

TRAFFORD COUNCIL

Report to: Health and Well Being Board

Date: 18th November 2015

Report for: Information

Report of: Corporate Director, Children, Families & Wellbeing

Report Title

Trafford Council Update

Summary

An update to the Health and Well Being Board on key Trafford Council developments.

Recommendations

The Health and Well Being Board note the Trafford Council update report.

Contact person for access to background papers and further information:

Name: Abdul Razzaq (Director of Public Health). Ext. 1391.

Trafford Council Update

1. Health and Well Being Strategy Update

At the June 2015 meeting of the Health and Wellbeing Board, it was agreed that the work plan for the existing strategy (to 31st March 2016) would be modified to focus on the following four key areas:

- Physical activity.
- Cancer screening.
- Older people (in particular, reducing non-elective emergency admissions).
- Alcohol misuse.

Progress has been made on developing programmes within each of these areas, and this paper gives some brief information on this. The name of the lead contact for each area is also included, should further information be required on any element. All the groups are including monitoring of impact within their remit, and particular attention will be paid to the impact of these programmes on reducing health inequalities.

Increasing uptake of cancer screening: lead Helen Gollins

- A Trafford Local Cancer Implementation Group chaired by Trafford's CCG Head of Scheduled Care group is set to meet in November. This group will pull together all the activity around cancer happening across borough including cancer screening.
- Voice of BME have been commissioned to improve cancer screening (and NHS Health Check) uptake in the North Locality. They have been delivering information sessions across the locality and featured on Legacy FM in October.
- Public Health and the CCG are working together to sustain and improve cervical screening rates across the Borough.
- Plans for a community engagement and communication programme are under development.

Reducing the impact of alcohol: lead Paula Whittaker

- The Trafford Alcohol Strategy for 2016-19 will be complete by April 2016. It is being developed by the multi-agency Trafford Alcohol Steering Group; drafts will be shared in the New Year.
- Key to this strategy will be the aim to train all frontline staff to have identification and early intervention conversations with all clients and patients. Many staff are already trained in brief interventions but to maximise the reach and *make every contact count* this needs to be spread beyond healthcare staff to take advantage of every opportunity to change behaviour. An alcohol brief intervention plan to train all frontline staff across all health and social care services in Trafford is being developed.
- Public health is currently developing a map of alcohol harm for Trafford by ward which will be completed by the end of January 2016.

- Data from the NHS and the police is also being combined to produce an alcohol harm scoring tool that will be used to provide public health responses to licence applications.
- The use of a common assessment tool across Phoenix Futures and Greater Manchester West for detoxification patients is currently being piloted

Increasing physical activity levels: lead Eleanor Roaf

The Sport and Physical Activity Partnership has been progressing its work on the following three priorities from the Greater Manchester Moving Strategy:

- To increase the number of people walking and running.
- To increase the number of people cycling.
- To promote physical literacy in the early years, at school and at home.

In order to achieve these, we are working on the following projects:

- Working with primary care and patients to understand how best to promote physical activity.
- Piloting a new falls rehabilitation scheme.
- Learning from the Liverpool East Activity Partnership (LEAP).
- Working with Transport for Greater Manchester and British Cycling on identifying and promoting new cycle routes within Trafford.
- Working with the Health Visiting team and Greater Manchester Moving on promoting physical activity and play in early years.

Older people and reducing non-elective emergency admissions: Lead Eleanor Roaf

Trafford remains an outlier for the number of falls among older people, and in order to address this, a multi-agency strategy for Bone Health and Falls Prevention has been agreed, and is now being implemented. Within this we have identified a particular need for work to be undertaken on **reducing falls among residents in nursing and residential homes** as we have high numbers of admissions from this sector. We have held a multi-agency meeting to scope the work required and to produce an action plan for delivery, and we have a follow up meeting arranged for the end of November 2015.

We have also identified resources to recruit a Falls Co-ordinator, to promote and quality assure falls prevention activity classes across the borough.

2. Department of Health (DH) Public Health in Year Reductions 2015/16

As part of wider government action on deficit reduction, the Department of Health (DH) was asked to deliver savings of £200 million in the financial year 2015 to 2016 through reductions to the Public Health Grant to local authorities (LAs). The consultation period ran from 31st July – 28th August 2015.

After considering the consultation responses, Department of Health decided to proceed with the savings by reducing each local authority's (LA) grant by an equal percentage of 6.2%. This was option C in the consultation document. The saving will be implemented through a reduction in the fourth quarterly instalment of the grant, which will be brought forward from January 2016 to November 2015.

Department of Health (DH) received 219 responses from LAs, stakeholders, third sector organisations and individual members of the health and care workforce. Out of the total of 152 LAs in England with public health duties, 123 (81%) responded.

For Trafford the flat 6.2% reduction equates to an in year reduction of £773K.

3. Department of Health (DH) ACRA Public Health Proposed Target Formula 2016/17

In January 2013 the Advisory Committee on Resource Allocation (ACRA) made recommendations on the public health formula, which contains separate components to estimate the need for different public health services.

Since then, there have been significant developments, including:

- the transfer of children's 0 to 5 public health services to local authorities from October 2015.
- the identification of other relevant datasets (in sexual health and substance misuse services) for use in the formula.

Additionally, the Secretary of State has commissioned ACRA to:

- update the existing public health formula to take account of the changes and recommend a revised formula that could be used to target public health resources.
- develop a formula for a single target allocation covering both existing services and the newly transferred children's 0 to 5 services.

A consultation ran from 8th October to 6th November 2015 where ACRA sought feedback on the proposed target formula for 2016 to 2017, including:

- seeking to develop a modelled standardised mortality ratio (SMR) for use in the longer term.
- the 16 SMR groups outlined in the document.
- the proposed new substance misuse formula component.
- the proposed new sexual health services formula component.

- the proposed new services for children under 5 years formula component.

Trafford Council submitted a co-ordinated AGMA WLT (Wider Leadership Team) Greater Manchester agreed response to the consultation. The response stated that the combined impact of the proposals in this consultation are not supported by Trafford Council and the leaders in Greater Manchester. Given the importance of investment in prevention to meet the objectives of the GM Health and Social Care devolution proposition, the proposals in this consultation represent the wrong direction of travel.

4. Public Health Annual Report

The Public Health Annual Report is the report of the Director of Public Health and aims to be an accessible, innovative report outlining the good work taking place across Trafford to improve the health and wellbeing of our communities and prevent ill health. The editorial is being led by Sepeedeh Saleh (Public Health Registrar) with oversight from Consultants in Public Health and contributions have been accepted from various groups and individuals involved in Public Health work across Trafford.

After approval by the Director of Public Health, the report will pass through the consultation process and we aim for the official launch by March 2016.

5. Trafford Joint Strategic Needs and Asset Assessment (JSNAA)

The Joint Strategic Needs Assessment is a comprehensive assessment of current and future health and social care needs of the community: these are needs that could be met by the Local Authority, Trafford Clinical Commissioning Group (CCG), or the local NHS. The purpose is to improve health and wellbeing and reduce inequalities locally. Trafford Local Authority and CCG have equal and joint duties to prepare the JSNA under the Health and Social Care Act 2012.

The previous JSNA is being refreshed and expanded to include assets and produce a Trafford Joint Strategic Needs and Asset Assessment_JSNAA.

Currently Trafford's JSNA sits within the *infotrafford* website. The JSNA is presented as PDF chapters that cover sections of the life course as well as significant conditions such as cancer and mental health.

The new JSNAA will be an interactive and innovative product that will be accessible to the public, professionals, partner agencies and the voluntary and third sector using the *infotrafford* website.

6. Healthy Life Expectancy

Although Trafford's life expectancy, for men and women, is slightly higher than the England average, this masks considerable variation across the borough. In general, residents in the north of the borough typically have lower life expectancy than those in the south.

This is also reflected in the healthy life expectancy in the borough, **Life expectancy** (LE) is an estimate of how many years a person might be expected to live, whereas **healthy life expectancy** (HLE) is an estimate of how many years they might live in a 'healthy' state. HLE is a key summary measure of a population's **health**, and is an important indicator of the need for health and social care and services in an area. In Trafford, the healthy life expectancy, especially for women at age 65, is lower than would be expected from our life expectancy. Addressing this, and getting it closer to the England average, would lead to significant improvements in our population's health and wellbeing, and reduce their need for services.

Data on healthy life expectancy are also included in the health indicators used to make up the Index of Multiple Deprivation. While Trafford has relatively low levels of deprivation and is in the top third of local authorities on this measure, its health statistics are considerably worse. Trafford is in the bottom third of English authorities on this measure.

The following link <http://www.infotrafford.org.uk/deprivation#options> shows the map of health deprivation and disability by area in Trafford.. This domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation. We have further data, from the recent RSA study, shows that we perform particularly badly in the care of people with mental illness, who show disproportionate levels of physical illness and early death.

It is recommended that the Health and Wellbeing Board concentrates its energy and resources on identifying the multi-agency actions required to improve healthy life expectancy in Trafford. This will make a significant difference to health and wellbeing in the borough, and on the need for health and social care services.

7. Delivery of Cervical Cytology by Trafford Integrated Sexual Health Service

Local authorities are mandated to commission and fund comprehensive, open-access HIV/STI testing services, STI treatment services (excluding HIV treatment) and contraception services for the benefit of all persons of all ages present in their area. NHS England is responsible for commissioning and funding the National Cervical Screening Programme.

Currently 30% of Trafford sexual health appointments are being used in Greater Manchester clinics outside Trafford resulting in a projected over-spend in the sexual health budget for 2015-16 of £466,000. Through the public health transformation programme Trafford Council has negotiated a reduction in the value of the Bridgewater Community NHS FT contract of £250,000.00 for the financial year 2015-2016 to partly cover this overspend. In addition to this the Trafford Health and Wellbeing Board has recently highlighted the need for the integrated sexual health service to increase the number of diagnoses of sexually transmitted infections (STIs).

In response to these two issues it has been agreed that Bridgewater Community NHS FT will cease providing specific appointments solely for routine cervical cytology. Bridgewater are not commissioned to provide routine smear appointments and do not receive payment for the smears they undertake. They are commissioned to offer smears to women as part of a holistic service where a patient presents for an alternative service. In 2014/15 Bridgewater performed 1,454 smears for women registered at Trafford practices - this is just 3% of the Trafford total. Whilst this is not a big contribution to the Trafford figures the use of dedicated appointment slots has had a big impact on the ability of the service to meet its targets on diagnosing STIs. Also the appointment only sessions have extremely high Did Not Attend (DNA) rates. Bridgewater will continue to offer cervical cytology to women who attend for sexual health appointments as part of a holistic service.