90%	7%	2%
Trafford	92%	5%	2%

According to the above both Greater Manchester and Trafford have a slightly lower success rate for patients trying to get an NHS Dentist compared to England as a whole.

## 2. What was your overall experience of NHS Dental Services?

	% Very good	% Fairly good	% Neither good nor poor	% Fairly poor	% Very poor
England	48%	36%	9%	4%	3%
Greater Manchester	49%	34%	9%	4%	4%
Trafford	53%	32%	8%	3%	3%

According to the above Greater Manchester have a slightly higher percentage of patients who stated their experience of NHS Dental Services was very good.

Trafford also has a slightly higher percentage of patients who stated their experience of NHS Dental Services was very good and a slightly lower percentage of patients who stated their experience was fairly good.

## Access

It is a key priority for NHS England to improve access to dental services. The national measure of access to general dental services is determined as the number of unique patients seen by NHS primary care dental services over the previous 24 month period. Within Greater Manchester access continues to gradually increase at a rate above the regional (North of England) and National rate (see table below):

### **Greater Manchester Access – March 2006 to June 2014**

Name	Patients seen in previous 24 months at 31 March 2006	Patients seen in previous 24 months at 31 March 2013	Patients seen in previous 24 months at 31 March 2014	Patients seen in previous 24 months at end of June 2014
Greater Manchester	1,553,258	1,658,990	1,664,335	1,665,267
North of England Commissioning Region	8,751,351	9,231,335	9,249,297	9,244,868
England	28,144,599	29,775,762	29,915,994	29,915,895



Name	% of Access levels compared to end of March 2006	% of Access levels March 2013 compared to end of March 2006	% of Access levels March 2014 compared to end of March 2006	% of Access levels June 2014 compared to end of March 2006
Greater Manchester	100.0%	106.81	107.15	107.21
North of England Commissioning Region	100.0%	105.48	105.69	105.64
England	100.0%	105.80	106.29	106.29

## Trafford Dental Access – December 2013 to June 2014

Below are the most recent access figures for Trafford:

Local Authority	Patients seen in previous 24 months at end of December 2013 (total adults and children)	Patients seen in previous 24 months at end of March 2014 (total adults and children)	Patients seen in previous 24 months at end of June 2014 (total adults and children)
Trafford	135,170	135,057	135,350

Local Authority	% of Access levels compared to end of December 2013	% of Access levels March 2014 compared to end of December 2013	% of Access levels June 2014 compared to end of December 2013
Trafford	100.0%	99.9%	100.1%

### Areas of Work

Working with the Consultants in Dental Public Health (CDPH) and clinicians from the Local Dental Network (LDN) we have identified specific areas of work that aim to improve oral health. These are:

#### **1. Healthy Gums DO Matter Pilot 2014 / 2015**

The gap between how periodontal care (care of the gums) is delivered in General Dental Practices and the recommended guidance is widening. Guidance and care pathways are crucial to improving the quality and care. This area of work aims to improve the clinical management and oral health of adults by improving attendance and quality of periodontal therapy delivered in NHS practices and by increasing, proactive prevention to increase good homecare habits.

**Objective / Scope** to support practitioners in Greater Manchester to improve the care management of periodontal disease in primary care, to have a set of guidelines and care pathways for treating periodontal disease in NHS dental practices to support local practices improve quality of periodontal care provision and reduce the number of medico legal cases involving periodontal disease and its treatment.

This area of work aims to embed the Healthy Gums DO Matter pilot scheme into the GDS contract from April 2014. To achieve this, each practice will need to take a total of 23 patients through the periodontal pathways:

- 15 from the Disease and Advanced Disease pathway
- 5 from the risk pathway
- 3 from the health pathway

The pilot will run from 1st April 2014 until 31st March 2015.

A total of 12 practices are piloting the Healthy Gums DO Matter Scheme, of these none are based in Trafford.

## **2. Baby Teeth DO Matter 2014 / 2015**

Despite an overall improvement in the number of children free of tooth decay, over 37% of five year olds in Greater Manchester have tooth decay according to a survey published in September 2013 by Public Health England. Children with decay have on average nearly four teeth affected by decay, treated or untreated.

**Objective / Scope** – to encourage dental attendance among the under 5 year olds, increase proactive prevention at all primary dental care sites, improve clinical management of 3 to 5 year olds, reduce GA referrals, improve overall quality of care of 3 to 5 year olds, better outcomes for patients, cost effective use of NHS resources that reflect local need, empower parents and caregivers to take care of oral health needs and increase good home care habits among the under 5 year olds including brushing with fluoride toothpaste last thing at night and in the morning.

Following the success of the Baby Teeth DO Matter Pilot in 2012 / 2013 Greater Manchester Area Team has developed the Baby Teeth DO Matter scheme which was launched in April 2014. This area of work aims to embed the Baby Teeth DO Matters scheme into the GDS/PDS contract from April 2014. To achieve this, practices will need to deliver the following:

- Actively identify children age 0-5 years who have not attended in the previous two years and positively promote the initiative
- Provide access to the eligible children
- Provide an assessment with advice and intervention according to protocols
- Provide fluoride varnish application
- Provide evidence based oral health based oral health messages and reinforced using leaflets to promote tooth friendly routine for life
- Provide re-attendance opportunities in 2 – 3 month period.
- Complete oral health needs assessment form and return to area team on a quarterly basis.

## **Non- Recurrent Funding**

In financial year 2013 / 2014 a total fund of £506K was invested in non-recurrent activity. A total of 18,066 non recurrent UDAs at £28 per UDA were offered to practices, providing access to an additional 5,200 patients (on an average of 3.5 UDAs per patient). This additional funding was primarily for children age 0-5 years, in order to build on the work of Baby Teeth Do Matter Scheme 2012 / 2013.

Four practices in Trafford expressed an interest in the non-recurrent scheme and were awarded a total of 1337 UDAs, providing access to an additional 382 patients (based on an average of 3.5 UDAs per patient).

NHS England is currently reviewing non-recurrent funding opportunities in 2014 / 2015.

## **Dental Assurance Framework**

The DAF UDA Framework has 14 clinical and non-clinical indicators (see below) which the Area Team use to support an initial view that practices are delivering a good service.

- Under-delivery of UDAs
- Radiographs Rate per 100 FP17s
- Fluoride Varnish Rate per 100 FP17s (3-16 yr old patients)
- Fissure Sealants Rate per 100 FP17s (3-16 yr old patients)
- Endodontic Treatment Rate per 100 FP17s
- Low Extractions Rate per 100 FP17s
- High Extractions Rate per 100 FP17s
- Extractions as a % of Extractions + Endodontic Treatment – Adults
- Inlay Rate per 100 FP17s
- Re-attending within 3 months – Child
- Re-attending within 3 months – Adults
- Average Band 3 to Band 3 rates
- % satisfied with dentistry received
- % satisfied with wait for an appointment

The above data is provided on a quarterly basis by the NHS Business Services Authority Dental Services (NHSBSA) to the Area Team in table format indicating the number of flagged indicators individual practices have. Indicators are benchmarked to identify outliers by comparing individual contract performance to England averages whilst taking into account the contract size.

The Area Team then uses the Assurance Framework as one of its formal tools to identify and reduce variation by setting a transitional standard that none of our dental practices should have more than four flagged indicators.

Flags for Trafford as of June 2014 are:

Contract Type	Number of Flags
GDS General	1 x practice with 6 flags 2 x practices with 5 flags 2 x practices with 4 flags 8 x practices with 3 flags 10 x practices with 2 flags 10 x practices with 1 flag 5 x practices with 0 flags
Orthodontic	4 x practices with 1 flag 2 x practices with 0 flags

### **Referral Management**

A central dental referral management has been in place in Greater Manchester in pilot form since 2012, launched via a phased roll out across all localities. The current pilot service now has 100% coverage of Greater Manchester and includes all dental specialties and pathways across primary and secondary care. The service provides invaluable data relating to pathways development e.g. oral surgery, oral and maxillofacial surgery and orthodontics, as well as improving the quality of referrals. The overall aim of the service is to ensure that patients are referred in to the most appropriate service according to need.

During 2014 / 2015 the Area Team are undertaking a Referral Management Service procurement. Expected date of commencement of the newly procured service is 1 July 2015.

### **Community Dental Services**

Community Dental Services provide special care dentistry. The speciality of special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors, which results in them being unable to access routine dental care. It pertains to adolescents and adults.

Trafford Community Dental Service is delivered by Bridgewater Community Healthcare NHS Trust and provides dental services limited to people with disability, who have complex needs and are unable to use general dental services. Patients may be referred to the service by other dentists, doctors, health and social care professionals and Support Workers.

The service provides:

- specialised dental services to people with complex needs who are unable to use general dental services
- teaching for dentists and dental undergraduates at the Old Trafford Clinic
- assessments for general anaesthetic for paediatric and special needs patients
- Treatment using inhalation sedation for paediatric patients
- Home visits for people with complex needs who cannot be treated by a general dentist

### **Contact Details**

#### **NHS Choices**

Patients who are seeking access to dental care are able to source information regarding local dental services from the NHS Choices website ([www.nhs.uk](http://www.nhs.uk))

#### **Urgent Dental Care**

- Trafford - Urgent In Hours Care (8.00am – 6.30pm) 0161 476 9649
- Trafford - Urgent Out of Hours Care (6.30pm – 8.00am) 0161 337 2246

#### **Community Dental Service**

- Bridgewater Community Healthcare NHS Trust (Trafford) 0161 342 7865

#### **Area Team**

If you require more information around Primary Care / Secondary Care Community Dental Care, please do not hesitate to contact the Greater Manchester Area Team (Dental Team) via email [england.gmdental@nhs.net](mailto:england.gmdental@nhs.net) OR telephone 0113 825 5264 / 5231 / 5144.

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## TRAFFORD COUNCIL

**Report to:** Health & Well Being Board  
**Date:** 4<sup>th</sup> November 2014  
**Report for:** Information  
**Report of:** The Trafford Partnership

### Report Title

Trafford Partnership Update

### Purpose

To update the Health and Wellbeing Board on the work of the Trafford Partnership in the last quarter.

### Recommendations

That the Health and Well Being notes update and can request further information from the Partnerships & Communities Team, or by visiting the website [www.traffordpartnership.org](http://www.traffordpartnership.org)

### Contact person for access to background papers and further information:

Name: Robina Sheikh Partnerships Officer x1361

## **Health & Wellbeing Board – 4<sup>th</sup> November 2014**

### **Trafford Partnership update**

This report provides a very brief update on the work of the Trafford Partnership in the last quarter. Further information can be requested from the Partnerships & Communities Team, or by visiting the website [www.traffordpartnership.org](http://www.traffordpartnership.org)

#### Key achievements:

#### **Locality Partnerships and locality working**

Engagement Plans are in place across the Locality Partnerships, with a number of public events taking place over summer. Record numbers of residents attended the Voluntary Sector Grant events. The successful groups will be supported to deliver their projects by the LP members. Building on the key messages from the Partnership Conference, Sale hosted an Association of Associations event, and U&P will hold one in November.

The review of LPs is underway, but is much broader to include the strategic approach for locality working, from which a clearer role for LPs will be defined. This will be completed by November.

South and Sale LP have received over £30k of funding from Our Place to deliver isolation in older people project in Village Ward and an early-help for families' project in Sale Moor.

#### **Public Service Reform**

The Trafford Partnership Executive are exploring Public Service Reform principles through a series of workshops, looking at reducing demand, locality working, cumulative impact of budget challenges and the high dependency themes. These themes are being taken forward by the relevant Thematic Partnership, where cross-partnership, multi-agency delivery plans are being delivered. Overlaying the thematic action is the shift from Stronger Families to Complex Dependency, ensuring practical action to support individuals and families takes place within and across organisations.

The merge of the Partnerships and Strong Communities Team has enabled a clear picture of delivery to be mapped, and this is leading to discussions across the Council and Partnership on how strategic priorities and local actions can be brought together, streamlined and strengthened. The review of locality working is a key part of this, highlighting the need for a locality approach, with plans that bring together all organisations and sectors to deliver outcomes, innovating service delivery and increase community action.

#### **Thrive Trafford**

October 2014 sees the end of Year 2 of the contract with Pulse Regeneration delivering infrastructure support to the third sector as Thrive Trafford. It has been another successful year, building on Year 1. They have launched a new interactive website which acts as a third sector hub, a single place for funding opportunities, volunteer management, capacity building support and a discussion forum.



Thrive are delivering innovative activity which benefits the public sector as well as voluntary and community groups. A Trafford Quality mark supports commissioning and procurement, as does developments in Social Value. They also ran a successful Social Enterprise Challenge, sponsored by Trafford Council. Year 3 delivery plan and targets are currently being developed.

### **Trafford Innovation and Intelligence Lab**

Trafford Innovation and Intelligence Lab launched on the 3rd October, based in Stretford Library. Prior to that, the Lab was operating in shadow form with successful outputs e.g. analysis of cervical cancer screening rates, combining data from GPs, public health, council, national data and THT, recommending increased take up in specific areas. Workshops will begin in the next month, to profile worklessness initially.

The Lab has released Public Toilet open data under the Local Government Association Incentivised Data scheme. We also applied for an Open Data Certificate from the Open Data Institute, and were the first Local Authority to be granted 'Pilot' level. Future Everything hosting Sport Data hackathon in December. Exploring possibility of library hack in Spring 2015.

### **Strategic Sport and Physical Activity Partnership**

The S&PA partnership framework is in place and monitored through meetings which are well attended by partners. Measurements are against Sport England APS and are in place. Local targets are to be established, in line with GM targets, in Q3.

The Partnership has been working with partners to support and produce a wide range of innovative funding applications which it is hoped will bring significant funding into the Borough to deliver a range of projects which aim to increase participation through priorities identified.

A relationship has been established with the Health and Wellbeing Board to work in partnership to increase physical activity as an early intervention.

We surveyed our residents to investigate sport and physical activity behaviours. The results are providing a better picture of provision needed in the borough and how we can direct our resources in the best way possible.

### **Thematic Strategies**

A number of thematic strategies have been recently published (or will be this month), which set out key objectives which will drive the work of partners, including Trafford Council:

- Trafford Environment Strategy
- Trafford Children & Young People Strategy
- Trafford Homelessness Strategy

### **New staff**

Kerry Purnell joins Trafford on 28<sup>th</sup> October as Head of Partnerships and Communities, and Liz Baxter starts on 16<sup>th</sup> October as the new Safer Communities Manager.

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