

**TRAFFORD COUNCIL**

**Report to:** Health & Wellbeing Board  
**Date:** September 2015  
**Report for:** Information  
**Report of:** Jill Colbert

**Report Title**

Children, Families & Wellbeing Directorate commissioning report

**Purpose**

For Information and note.

**Recommendations**

HWB to note the information contained within.

Contact person for access to background papers and further information:

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## **1. Introduction.**

This report highlights relevant areas of commissioning activity that interfaces with the Public Health outcomes Framework and the Health and Wellbeing Board strategy. It highlights key area of business activity undertaken or concluded in quarter 2.

## **2. Commissioning review and re-procurement update**

The following provides a position update in relation to the commissioning review and subsequent re-procurement exercise. The review analysed a significant number of previously commissioned services, using agreed criteria drawn from the public health outcomes framework and known activity levels and service outcomes. The review has focused on a number of areas including;

- Sexual Health Provision
  - Substance Misuse
  - Voluntary and Community Sector commissions
  - Locally Commissioned Service
  - Primary and Secondary Care Provision
  - Health and Wellbeing activities
- (this is not an exhaustive list but illustrative of the services commissioned)

Having explored the relevant aspects as described a re-procurement exercise was undertaken to let a range of new service areas out to the market, to focus contracts more sharply on health improvement in key areas using new and innovative delivery models. A small number of services with significant and multiple grant based income (from both Trafford Council and the CCG), delivering core or statutory functions, were excluded from the re-procurement this year to enable more comprehensive reviews to be undertaken.

A procurement exercise has been undertaken over the following service areas (described as Lots in procurement terms) and contracts duly awarded;

- Advocacy (including the new Care Act requirement)  
This is a universal Advocacy Service which will provide advocacy in response to statutory needs such as Care Act requirements, Mental Health Advocacy, Learning Disability Advocacy.
- Information and Advice Service (including Care Act requirements).  
This is a tiered service which will provide both universal and specialist advice and making greater use of digital technology.
- Prevention and Wellbeing Service  
Commissioned to provide prevention and activity based services to improve the health and wellbeing of a range of residents with a particular emphasis on priority health outcome areas.

All of the above lots will be delivered through a consortium / lead provider model which includes a wide range of partners who organised themselves to produce bids that described how they would deliver to the outcomes.

These partners include;

- Age UK Trafford
- Citizens Advice Trafford
- Centre for Independent Living.
- LMCP
- New Way Forward
- Blusci
- ACCG
- Crossroads

By working as a consortium it envisaged that a more a collaborative, easier to access service will be developed; and all of the providers over each of the service areas will be accountable for the delivery of referral and care pathways and work as one.

There will be a single access gateway model developed to enable one point of access and referral across all service areas; borough wide, and this will ensure ease of referral for any referrer who will not have to 'decide' on an appropriate service.

The gateway model will operate on a contact card system with only basic details being required in the first instance, thus reducing the length of time a referral will take and making self-referral easier.

The model will enable the Trafford Care Co-ordination Centre in particular to quickly and easily direct residents to the single source of access to a whole range of early help and support services.

Other benefits of the consortium model include; a reduction in duplication, ease of client journey between services, and a quicker response for individuals. The approach brings added value in terms of additional benefits and resources which individuals will be able to access from the range of services available to them, and the range of specialist knowledge as a result, in comparison to the single referral model.

The contracts are almost all now let with provision in place and monitoring and performance frameworks set with the providers.

A future performance report will be presented to the Board at the end of quarter 3 2015/16.

### **3. Sexual Health**

The Sexual Health service is now in its final year of contract. The service has been reviewing levels of activity with commissioners to ensure access is streamlined and makes best use of available resources.

Quarterly performance information shows that the service has seen improvements in the number of individuals accessing service for screening and treatment, as below:

	<b>Q1 2015</b>	<b>Q4 2014</b>
Number of New/First Attendances (including self-referrals)	1422	1227
Number of rebooks	1518	1182
Number of follow-ups	945	832
<b>Total number of clients seen in reporting period</b>	<b>3885</b>	<b>3241</b>

### **4. Substance Misuse**

Significant improvement in our substance misuse performances across the first two quarters of this financial year has been achieved which not only leads to improved outcomes for service users as well as improving our national position. For example;

#### Successful Completions

- Successful completions are the number of clients who have successfully completed a structured treatment intervention. This has improved across all substance misuse categories including Alcohol, Opiate and non-opiate. For Q1 (April- June 2015) the rate of increase has been excellent with Alcohol completion increasing above national average (Trafford 47% vs 39.14% Nationally) and Alcohol and Non-opiates now in top quartile for performance (Trafford at 42.8% vs 40.8% Nationally)

## Re-presentations

- Re-presentations are measured over each six month period and measure how many individuals return to services either after a successful completion or unplanned exit (treatment incomplete). Opiate client re-presentation showed a marked decline to 22.2% (lower is better) and Alcohol down to 17.1%, a good improvement has also been seen for Alcohol and Non-opiates (combined) currently at 9.1% (Trafford is just outside the top quartile).

There is significant activity on a Greater Manchester level with the production of a GM Alcohol strategy planned; however it is not yet clear how this may be influenced by the devolution agenda. Current GM activity is focusing on the development of a GM Alert System, GM Testing contracts, GM Custody provision and GM Recovery planning, all of which developments Trafford is fully engaged in.

## **5. Children and Young People's Oral Health**

Good oral health has positive implications for future health and wellbeing. Childhood oral health across Greater Manchester is significantly worse than England and the North West. In 2013, 19% of 3 years olds in Greater Manchester had dental caries, compared to 12% in England and 14% in the North West. In Trafford, 10% of 3 year olds had dental caries in 2013, and although this is better than the national picture, it disguises significant inequalities across our Borough with our children from deprived communities experiencing poorer oral health.

Poor oral health is entirely preventable and the impacts are far reaching, including disturbed sleep, interrupted school attendance, poor diet, self-esteem and distress caused by pain and avoidable hospital admissions.

Trafford Council are engaged in the Greater Manchester Oral Health Collaborative Commissioning Network, which has led to a greater understanding of Trafford's epidemiology and cost effective approaches to improve oral health and reduce inequalities. Public Health England facilitated a commissioner-led meeting between Trafford's oral health provider, Bridgewater Community Healthcare NHS Foundation Trust, Trafford Council and NHS England in order to agree service improvements in the delivery model.

This has resulted in the development of an Oral Health Improvement Plan for Trafford. Currently in draft, the plan will primarily focus on improving the oral health of children under 5 years of age and will be achieved through:

- oral health training to front line professionals,
- at agreed milestones the universal distribution of toothpaste and brushes,
- targeted supervised brushing in childcare facilities in areas where prevalence of decayed, missing or filled teeth and admissions for dental caries in children is high.

There will be no financial implications for the CCG or Trafford Council, as the improvements will utilise the existing contracted service, and the plan will deliver effective use of existing resources.