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TRAFFORD COUNCIL

AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH SCRUTINY COMMITTEE

Date: Thursday, 12 September 2013

Time: 6.30 pm

Place: Meeting Room 10, Ground Floor, Trafford Town Hall, Talbot Road,
Stretford, M32 0TH

AGENDA	PART I	Pages
8.	RESPONSE TO THE REVIEW OF DENTISTRY IN CARE AND RESIDENTIAL HOMES	1 - 2
	To review the action plan arising from the Committee's review.	
9.	ALCOHOL SERVICE PERFORMANCE	3 - 10
	To receive a report of the Executive Member, Community Health and Wellbeing.	

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors J. Lloyd (Chairman), J. Lamb (Vice-Chairman), J. Brophy, Mrs. A. Bruer-Morris, J. Harding, J. Holden, K. Procter, S. Taylor, Mrs. V. Ward, Mrs. J. Wilkinson, Mrs. P. Young and B. Shaw (ex-Officio).

Further Information

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

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This agenda was issued on **Tuesday, 10 September 2013** by the Legal and Democratic Services Section, Trafford Council, Quay West, Trafford Wharf Road, Trafford Park, Manchester, M17 1HH.

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Response to the Review of Dentistry in Care and Residential Homes.

Report to Health Scrutiny Committee September 2013

Dentistry: National Background and Local GM Context:

National:

“Securing Excellence in Commissioning NHS dental services” was published by the NHS Commissioning Board in February 2013.

This document acknowledged that whilst services cannot change overnight, the development of a Local Professional Network for dentistry, with Consultants in Dental Public Health from Public Health England at the heart of it, will provide clinical leadership to support the implementation of wider national primary care strategy, develop local patient engagement, and opportunities to work with the wider community of practitioners and providers to develop real change in how services and programmes are provided for patients and the public.

All NHS dental services are directly commissioned by NHS England (April 2013). Commissioning the totality of dental care gives NHS England the opportunity to better integrate primary and secondary services to provide better care and outcomes for patients. Consultants in Dental Public Health (CsDPH) transferred to Public Health England (PHE) and are co-located with NHS England area teams.

A National Commissioning Board for Dentistry has been established August 2013. A sub-task group of this board (vulnerable people) has also been established and is due to report in January 2014. The CsDPH from GM is a member of the National Board and invited member of the sub task group on vulnerable people.

Local GM:

The immediate challenge for NHS England GM Local Area Team was to achieve a safe transfer of all dental services from Primary Care Trusts in April 2013. The initial focus was on maintaining a steady state in the transition period. The PHE Dental Public Health Team are now co-located with GM Area Team and a full time CsDPH (to ensure GM have appropriate CsDPH capacity) is currently out to advert.

Dental Commissioning and Dental Public health leads have been working to establish a GM Local Dental Network (LDN). The LDN is intended to: support the implementation of national strategy and policy at local level, work with key stakeholders on the development and delivery of local priorities and also provide local clinical leadership. The development of dental services locally will be underpinned by local robust needs assessment and will align to NHS England Dental Commissioning Board's values as models and frameworks are tested, refined and published.

Response to the Review of Dentistry in Care and Residential Homes.

Trafford report:

1. The position of NHS England Area Team in GM has not altered since Claire Yarwood confirmed it to Karen Barclay in an email in May 2013.

13/05/13 To:Karen Barclay CC Abdul Razzaq, Gina Lawrence, Laura Browse, Colette Bridgman

I am writing to confirm that the proposed pilot for Dental Services for residents of elderly care homes in Trafford has not been undertaken to date. My understanding was that there were no funds identified by the PCT to support this proposal during 2011/12 or 2012/13.

The proposal will be re-looked at as part of the Greater Manchester Dental Strategy during 2013/14

Claire Yarwood
Director of Finance
NHS England (Greater Manchester)

2. The Area Team have appointed a Chair for the Local Professional Network (LPN) for Dentistry and a work plan for 2013/4 is being developed
3. A GM Primary Care Strategy is being developed and the work plan for the dental LPN will include a focus on older people's oral health and services.
4. A qualitative survey of older people is planned for GM this year to compliment the North West survey of managers of services for older people (in hospital wards, care in your home services, nursing and residential homes) which is currently being analysed and will be reported on this year.
5. The University of Manchester Public Health Dentistry team are considering funding a researcher to carry out some focus group sessions using methodology developed with Trafford Social Services. The aim will be to talk with people who are just becoming dependent to understand their thoughts and experiences to influence planning of their future dental care. The survey results and this patient voice should fill the gap in knowledge about health needs, clinical status and what is required for this vulnerable group. It will add local information to the national and regional surveys and inform care pathway design and commissioning of services. Results of both the survey and this research will be shared with LAs via the DsPH.
6. It is proposed that oral health and dentistry have a GM DsPH lead through a formal link to GM PHE CsDPH co-located with GM NHS England Area Team. This is to be raised at the GM DsPH network meeting in September.

Report end. CMB September 2013

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12th September 2013
Report of: Executive Member for Community Health and Wellbeing

Report Title

Commissioned Alcohol Services and Current Performance

Summary

1. Introduction

- 1.1 The following report will set out how the delivery of current commissioned Alcohol services is operating to meet the needs of Trafford residents. The Drug and Alcohol Action Team (DAAT) is currently responsible for developing and commissioning services and is based in the Children's, Families and Wellbeing Directorate and Adult Social Care Commissioning. The services are funded via the Public Health Grant. In order to ensure effective commissioning based on a collaborative approach from all partners, an annual Alcohol Needs Assessment is undertaken to identify the priorities, assess trends and focus delivery in the relevant areas.
- 1.2 Trafford is the only GM area to be better than the England average for Alcohol Treatment Prevalence. However, data for Trafford shows that individuals with alcohol problems experience a higher incidence of ancillary physical and psychological health issues when compared with other GM areas. This can result in the need for expensive inpatient treatment.
- 1.3 Alcohol misuse was recognised as the leading health and wellbeing priority by the public when Trafford residents were consulted as part of the Health and Wellbeing survey which was undertaken at the point of Public Health transfer. The reduction of alcohol and substance misuse and alcohol related harm was the top priority at 46.9%. This area is addressed by the Health and Wellbeing Strategy and Health and Wellbeing Action Plan.
- 1.4 Department of Health data shows that the majority of the Trafford population (71%) are categorised as low risk drinkers. Almost a quarter of the population (23.8%) are increasingly putting their health at risk through alcohol consumption, a further 4.4% are deemed to be high risk drinkers. Alcohol related admissions have continued to rise in Trafford year on year, since 2002. When compared to a PCT comparator group, the region and country, Trafford performs poorly for female alcohol specific mortality.
- 1.5 Trafford is in the process of revising its Alcohol Strategy for 2012-15 and supporting Action Plan. This will take account of recent changes in legislation and policy direction and will consider a locally devolved response to tackling these issues within a multi-agency framework. Progress will be monitored via

the Alcohol Steering Group. In addition, Trafford is planning to run a range of activities as part of Alcohol Awareness Week 2013 (18-24 November) which will link explicitly to the wider Health agenda via health awareness events at public houses. By doing so, individuals will have the opportunity to make informed choices about their alcohol consumption and its effects.

- 1.6 In times of financial austerity, it is recognised that synergies and opportunities for cost savings can accrue via collaborative commissioning. As part of this integrated approach, Trafford has committed some funding as part of the RAID model (Rapid Assessment Interface Discharge) which will use liaison psychiatry as a means of providing expertise and effective diversion of patients with issues of alcohol misuse presenting at A & E.
- 1.7 By promoting a whole person approach to treating the individual, all complexities are covered and can be addressed promptly. It will also help to highlight 'frequent flyers' to A & E which has the potential to reduce demand on the NHS by proactively managing individuals and effective signposting them to appropriate services. RAID also has the potential to make substantial cost savings via reduced excess bed payments. The provision of services also addresses the need to reduce the cost of alcohol induced ill health to the NHS, to the wider community and to families.
- 1.8 The reduction of crime and offending rates can be directly linked to alcohol misuse and are a priority for the police and probation. Trafford currently has the lowest figure for recorded violent crime across the GM area. This has been helped by raising the awareness of sensible drinking by licensees and consumers in the night time economy. Alcohol services and treatment orders are utilised to prevent reoffending by those convicted of alcohol related offences. The DAAT work closely with the police, probation and health services to monitor and restrict the offending behaviour of individuals through Integrated Offender Management (Trafford Spotlight).

2. Trafford Service Provision for Alcohol.

- 2.1 The provision of alcohol services across Trafford compliments the overarching strategies of the Council and partner organisations such as Health, Police and Probation. Alcohol misuse was identified as a high priority for the borough in the Joint Strategic Needs Assessment (JNSA) and has now become a strategic priority for Trafford's Health and Wellbeing Board, the Safer Trafford Partnership and Trafford's Clinical Commissioning Group. Analysis shows that higher risk drinkers are primarily located in Trafford's areas of deprivation including Parrington, Sale Moor (South), Sale West, Broadheath, Broomwood, Stretford and Old Trafford. Services are carefully managed and commissioned against the needs of the communities across Trafford and the priorities of the partnership.

Provider	Contract length	Contract Start and Expiry Date	Time in to contract
Turning Point – Community Detox Service	3 years	1 st April 2011-31 March 2014	2 years 4 months
Phoenix Futures -	5 years	2nd April 2012-31	16 months

Alcohol Recovery Navigation Service (ARNS) includes; Alcohol Treatment Service. Recovery and Abstinence. Young Persons Treatment Service.		March 2017	
Intuitive Recovery – self-recovery programme	1 year	April 2013-31 March 2014	4 months
Smithfield (Inpatient facility)	1 year	April 2013-31 March 2014	4 months
Chapman Barker Unit (Inpatient facility)	1 year	April 2013-March 2014	4 months

2.2 All of the above services operate within a Payment by Results framework- this involves setting challenging targets for the providers (both Turning Point detox service and Phoenix Futures Alcohol Single Point of Contact service) based on the number of referrals, number of clients engaging in service and successful completions. In line with government policy, Trafford alcohol services prioritise abstinence and the number who do not re-present within a six month period is assessed via Payment by Results.

By putting this Payment by Result measures in place, it ensures that the Council is only paying for the outcomes which are delivered by each service. Where performance falls short of the expected target, monies can be saved by Trafford Council. By linking explicitly with GPs, better outcomes can accrue for individual service users as care can be co-ordinated accordingly and take into account all presenting needs (such as mental health issues).

2.3 Turning Point (Community Detox and Residential Detoxification)

This service primarily supports GPs with patients who are dependant drinkers by providing detoxification services administered by qualified nursing staff. They will then ensure that a recovery plan is in place.

£160k is set aside for community detoxification while £30K is set aside for detoxification bed nights.

2.3.1 Performance 2012-2013

Target	Actual
300 referrals to detox	258 via residential detox, 64 via Community Detox
130 referrals to aftercare	120
65 community detox completions	50 (total assessed 52)

2.3.2 Performance 2013-to date

- Total Detoxes to 31 July 2013 = 39
- Home Detoxes (via TP) = 2 (5%)

- Detoxes via Smithfield = 30 (77% of total)
- Detoxes via CBU = 3 (8%)

In 2012/13 there were 6 clients who had repeat detoxification bed night treatment. There were 10 repeat clients for community detoxification. To date, no clients have been seen twice in the current financial year.

The major issue with the Turning Point community detox provision is the absence of demand. At any time, 85% of cases are proceeding via the Smithfield inpatient detoxification facility which would indicate that Trafford cases are presenting with a high level of need. This results in minimal figures proceeding via the community detox provision.

Current performance within the Turning Point Community Detox service is poor and the service is fully aware of the actions it needs to implement, as part of an action plan, to increase numbers. This will be done via increased liaison and linkage to GPs and co-ordination with Phoenix Futures so as to increase referrals and development of the Exodus programme to link in with the Community Detoxification Programme.

2.4 Phoenix Futures Single Point of Contact (SPOC). ARNS (Alcohol Recovery Navigation Service)

This is the major provider of all Alcohol Services across Trafford with the largest proportion of the budget being utilised by various elements of the service as detailed above. The targets in relation to both the treatment and recovery service are as follows;

2.4.1 Performance 2012-1013

Target	Actual
800 referred to service (revised to 404 due to part year).	400
85% of above to receive recovery plan (340)	334
85% discharged as abstinent remain abstinent.	See note below

- 85% discharged as abstinent remain abstinent and do not re-present within 6 months – Problem evidencing this indicator so not recorded by the service, following discussion with commissioners however we do record this via the National Drug Treatment Monitoring System. The measure was reinstated for the period 2013-2014 as shown below.

2.4.2 Performance 2013-to date

Target	Actual
Referred to service and engage with Recovery plan	181 Green to date
Remain abstinent and not re-present in 6 months	23 Green to date

2.4.3 Young Peoples Service. (Delivered by Phoenix Futures)

Delivering a tailored service to those aged between 11 – 25yrs. The service is holistic and aims to address the whole person and their needs. Accordingly, the indicators chosen for this service reflect this with measures for Chlamydia screening and reducing offending included. The Young Persons services deal with both drug and alcohol issues which is provided at a cost of £352.7K. In addition to treatment, the emphasis is on prevention and reducing risky behaviours which is likely to reduce demand on statutory services in the future.

2.4.4 Performance 2012-2013

Target	Actual
Conduct 12 prevention sessions per annum	29
35% of 15-24 engaged with service to receive Chlamydia screening	32%
98 YP in effective treatment	157
30% of 18-25 years engaged with service olds reduce their offending	65%
45% of young people engaged with service with employment need engage with employment services	53.5%

2.4.5 Performance 2013-14

Target	Actual
Conduct 12 prevention sessions per annum	13 to date
Referrals received	88 to date exceeding target
Successful discharges	13 to date exceeding target
Chlamydia Screening	50% exceeding target
YP to reduce re-offending	Results provided on a six monthly basis
Employment need	48% to date exceeding target

Current performance within the Phoenix Futures alcohol service is excellent with all performance targets being exceeded as at 31 July 2013. These figures are recorded by the service and reported at each monthly performance monitoring meeting via formal written submission to the DAAT. The contracts are monitored by lead officers for Alcohol and Substance from the DAAT at Quarterly Monitoring and Review Meetings to assess performance of the payment by results targets.

3 National Performance

3.1 The most recent data provided by Public Health England shows that in quarter one;

- Number of Alcohol users in treatment is up 8% on the previous rolling twelve months
- Successful completions is down 2%
- Waiting times is up 3%
- Representations is down 5%

- Criminal Justice clients engaged in service is up 20.7%
- Alcohol Users living with Children in Trafford is 39.3% which is higher than the national average of 37.9%

(Please note national figures for Alcohol have only been recorded since July 2012.)

4 Next Steps

- 4.1 In order deal with the raising figures which are being reported as presentations at A&E, Trafford are engaging with all Local Authorities across Greater Manchester with the implementation of the RADAR (Rapid Alcohol Detox Acute Hospital Referral) approach which identifies those who regularly present at A&E. Work is on-going with our locally commissioned Alcohol services to reinforce the referral pathway and exit strategy. This will also be complemented by the RAID (Rapid Assessment Interface and Discharge) model which will be implemented in Trafford General Hospital from September 2013. The model will see the employment of Alcohol Liaison nurses which will create stronger links to RADAR, Chapman Barker Unit and Detoxification Programmes.
- 4.2 To remodel the current Community Detox provision a number of models will be considered including the development of a recovery model to enhance the likelihood of sustained abstinence and recovery. An options appraisal is being developed for consideration by the Senior Leadership Team which will highlight options and make recommendations and identify any contentious issues in order to fully inform decisions. (The service will be due to be tendered in December therefore an options appraisal will be developed within the coming weeks.)
- 4.3 Trafford will develop and implement a Tier Four Framework which will ensure greater choice of provision for clients entering both Residential Rehabilitation and Residential Detoxification Programmes. The framework will also provide greater value for money for the local authority due to market testing and competitive tendering.
- 4.4 The Tier Four Framework has been tendered across Greater Manchester using a two part open process based on a 50% price and 50% quality weighting to produce scores and ranking. A weighted quality threshold of 50% was applied, so any bid with a quality score of less than 50% was excluded from further consideration. From this two tiers of provision have been developed relating to four different lots of service provision. This has enhanced the choice and quality of provision and is offered at a more cost effective price. It is therefore recommended that Trafford adopt the GM framework which has already undergone rigorous market testing.
- 4.5 In order to make sure that the clients with the greatest need are prioritised for the residential rehabilitation and provision the DAAT need to strengthen pathways and the referral process. It is therefore recommended that the current approach is reviewed and refreshed with the development of protocols where appropriate.
- 4.6 In order to enhance the likelihood of a service user remaining in a recovery programme and working towards abstinence it is important that Trafford reviews and embeds a Shared Care Protocol to ensure GP's are fully involved at a primary stage and via on-going key work in adequate

prescribing and support of service users.

Recommendation(s)

The Health Scrutiny Committee note the information included within the report.

Contact person for access to background papers and further information:

Name: Kylie Thornton, Commissioning and Service Development Manager.
Extension: x4776

Background Papers: NA

Financial Impact:	NA
Legal Impact:	NA
Human Resources Impact:	NA
Asset Management Impact:	NA
E-Government Impact:	NA
Risk Management Impact:	NA
Health and Safety Impact:	NA

Consultation

All areas within this report continue to be discussed and monitored via the Alcohol Steering Group and Effective Treatment Group, the development of the options appraisal will involve direct consultation with a wide variety of partners such as Public Health, TARGET (local recovery group), CCG, Public Health England and community representatives.

Reasons for Recommendation(s)

The Health Scrutiny Committee note the information included within the report to ensure a clear audit and performance trail.

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