Our Ref	JG
Your Ref	HSC/JG
Date	30 November 2015
Please ask for	*Julie Gallagher*
Direct Line	0161 2536640
Direct Fax	
E-mail	

Legal & Democratic Services Division

Jayne Hammond LLB (Hons)
Solicitor
Assistant Director of Legal & Democratic Services

TO: All Members of Health Scrutiny Committee

Councillors : P Adams, E Fitzgerald, L Fitzwalter, J Grimshaw, S Haroon, K Hussain, S Kerrison (Chair), J Mallon, T Pickstone, R Skillen, S Smith and R Walker

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Tuesday, 8 December 2015
Place:	Peel Room Bury Town Hall
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

The Agenda for the meeting is attached.

Reports are enclosed only for those attending the meeting and for those without access to the Council's Intranet or Website.

AGENDA

1 **APOLOGIES FOR ABSENCE**

2 **DECLARATIONS OF INTEREST**

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

3 **PUBLIC QUESTION TIME**

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

4 **MINUTES** (Pages 1 - 8)

The minutes of the last meeting held on 20th October 2015 are attached.

5 **MATTERS ARISING** (Pages 9 - 12)

- A briefing note in respect of the Arriva's provision of non-emergency patient transport service is attached.

6 **FUEL POVERTY UPDATE** (Pages 13 - 24)

Michelle Stott Housing Development & Policy Officer – Energy, Bury MBC will be in attendance. Presentation attached.

7 **BURY'S IN-HOUSE INFECTION CONTROL SERVICE** (Pages 25 - 38)

Lorraine Chamberlin, Head of Health and Environmental Protection will present at the meeting. Report attached.

8 **ORAL HEALTH STRATEGY UPDATE** (Pages 39 - 50)

Steph Mitchell, Health Improvement Specialist - Women's and Children's will provide members with a verbal presentation at the meeting. Report attached.

9 **DRUG AND ALCOHOL SERVICES UPDATE** (Pages 51 - 58)

Ann Norleigh Noi, Strategic Planning & Development Lead will provide members of the committee will an update at the meeting. Report attached.

10 **URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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Agenda Item 4

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 20 October 2015

Present: Councillor S Kerrison (in the Chair)
Councillors P Adams, E FitzGerald, J Grimshaw, S Haroon, K Hussain, J Mallon, R Skillen, T Pickstone and R Walker

Also in attendance: Councillor Andrea Simpson, Cabinet Member, Health and Wellbeing
Councillor Jane Lewis, Cabinet Member, Communities
Julie Gonda, Assistant Director, Strategy, Procurement and Finance
Stuart North, Chief Operating Officer, Bury CCG
Fiona Hayward, Strategic Co-ordinator I Will If You Will (IWIFW)
John McClean, Performance and Insight Lead (IWIFW)
Julie Gallagher, Democratic Services Officer

Public Attendance: Three members of the public were present at the meeting.

Apologies for Absence: Councillor S Smith(clash) and L Fitzwalter

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HSC.391 DECLARATIONS OF INTEREST

Councillor Paul Adams declared a personal interest in respect of agenda item HSC.396 deferred payment scheme as his mother participates in the scheme.

Councillor Tim Pickstone declared a personal interest in respect of all items under consideration as his partner is employed by the NHS.

Councillor Joan Grimshaw declared a personal interest in respect of all items under consideration as a member of the Patient Cabinet.

HSC.392 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting

HSC.393 MINUTES OF THE LAST MEETING

It was agreed:

The minutes of the meetings held on 27th July 2015 and 22nd September 2015 be approved as a correct record.

HSC.394 MATTERS ARISING

In respect of minute number HSC.222 Annual Complaints Report – Adult Social Care Services, the Assistant Director, Strategy, Procurement and Finance reported that the concerns raised in respect of recording complaints has been taken forward and the information in relation to complaints responded to and dealt with within 48 hours will be recorded. The BME form has been reviewed and further information can be provided to members in relation to training provided to wardens once available.

In respect of minute number HSC.223 Non-emergency transport service, the Principal Democratic Services Officer reported that a visit the control room will be arranged once the announcement of the new provider is confirmed.

In respect of minute number HSC.338 Public Question Time, the Principal Democratic Service Officer reported that a Project Overview Group will be established to review the proposals and it is hoped the group will meet prior to the next scheduled meeting of this Committee.

HSC.395 ACTIVITY AND FINANCE REPORT – I WILL IF YOU WILL (IWIYW)

Councillor Jane Lewis, Cabinet Member, Communities attended the meeting to provide members of the Committee with an update in respect of the I will if you will project (IWIYW) an accompanying report had been circulated to Elected Members. The Report contained the following information:

I Will If You Will (IWIYW) is a project focused upon changing women and girls' behaviours to take part in sport and physical activity with the aim of getting more women and girls to be more active, more often, and acting as a lever for change to help to improve the health and wellbeing of people in Bury.

The project is hosted by Bury Council in partnership with Sport England.

Phase One of IWIYW was launched in May 2013 and ran from September 2013 to September 2014. A bridging period followed between October 2014 and December 2014 and Phase Two formally commenced in January 2015 and runs to December 2016 with the commitment from Bury Council to develop a sustainable model with continued delivery of IWIYW post external funding from Sport England through until 2020.

The number of participants in the programme as at 31st August 2015 stands at 10,723 unique individuals – with 91% of those being female (9693 females). Since January 2015 when Phase Two commenced, 3,225 of these participants have continued to engage with the programme.

Since the programme began, there have been 7,741 sessions held – averaging 337 sessions a month.

Bury Council was successful in its bid to pilot IWIYW in May 2013 and awarded a grant of £2,383,778 to lead the campaign. The project was extended for two

years and Phase 2 started in January 2015 and will run to December 2016 with a budget of £2m over 2 years.

Priorities for the second year of the Phase 2 programme include:

- Continuing the work on behaviour change priority areas to encourage more regular participation in the programme on a long-term basis.
- Continuing to work with locality networks and encourage bids to the locality fund and community fund to support new activities.

- Strong input from volunteers and champions in each locality area.

Those present were given the opportunity to ask questions and make comments and the following points were raised:

In response to a Member's question the Performance and Insight Lead reported that a street survey had been undertaken to assess in part the impact of the programme as well as the national active people survey. The survey has shown a narrowing of the gap between activity undertaken between men and women and also that woman are more active than they were previously.

In terms of sustainability, the Cabinet Member reported that lessons have been learnt from phase 1 of the IWIYW programme, there is no further funding available from Sport England beyond 2016, therefore in order to ensure sustainability the aim of the programme is to ensure that the project is embedded in the communities this will be done through engaging with partners and locality networking.

In response to a question with regards to differences in take up across the Townships; the Performance and Insight Lead reported that this could be in part due to ethnicity but also due to the facilities available in each of the Townships.

In response to a member's question the Strategic Co-ordinator I Will If You Will reported that there are a number of barriers to exercise for women including location, childcare responsibilities, body image issues, lack of self confidence. The project has identified mentors for the scheme, reviewed timing of events, childcare to ensure there are no barriers to women taking up activities.

In response to concerns raised from members in respect of take up across the age ranges, the Performance and Insight Lead reported that the reason for the large take up in respect of the 14-19 age group was due in part to school swimming lessons.

In response to a Member's question, the Strategic Co-ordinator (IWIYW) reported that the project would want to encourage take up from younger people aged 20-24, the team has worked with schools and colleges and the zone at castle leisure to increase participation.

In respect of take up of only 4% in the age 60-64 category, the Strategic Co-ordinator (IWIYW) reported that there are disappointed with the low take up in this age group but measures have been put in place to address these issues.

It was agreed:

The Cabinet Member, Communities, the Strategic Co-ordinator and the Performance and Insight Lead be thanked for their attendance and an update in respect of the I Will if You Will project will be considered at a future meeting of the Health Overview and Scrutiny Committee.

HSC.396 DEFERRED PAYMENTS SCHEME

The Assistant Director, Strategy, Procurement and Finance, Julie Gonda attended the meeting to provide members of the Committee with an update in respect of changes to Bury Council's Deferred Payments Scheme. The presentation contained the following information:

A person entering residential care will pay their fees by using their income and capital. In certain circumstances they can apply for Local Authority assistance with the funding.
If the person entering residential care owns a property or land this may be taken into account when calculating the financial assessment client contribution towards the cost of their care home placement.

The Local Authority will offer the option of the Deferred Payment Scheme which allows a person to accrue some of their charges for residential care against a Legal Charge placed on the Land Registry against their property or land which avoids the immediate need to sell the asset to fund care.

The Deferred Payment Scheme can only be used to fund care home fees. It can be used as a form of short term "loan" until the property is sold or can be used as a longer term arrangement.

Bury Council will refuse a Deferred Payment Scheme application if it can't obtain adequate security for the deferred accrued debt, any amount of administration costs and interest charges.

The administration costs for the financial year 2015/16 are;
Set up administration fee: £250.00
Annual Administration fee: £150.00
Termination fee: £75.00

The person or their legally appointed representative will be advised of the interest charges to be applied from the first day of the Deferred Payments Scheme agreement. Interest rate effective from: 1st January 2015 percentage rate 2.65% and from the 1st July 2015 percentage rate of 2.25%.

In response to a Member's question, the Assistant Director if a person chooses to rent their property, during the period of the deferred payment scheme the rental income should be paid towards the care home fees.

The Assistant Director reported that the house is valued at the start of the loan period but may be re-assessed if the Clients financial situation changes. The average length of stay for a residential home is three and a half years.

In response to a Member's question the Assistant Director reported that the agreement will end and the debt will stop accruing when the equity limit is reached.

The Assistant Director reported that the Council does not impose a time limit on the sale of a house.

It was agreed:

The report be noted.

HSC.397 LIFESTYLE CHANGE SCHEME

Stuart North, Chief Operating Officer Bury CCG attended the meeting to provide members of the Committee with an update in respect of the CCG's proposals in relation to the Lifestyle Change Scheme.

The proposed scheme would affect patients in need of non-essential surgery such as knee, hernia and hip. The proposal, which is still being developed will result in patients who would benefit from stop in smoking or reaching a healthier weight, referral for surgery will be deferred for a number of week to enable the patient to attend a smoking cessation or weight management course as appropriate to help them become as fit as possible for surgery.

Under the scheme, a non-smoker would join the surgery waiting list straight away, while an habitual smoker would have to wait to do so while a course takes place – the length of which will depend on the state of their health.

The Chief Operating Officer reported that the proposal is part of a bigger drive by the CCG to persuade people to take more responsibility for their care.

In response to a Member's question the Chief Operating Officer reported that the proposals , were still to be finalised by clinicians and public health authorities, discussions are ongoing and the CCG may consider including alcohol as a third option.

Councillor Andrea Simpson, Cabinet Member for Health and Wellbeing expressed concern with regards to the proposed changes and reported that she would like to see a patient added to the waiting list irrespective of their weight/smoking status and the intervention taken place whilst already on the list and in the system. Councillor Simpson reported that the NHS Constitution stipulates that an outpatient referral should take place within 18 weeks and this could put this target in jeopardy.

In response to Councillor Simpson's concerns, the Chief Operating Officer reported that a similar system has been introduced in Wales and the CCG will review the impact of the changes there and incorporate any learning into their proposals.

In response to a Member's question, the Chief Officer reported that the proposed changes will be in the interest of the patient in terms of their health and outcomes, and for the NHS by ensuring money is saved in the long term.

The Director of Public Health reported that there are strategies in place to assist people to cease smoking and reduce their weight and the trigger shouldn't necessarily be waiting for an operation. The Director reported that she would like to see healthy lifestyles embedded in all care/health pathways and people are afforded opportunities to make lifestyle changes earlier.

The Chief Officer reported that it would be up to the GP to have the conversation with the patient in respect of improving their diet/reducing or ceasing smoking and for them to explain the improved outcomes of any operation if such lifestyle changes are undertaken.

Members expressed concern that a patient may be unable to work due to ill-health and if their time waiting for an operation is increased this may result in a longer period off work, loss of income and other associated costs to the NHS of repeat visits to the GP, prescribing of painkillers etc.

It was agreed:

Further updates in respect of the Lifestyle Change proposals will be provided at a future meeting of the Health Overview and Scrutiny Committee.

HSC.398 GLUTEN FREE PRESCRIBING

The Chief Operating Officer reported that Bury CCG are beginning a conversation in relation to gluten free prescribing and the appropriateness of NHS prescriptions for gluten free foods for adults.

An eight week engagement phase was launched on the 12th October the results of which will inform the future decision of the CCG as to whether it should continue to prescribe in this area.

The Chief Officer reported that CCG clinicians recognise that the NHS does not provide foods on prescription for patients living with other conditions associated with or affected by the type of food they eat.

It was agreed:

Once the consultation in relation to gluten free prescribing is completed an update will be provided to the members of the Health Overview and Scrutiny Committee.

HSC.399 TAXI LICENSING MEDICAL FITNESS CERTIFICATE

Councillor Hussain raised concerns about the frequency and associated costs for taxi drivers in relation to the licence requirements for medical fitness certificates.

The Principal Democratic Services Officer reported that this was a statutory requirement and not something imposed by the Local Authority. The charges incurred were in relation to the completion of the fitness certificate and were not imposed by the Local Authority. The amount charged is determined by the individual GP practices.

It was agreed:

The Principal Democratic Services Officer would liaise with the Bury Council Licensing Manger to provide members with more information in respect of the Taxi Licensing Medical Fitness Certificates.

COUNCILLOR SARAH KERRISON
Chair

(Note: The meeting started at 7pm and ended at 9.10pm)

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NHS
Blackpool
Clinical Commissioning Group

Stakeholder Briefing

Patient Transport Service - Greater Manchester

On 9th October 2015, NHS Blackpool CCG (BCCG) received a letter from Arriva Transport Solutions Limited (ATSL), disclosing how they had identified a level of management* failure *with the reporting of performance against the delivery of its contract in Greater Manchester, following an extensive investigation by the company.

This means that they had previously provided incorrect information, which shows a higher level of performance than is the case. These reports are one of the sources of intelligence used to assess ATSL's performance against the contract.

BCCG immediately referred this to NHS Protect and wrote to the Chief Officers of the 12 Greater Manchester (GM) CCGs, to inform them of the position. ATSL has undertaken an extensive investigation and shared this information with BCCG. ATSL continues to cooperate with NHS enquiries too.

BCCG is now issuing this Stakeholder Briefing, for CCGs to use to brief their stakeholder groups including MPs and local Healthwatch organisations.

The contract commenced on the 1st April 2013 incorporating significant increases in core operating hours and improvements in quality over the previous service requirements. ASTL failed to meet the quality requirements (mainly appointment arrival, return pick up times and hospital discharges) resulting in a letter requiring improvement being sent to the company in August 2013 followed by a Contract Notice in January 2014. This required a Performance Improvement Plan that was duly provided by ATSL, which set out how they would subsequently achieve the required quality performance standards. The plan included increased staffing levels, changes of working hours, a new operating site, planning and control changes etc. These initiatives were implemented and resulted in performance improvements being reported by ATSL that met contractual requirements.

It is important to note that the provider for the other four PTS contracts in the NW had similar levels of poor performance at the start of the contracts and were also issued with a Contract Notice and required to produce a Performance Improvement Plan, in January 2014. This provider also improved performance over the majority of performance quality requirements.

During 2014 and 2015, assurances have been given to CCGs, stakeholders, patients, the public and the media, based on what is now known to be incorrect information provided by ATSL. This was brought to BCCG's attention by ATSL disclosing how they had identified a level of management failure with the reporting of performance against the delivery of its contract in Greater Manchester, following an extensive investigation by the company. NHS Protect is currently conducting an investigation; BCCG is also arranging for an independent financial audit. ATSL has conducted its own extensive internal investigation into the management failure.

The current contract expires in 2016 and BCCG is presently in the final stages of a further re-procurement exercise. Given the circumstances, ATSL has withdrawn from this process but has firmly committed to cooperating fully with the new provider to provide a seamless transfer of services to ensure minimum disruption of services. ATSL recognises that this matter is unacceptable, is taking it extremely seriously and has committed to do their utmost to improve on the current performance for the remainder of the current contract. They have brought in new management and developed an intensive operational turnaround plan. This plan includes increased staff numbers, which will result in additional ambulance hours throughout the day and evening, as well as a management focus upon accurate and efficient planning and dispatch of resources in control.

Additional notes

BCCG is the co-ordinating commissioner for the five county level PTS contracts in the North West (NW) and performs the Contract Monitoring and Management functions on behalf of all the 33 CCGs. BCCG does this for the ATSL contract, on behalf of the 12 GM CCGs. Performance information provided by ATSL is used to monitor against the Contract and Key Performance Indicators (KPIs) through monthly contract meetings. Additionally there are bi-monthly quality meetings, which include the review of a range of other data, in order to further examine and monitor provider performance. These include information on Complaints, Incidents, Training, Workforce and Infection Control. Both the contract and quality meetings are also attended by GM CCG representatives, who feedback to the local GM ambulance commissioning governance. This includes a monthly ambulance commissioning meeting and regular tripartite meetings between individual CCGs, ATSL and their local Acute Trusts.

Stakeholder engagement Key messages

9th October NHS Blackpool received a letter from ATSL explaining their findings of management and process failures within their organisation.

ATSL has started a full investigation into this issue.

NHS Blackpool has contacted NHS Protect and an investigation is underway.

NHS Blackpool has appointed an independent company to carry out a financial audit and any overpayment of monies has been paid back by ATSL.

ATSL has introduced a performance plan to rectify their current performance for the remainder of the contract as well as a new management team and increases in staffing.

The procurement process is continuing and NHS Blackpool will be announcing the new provider for the Greater Manchester contract on the 4th December 2015. Under the scrutiny of the Greater Manchester commissioners ATSL will continue to provide patient transport services in Greater Manchester and will work with the new provider to ensure a seamless handover.

Media handling

Attached is a press statement from BCCG that will be released on Monday 2nd November 2015 at 14:00 to the Manchester Evening News. Please share this with your communication leads for them to use locally. Any amendments should be done, by using the lines given in this briefing. Any further

media enquiries should be directed to Hadrian Collier at NHS Blackpool CCG, h.collier@nhs.net / 07803772815.

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Energy Efficiency in the Private Sector

Michelle Stott

Housing Development & Policy Officer – Energy

Urban Renewal

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Bury COUNCIL

Energy Efficiency in the Private Sector

- Current Picture in Bury
- Work previously delivered & achievements
- Future work areas / ambitions

Bury COUNCIL

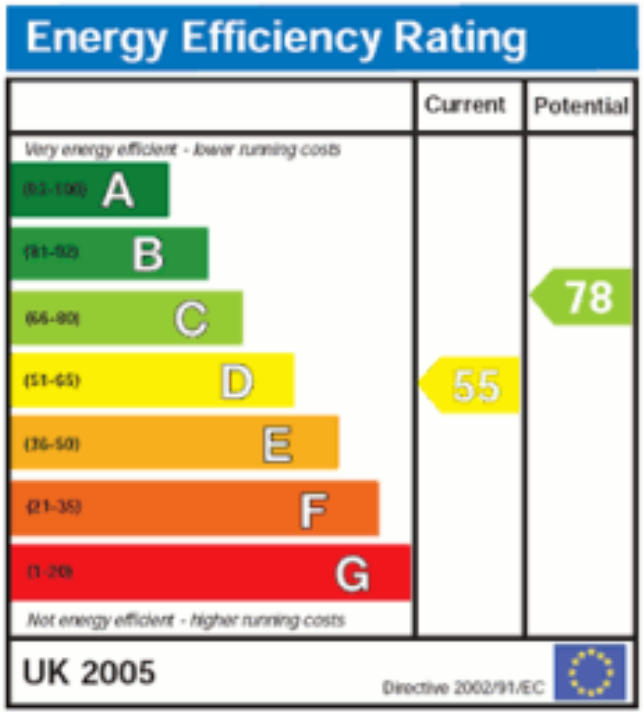
Improving energy efficiency of housing – its importance

Improving energy efficiency in housing

- Low Carbon
- Property improvements
- Wider economic value
- Fuel Poverty

Bury COUNCIL

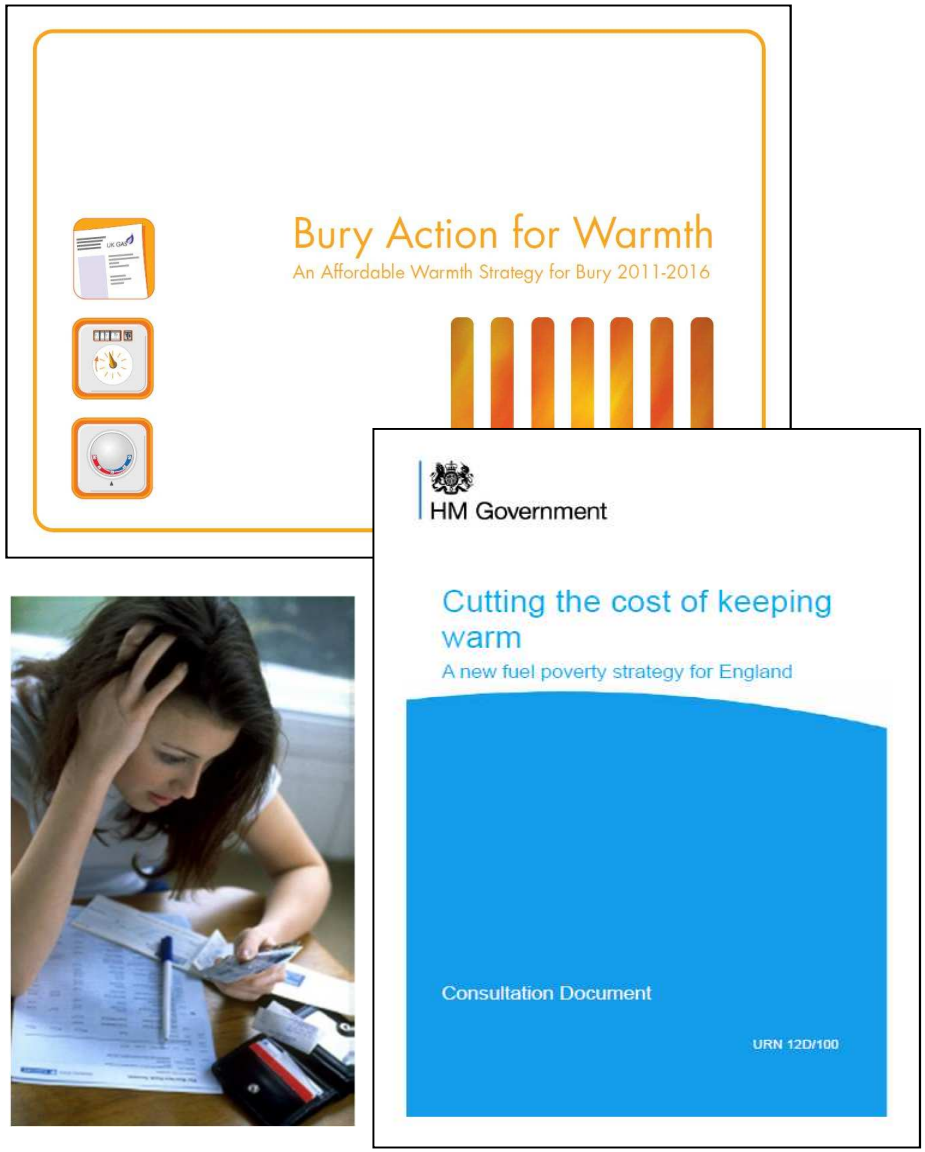
Housing Energy Improvements – the challenge



- 76% Bury Properties in private sector, includes 6.8% private rented
- High proportion of older properties (61% pre 1964)
- Average EPC rating Band E for private sector properties
- GM Retrofit Strategy
- Private rented sector obligations (Band E Minimum from 2018)

Bury COUNCIL

Fuel Poverty



A household is said to be in fuel poverty if:

- They have required fuel costs that are above average (the national median level)
- Were they to spend that amount they would be left with a residual income below the official poverty line

- **In Bury 8,047 households are in fuel poverty (10.1%)**
- Bury Strategy: 2011- 2016
- Strategy for England:
  - Target and focus on energy improvements
  - Recognition of collaboration and partnerships

Bury COUNCIL

The Health Consequences Of Fuel Poverty

Inadequate room temperatures can cause or exacerbate:

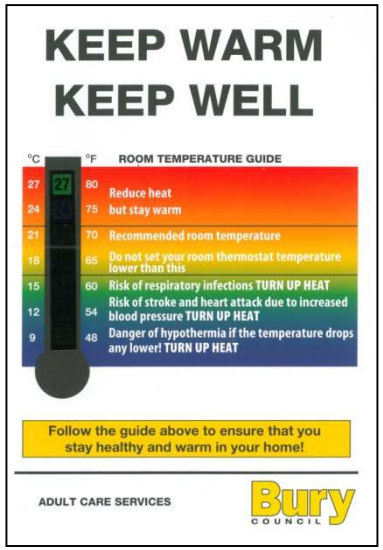
- **Cardiovascular problems**
- **Respiratory infections**
- **Mobility problems & Accidents e.g. falls**
- **Mental health conditions**

Fuel poverty and living in a cold home can lead to excess winter death.

In Bury there were 130 Excess Winter Deaths in 2012/13

Bury COUNCIL

Temperature effects on health



	Effects On Health
21°C	**Recommended room temperature for vulnerable groups**
Below 16°C	**Risk of respiratory infections**
Below 12°C	**Increased blood pressure, risks of stroke and heart attack**
Below 9°C	**Core body temperature drops and increased cardiovascular problems occur if exposure lasts for more than two hours**
5°C	**Significant risk of hypothermia**

Ideal room temperatures (World Health Organisation):

Living room	**21°C**	Kitchen	**18°C**
Bathroom	**22°C**	Bedrooms	**18°C**
Hall / Stairs	**16°C**		

Bury COUNCIL

Health Costs

There can be significant costs to the NHS for cold related illness e.g. repeat GP visits, A&E admissions due to stroke, heart attack, respiratory and falls. Extra bed days repeat admissions etc.

Accident and Emergency admissions for cold related health conditions from Apr 2009 – Feb 2011:

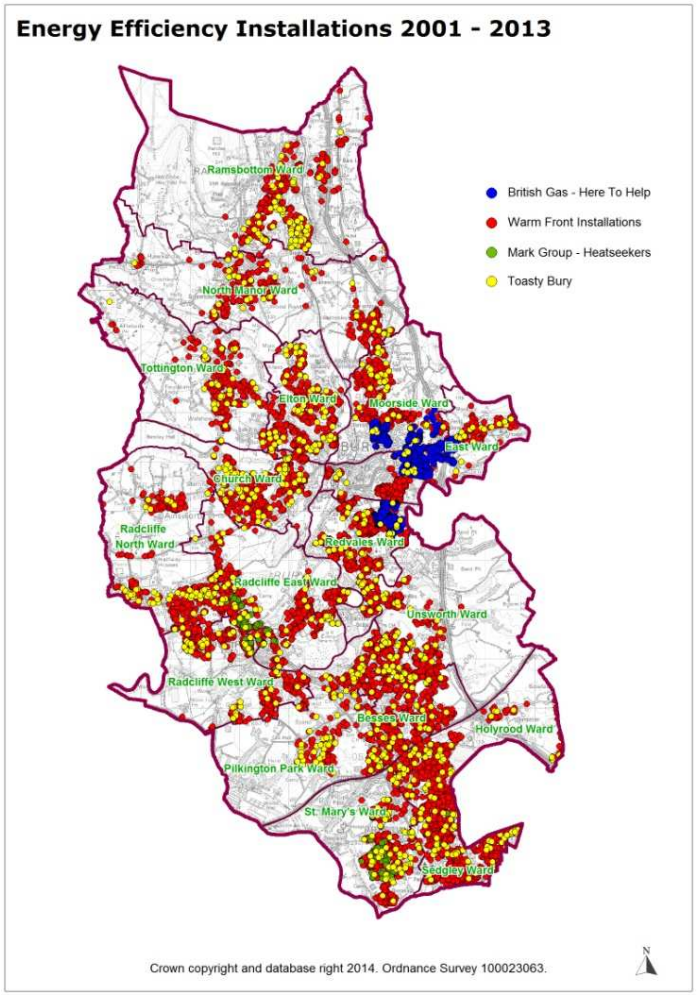
Health Condition	Total Number of admissions excluding patient deaths before discharge
Asthma	226
Cardiac Disorders	4204
COPD	630
Falls	163
Stroke	435
Total	**5658**

Total cost to the health service for A&E admissions attributable to cold related illness, based on the Department of Health reference costs for this time period is **£11,247,990**.

Bury COUNCIL

Progress to 2014 on energy improvements

- Promotion and facilitation of previous retrofit schemes
  e.g. Warm Front, Toasty
- Bury Healthy Homes Schemes
- Collective Switch



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Approach going forward post 2014

Funding sources:
- DECC - £6.1m
- Energy Companies

Eligibility:
- Postcode
- Benefits
- Township
- Funding gap – Public Health

Advice Service Provision and changes to scheme delivery.....

Bury COUNCIL

Little Bill

Installs 2014 - 2015

Measure Installed	Total
Boilers	89
Heating Controls	29
Cavity wall insulation	56
Loft Insulation	7
Internal Wall Insulation	4
Room in roof insulation	9
Underfloor insulation	7
External Wall Insulation	15
Total	**216**

- £280,000 investment
- Resident saving £45,000 annually off Energy Bills.
- Saved 196 tCO_2

Bury COUNCIL

Next Steps….

- HECA
- Affordable Warmth Action Plan & report
- Fuel Poverty Action Plan for Bury
- Climate Change Plan
- Review of Framework & continue to deliver retrofit measures using funding streams
- Training for Officer to allow for better coordination and risk mitigation of future retrofit works
- Advice provision & Behavioural change
- Data intelligence gathering

Bury COUNCIL

Agenda Item 7

SCRUTINY REPORT

MEETING: **Health Scrutiny Committee**

DATE: **8th December 2015**

SUBJECT: **Bury's in-house Infection Control Service**

REPORT FROM: **Lorraine Chamberlin**

CONTACT OFFICER: **Maureen Foden**

Update on Bury's in-house Infection Control Service November 2015

Following a presentation by Lesley Jones, DPH in June 2014, Health Scrutiny requested an update on the provision of a proposed in house Infection Prevention and Control (IPC) service following the cessation of our contract with Pennine care.

From June 2014 through to May 2015 primary care contractors Intrahealth provided a satisfactory reactive IPC service managed within Bury Council's Health and Environmental Protection (HEP) team covering:

- root cause analysis of all C Difficile cases in the community
- post infection reviews for MRSA bacteraemia in the community
- serious untoward incident investigations
- surveillance of other Health Care Acquired Infections as required
- IPC advice and guidance where requested
- outbreak management in conjunction with PHE and the Environmental Health team where necessary
- lessons learned were fed back through the Bury Clinical Commissioning group's Quality and Risk Committee, and PHE at the monthly Bury Infection Prevention and Control Integrated Partnership

In the meantime a business case was made for an in house service under the H&EP Commercial Unit Manager comprising of a Lead Health Protection nurse and Health Protection nurse; job descriptions and evaluation and recruitment took place. Recruitment has not been without issue as the NHS pay, grading, terms and conditions of experienced IPC Nurses are perceived as better than those in a Local Authority. Nevertheless we had applications from less experienced nurses who were willing to undergo training.

In May 2015 we recruited the Lead Health Protection Nurse who continued the reactive work and introduced a proactive programme of audits for care homes and GP practices. In August 2015 we recruited the Health Protection Nurse. Unfortunately the lead nurse resigned in September and we are recruiting again now. The Health Protection Nurse is undertaking a 7 week day-release IPC nursing module at University of Manchester.

The audits are underway and we have forged links with the Council's Quality Assurance

team to help monitor the care homes commissioned by the local authority.

Integration with Environmental Health is developing well as the staff are co-located and have been carrying out joint outbreak management investigations and audits. All EHO's have had some infection control training and the nurses have had some on the job food hygiene training so there is mutual support to identify or monitor any problems in either discipline which will help with early intervention.

In October the Bury Tattoo Hygiene Rating scheme was launched this has been achieved through a joint environmental health and IPC approach based on audits and tattooist hygiene training.

The Greater Manchester Public Health Network facilitated a sector led improvement review (SLI) for Outbreak Management and Control across the 10 local authority areas. Recommendations from that review are currently being addressed at both a local level and GM level. As a new in-house IPC service we need to strengthen our working links and procedures with NHS colleagues, however Bury's strengths around outbreak management are:

- the integrated team provides access to a wider workforce in an emergency
- EHO's are already experienced in gastro intestinal disease outbreaks

Currently we are under trajectory for C Difficile positive cases in the community however we are still looking at ways to minimise cases by:

- improving the root cause analysis involving more engagement with GP's to ensure there are meaningful lessons learned to prevent such infections
- early alerts to GP's about patients who are at increased risk of developing C Difficile infection so they can prescribe accordingly

The IPC service will continue to develop as officers and Nurses become more experienced. There is a good network of help and guidance through the GM Health Protection Confederation which meets monthly. The PHE provide a 24hr support and we have a nominated IPC specialist who is very responsive to our needs. The IPC nurses in Rochdale and Oldham also offer support and clinical supervision.

For interest I enclose an anonymised report on the type of work the team has undertaken to date

Lorraine Chamberlin
Head of Health and Environmental Protection

List of Background Papers:-

Performance Report 271115.docx

Health Protection -H Scrutiny (3).pptx

Contact Details:-

Lorraine Chamberlin
Tel: 0161 253 5519
E-mail: l.chamberlin@bury.gov.uk

Performance Report

April 2014 – November 2016

Month	C-Diff Pos/Neg	Outbreaks	IC Advice	Audits Care Homes	Audits GP
April 2014	Positive: 1 Negative: 2	1 outbreak of Shigella Sonnei in the Bury and Salford areas among ultra-orthodox Jewish Community 1 outbreak of Scarlet Fever in a day nursery	2 contacts made for IC advice	N/A	N/A
May 2014	Positive: 8 Negative: 5	1 Continued outbreak of Shigella Sonnei in the Bury and Salford areas among ultra-orthodox Jewish Community 1 outbreak of D&V in care homes 1 outbreak of Norovirus in care homes	3 contacts made for IC advice	N/A	N/A
June 2014	Positive: 6 Negative: 5	1 Continued outbreak of Shigella Sonnei in the Bury and Salford areas among ultra-orthodox Jewish Community	3 contacts made for IC advice	N/A	N/A

Month	C-Diff Pos/Neg	Outbreaks	IC Advice	Audits Care Homes	Audits GP
July 2014	Positive: 3 Negative: 1	1 outbreak of D&V in care home	6 contacts made for IC advice	N/A	N/A
August 2014	Positive: 6 Negative: 8	1 outbreak of scabies in a care home	1 contact made for IC advice	N/A	N/A
September 2014	Positive: 6 Negative: 13	2 outbreaks of D&V in care homes	3 contacts made for IC advice	N/A	N/A
October 2014	Positive: 5 Negative: 14	1 outbreak of D&V in a care home	2 contacts made for IC advice	N/A	N/A
November 2014	Positive: 3 Negative: 3	2 outbreaks of D&V in care homes	8 contacts made for IC advice	N/A	N/A
December 2014	Positive: 3 Negative: 10 MRSA Bacteraemia 1	2 outbreaks of D&V in care homes 1 outbreak of scabies in a care home	3 contacts made for IC advice	N/A	N/A
January 2015	Positive: 3 Negative: 7	1 continued outbreak of scabies in from December 2014	5 contacts made for IC advice	N/A	N/A
February 2015	Positive: 4 Negative: 7	2 outbreaks of D&V in care homes 1 outbreak of chest like infection in a care home 1 outbreak of Influenza A in a care home	1 contact made for IC advice	N/A	N/A
March 2015	Positive: 4 Negative: 6 MRSA Bacteraemia 1	2 outbreaks of D&V in care homes	6 contacts made for IC advice	N/A	N/A

Month	C-Diff Pos/Neg	Outbreaks	IC Advice	Audits Care Homes	Audits GP
April 2015	Positive 5 Negative 5 1 MRSA Bacteraemia	1 outbreak of D&V in a care home	3 contacts made for IC advice	N/A	N/A
May 2015	Positive 2 Negative 6	2 outbreaks of D&V in care homes 1 outbreak of Norovirus at restaurant 21 & 4 people were involved from two separate groups..		1 care home audited action plans in place and ongoing, support/ monitoring from CQC and adult care services as required.	
June 2015	Positive 5 Negative 10 MRSA Bacteraemia MSSA-PVL 1	1 outbreak of D&V in a care home	1 contact made for IC advice	1 care home audited, action plan in place and ongoing, support/ monitoring from CQC and adult care services as required. 1 Review	1 GP audit - 100% green rating in infection control compliance.
July 2015	Positive 3 Negative 8			2 care homes audited, action plans in place and ongoing, support/ monitoring from CQC and adult care services as required. Hospice audited, action plan in place. 1 Review	

Month	C-Diff Pos/Neg	Outbreaks	IC Advice	Audits Care Homes	Audits GP
August 2015	Positive 3 Negative 7			4 care homes audited, action plans in place and ongoing, support/ monitoring from CQC and adult care services as required. 1 Review	1 GP audit - 95% green rating in infection control compliance 1 GP audit - 86% amber rating in infection control compliance
September 2015	Positive 3 Negative 14	1 outbreak of gastroenteritis In Nursing Home 23 people affected 1 outbreak of D&V in Residential Care Home 30/09/15 13 people affected		3 care homes audited, action plans in place and ongoing, support/ monitoring from CQC and adult care services as required.	1 GP audit - 83% amber rating in infection control compliance 1 GP audit - 89% amber rating in infection control compliance 1 GP audit - 90% amber rating in infection control compliance 1 GP review audit - 98% green rating in infection control compliance
October 2015	Positive 3 Negative 14	1 outbreak of D&V in Residential Care Home 22/10/15 40 people affected	5 contacts made for IC advice	1 care home audited, action plans in place and ongoing, support/ monitoring from CQC and	1 GP audit - 89% amber rating in infection control compliance

Month	C-Diff Pos/Neg	Outbreaks	IC Advice	Audits Care Homes	Audits GP
		1 outbreak of D&V in Care Home 20/10/15 10 people affected		adult care services as required.	1 GP audit - 100% green rating in infection control compliance for minor ops
November 2015	Positive: 4 Negative:	1 outbreak of D&V in Care Home 16/11/2015 15 people affected 1 outbreak of D&V in Care Home 19/11/2015 21 people affected 1 outbreak of D&V in school 20/11/2015 80 pupils 4 staff affected	5 contacts made for IC advice	1 care home audited, action plans in place and ongoing, support/ monitoring from CQC and adult care services as required. 1 Review	
TOTAL	**Positive: 80** **Negative: 157** **MRSA: 2**	**Outbreaks: 35**	**Contacts for IC advice: 57**	**No of Audits: 13** **Reviews: 4** **Hospice: 1**	**No of Audits: 7** **Minor Ops Audit: 1** **Review: 1**

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Bury Council's In house Infection Control Service

Health and Environmental Protection Team

Bury COUNCIL

Development of the in house service

- June 2014 contract with Pennine Care ends
- June to May 2015 Intrahealth provide a reactive service
- May 2015 in house Lead Health protection Nurse appointed
- Care Home and GP infection control audits commence
- August 2015 Health Protection Nurse appointed

Bury COUNCIL

Work completed since June 2014

- HCAI's root cause analysis
- 13 Care home audits & 4 reviews
- 8 GP audits & 1 review
- 35 Outbreaks joint work with Enviro Health
- Tattoo rating scheme
- Close working with Council's Quality and Assurance team

Bury COUNCIL

Specific Challenges

- *Up-skilling Environmental Health managers to lead the service*
- *Recruitment and retention of experienced nurses*
- *Sector Led Improvement review of outbreak response - implementation*
- *Reviewing responsibilities and relationships with GP sector for most effective analysis/lessons learned around health care acquired infections etc – C Difficile, MRSA*

Bury COUNCIL

Future plans

- Recruit Lead Nurse
- Strengthen preventative work
- Produce a Bury outbreak plan
- Continue to up skill EH team

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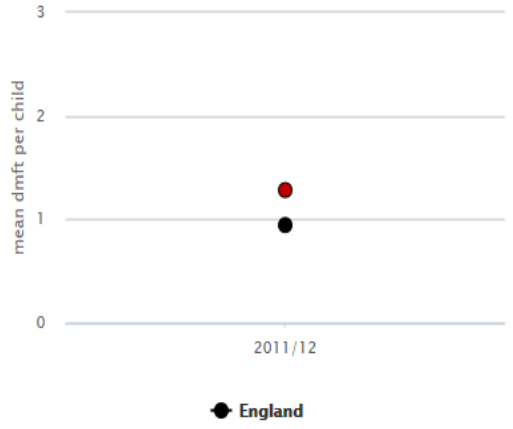
Agenda Item 8

Bury's Oral Health Improvement Action Plan (with a focus on first 0-12 months of life)

Tooth decay in children aged 5 Bury — Crude rate - mean dmft per child

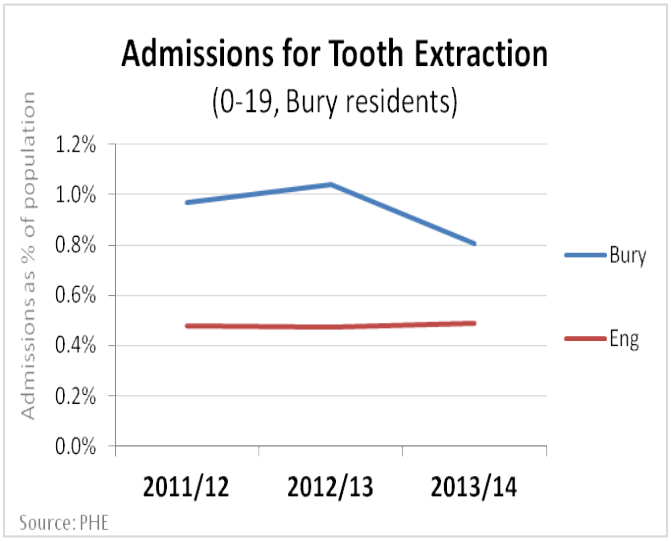


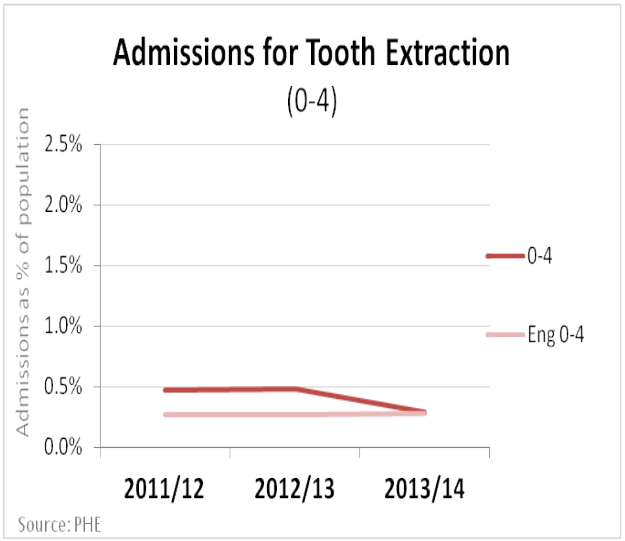
Period		Count	Value	Lower CI	Upper CI	North West	England
2011/12		-	1.28	0.98	1.59	1.29	0.94

Source: National Dental Epidemiology Programme for England, Oral Health Survey of five year old children, 2012

S

ource: (Public health outcomes framework, 2015)





Source: PHE[1]

Story Behind the Curve

Improving oral health is both a priority and a challenge in Bury. Poor dental heath can cause unnecessary suffering in children and young people, such pain and infections and at times can impair their ability to eat, speak, play, sleep and socialise with others. Tooth decay is a common oral health disease, but this is largely preventable through good oral health practice (PHE, 2013).

Nationally, a reduction in tooth decay in children has been seen. This is true of Bury also, however, Bury rate for teeth that are decayed, missing or filled (DMF) in children at age 5, although similar to the North West average, it is significantly worse than the national average, with many young children facing dental extractions under anaesthetic as a result of poor dental health. In addition to this, Bury has wide in-borough oral health inequalities, with those living in more deprived wards more likely to have poor oral health.

<u>Importance of focussing on 0-12 month period</u>

Nationally, a reduction in tooth decay in children has been seen. This is true of Bury also, however there is a clear need to upstream prevention efforts, paying particular attention to the first 12 months of life, instilling good oral health habits. Successful prevention in this early period for babies (and their wider family) will show a reduction of Early Childhood Caries, which are predominantly seen in the first 2 years of life; further widespread dental decay picked up at 5 years of age; the number of dental extractions in young children following identification of serious

By focusing preventative efforts on the first 12 months we can instil positive oral health throughout childhood, enable positive oral health messages to be passed through families and communities, thus creating a positive oral health legacy passing from generation to generations.

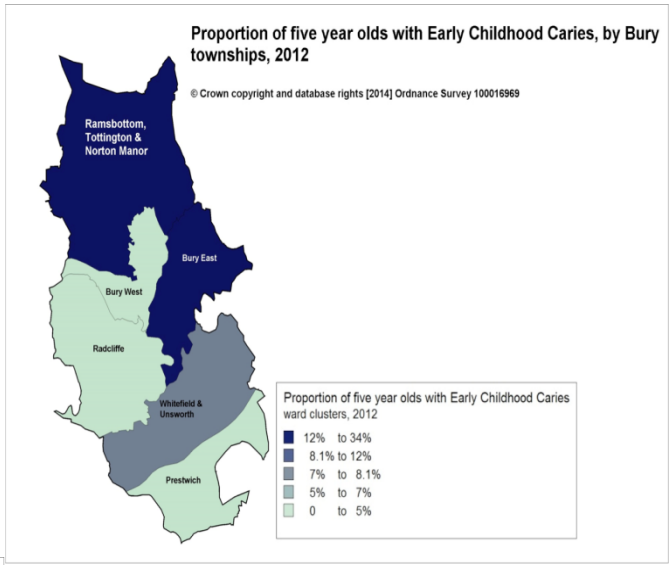
Early Childhood Caries (ECCs) and Dental Decay at age 3 and 5 years

An early sign of poor dental health is the observation of Early Childhood Caries (ECCs), a aggressive form of decay affecting the upper incisors which can be rapid and extensive in attack. These are generally associated with longer term consumption of sugary drinks in baby bottles, given particularly at night, especially when these are given overnight or for long periods of the day.

Public Health England (PHE) recently published its findings from the 2013 Oral Health Survey of 3 year olds; the first national dental survey for this age group. The survey showed that Bury (18%) has a **higher rate of decayed, missing or filled teeth and ECCs in 3 year olds** than the national (12%) and regional (14%) rates, and also indicates variations between wards with Bury East, Whitfield and Unsworth having higher prevalence rates of dental decay and ECC's (this should be treated cautiously due to the small numbers reported in the survey).

However, more worryingly is that PHE advise that this survey probably presents an **underestimation of the acute level of disease** due to sampling bias[2], positive consent requirements[3] and the way that decay is defined.

To add to this, in 2012, a survey showed the **proportion of Bury children with decayed, missing or filled teeth (DFMT) at age 5 in as 33.4; similar to the regional average (34.8%), but significantly worse than the national average (27.9%).** Higher prevalence was seen in the south of the borough in Bury East, Whitefield and Unsworth. However in contrast, highest prevalence of Early Childhood Caries were more prevalent in the North the borough in Bury East and in Ramsbottom, Tottington & North Manor, some of which are considered the more affluent areas of Bury.



of

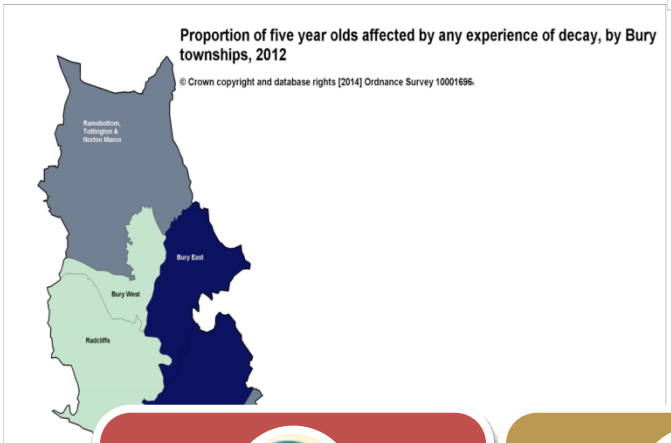
Although there is a moderate association between decay in 3 year olds and that in 5 year olds at Lower Local Authority level, there is less association between deprivation and decay in 3 year olds than for 5 year olds, indicating that deprivation is not always the only indicator of poor oral health practice.

Tier

that

Bury's rates of ECC's and dental decay (DMFT) at 5 are shown on the maps overleaf.

age



In one year, among children in the North West who are waiting for extractions in hospital because of decay:

majority of

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es but the

As a result of ongoing poor dental health, many young Bury children face dental extractions under general anaesthetic, some of which affect are believed to be siblings from the same family. Table 1 shows that in 2012/13, a total of 484 children in Bury aged 19 or under had dental extractions under general anaesthetic. Of these, 61 were for children aged 0-4 years and 234 were for children aged 5-9 years.

Table 1: Dental extractions under general anaesthetic in children during 2012/2013

				Admissions as % of population[1]			Extractions in <5 yr olds per 100 head of 0 to 5 yr old population[1] only 2012/2013
LA Name	**Age 0-4yrs**	**Age 5-9yrs**	**Total number of admissions 0-19yrs**	**Age 0-4yrs**	**Age 5-9yrs**	**Total 0-19yrs**	
Bury	**61**	**234**	**484**	**0.5%**	**2.0%**	**1.0%**	**0.41**
Greater Manchester	831	2,649	5,544	0.4%	1.6%	0.8%	0.38

Data Development Agenda

No data development identified at this time. There is a national programme of epidemiology surveys. It is thought that further resource for additional surveys would not necessarily provide further insight on this area.

This is open to review at a later date.

Key Partners

- Children's Centres
- Early Years providers and childminders
- Family Nurse Partnership
- Health visiting
- Midwifery
- NHS England
- Pennine Care NHS Foundation Trust Oral Health Promotion Team
- Primary Care – i.e. Dentists, GP's, Pharmacies
- Public Health
- Bury CCG
- Supporting Communities Improving Lives Team

What Works

Prevention's better than cure

[2] A small sample was surveyed
[3] Only those children where positive consent was gained from parents were surveyed

Increasing preventative activities and promoting healthy behaviours (including good oral health) and healthy relationships in the early years has been evidenced to have a lasting effect into adulthood. This links into many strategies aimed at improving outcomes in children in early years, for example:

- Healthy Child Programme – Pregnancy and the first five years of life (DH, 2009 – amended August 2010)
- Fair Society Healthy Lives (Marmot, 2010)
- Conception to age 2 – the age of opportunity (WAVE Trust, 2013)
- The Foundation Years: preventing poor children becoming poor adults (Field, 2010)

As outlined in *Delivering better oral health: an evidence-based toolkit for prevention* (2014), measures to improve oral health in children include:

- Breast feeding, as it provides the best nutrition for babies
- From six months of age infants should be introduced to drinking from a free-flow cup, and from age one year feeding from a bottle should be discouraged
- Sugar should not be added to weaning foods or drinks
- Parents / carers should brush or supervise tooth brushing until 7 years of age
- As soon as teeth erupt in the mouth brush them twice daily with a smear of fluoridated toothpaste
- Brush last thing at night and on one other occasion
- Use fluoridated toothpaste containing no less than 1,000ppm fluoride. It's good practice to use only a smear of toothpaste
- The frequency and amount of sugary food and drinks should be reduced
- Sugar-free medicines should be recommended

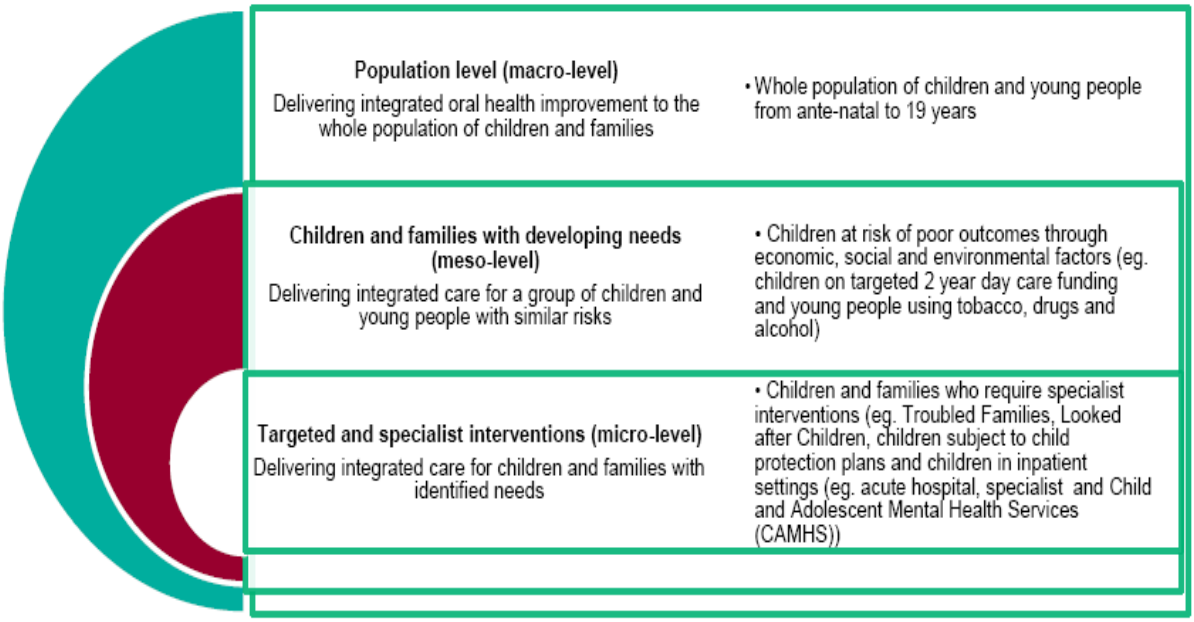
Promoting/ Improving Oral Health in Bury

As outlined in the diagram below, oral health improvement can be integrated in all levels of service. It should be embedded across the life course and be based on a proportionate universalism approach. Across Greater Manchester a sector led improvement programme [4]has taken place to look at oral health improvement as a key public health priority.

As such, following an in-depth oral health needs analysis conducted by Public Health England colleagues, Bury's leadership team have established that a key priority in Bury would be to focus on the first 12 months of life, up-streaming preventative efforts, ensuring the best start in life and preventing poor oral health in the early years. This approach aims to embed positive oral health messages and practice in the early years and support a 'whole family' approach to good oral health over the life course.

[4] A process of peer led review facilitated by the Greater Manchester Public Health Network

Figure 2.1. Service levels at which oral health could be integrated



Source: Kings Fund (2011), Integrated Care Summary. Available at URL http://www.kingsfund.org.uk/sites/files/kf/Integrated-care-summary-Sep11.pdf

The oral health improvement sector led improvement actions are outlined below and will be incorporated into the wider Bury oral health improvement action plan focussing on the first twelve months of life.

Current Services

Delivering better oral health: an evidence- based toolkit for prevention (2014) outlines the strength of evidence based interventions that are available for local authorities and partners to utilise to improve the population's oral health. Below is a table of current practice against the range of interventions for primary care teams in prevention of caries in children aged 0-3 years:

Intervention	Currently in place in Bury
Breast feeding provides the best nutrition for babies	**UNICEF Breast Feeding Initiative (BFI) Accreditation -** this includes a very robust audit of practice: - **Acute services:** Royal Bolton Hospital achieved stage 2 accreditation. NMGH is fully accredited. - **Community Services:** PCFT CSB achieved full [level 3] accreditation in 2015 [confirmation pending]. Children Centres achieved stage 2 in 2014. **Trained volunteer peer supporters:** available through the Children Centre hubs providing antenatal and postnatal support on a drop in basis. **Midwifery:** nutrition advice given to mothers during the antenatal period **Health Visitors:** all trained To UNICEF level 3 infant feeding **Children Centres**: give best practice advice and information and signpost to other services. **Public Health Nutritionist/ Oral health promotion team:** Delivery of the Golden Apple accreditation scheme to early years settings and children centres
From six months of age infants should be introduced to drinking from a free-flow cup, and from age one year feeding from a bottle should be discouraged	**Children Centres**: Universal information available including literature and information on best practice. Advice and discussion during services including baby club and weaning sessions. **Oral health promotion team:** dissemination of these messages daily. Oral health training provided to Children Centres and child minders. The OHPT visits all state and private nurseries to reinforce key messages. **Health Visiting:** All Bury new mums receive the NHS/ UNICEF/start4Life Introducing Solid Foods Booklet (pages 13, 14) and the Sweet Enough weaning advice which includes drinking water or milk only from a cup (page 8).
Sugar should not be added to weaning foods or drinks	**Children Centres**: information given on a 1-1 and during sessions, through advice and discussion during services including baby club and weaning sessions. **Oral health promotion team:** dissemination of these messages daily. Oral health training provided to Children

	Centres and child minders. The OHPT visits all state and private nurseries to reinforce key messages. **Health Visiting:** All Bury new mums receive the NHS/ UNICEF/ start4Life Introducing Solid Foods Booklet (pages 13, 14).
Parents / carers should brush or supervise tooth brushing until 7 years of age	**Children Centres**: Tooth brushing advice and guidance given in line with NHS guidance **Oral health promotion team:** The OHPT purchase Brushing for Life packs and co-ordinate the delivery to Health visitors. **Health Visiting/ Nursery Nurses:** Brushing for Life packs given by Nursery Nurses and Health Visitors to parents on 2 separate occasions. The packs contain toothpaste containing 1450ppm toothpaste, toothbrush and leaflet. Health visitors give a pack containing a leaflet called 'Your babies teeth' at the 8 month assessment and Nursery nurses give a leaflet called 'Your toddlers teeth' aimed at baby teeth 0-3 yrs at the 2.5 year assessment. The leaflets were designed by the OHP team in Bury so contain the correct messages from DBOH 3rd edition.
As soon as teeth erupt in the mouth brush them twice daily with a smear of fluoridated toothpaste	**Children Centres**: advise [where possible] in line with guidance important to become part of the child's daily routine **Oral health promotion team:** The OHP team purchase Brushing for Life packs and co-ordinate the delivery to Health visitors. These are given by Nursery Nurses and Health visitors to parents on 2 separate occasions.
Brush last thing at night and on one other occasion	**Children Centres**: as above **Oral health promotion team:** The OHP team purchase Brushing for Life packs and co-ordinate the delivery to Health visitors. These are given by Nursery Nurses and Health visitors to parents on 2 separate occasions.
Use fluoridated toothpaste containing no less than 1,000ppm fluoride. It's good practice to use only a smear of toothpaste	**Children Centres**: Pea size amount is guidance given for children 3-6 years. **Oral health promotion team:** The OHP team purchase Brushing for Life packs and co-ordinate the delivery to Health visitors. These are given by Nursery Nurses and Health visitors to parents on 2 separate occasions.
The frequency and amount of sugary food and drinks should be reduced	**Children Centres**: advice and guidance given in line with NHS guidance. Displays and information available to support **Oral health promotion team:** dissemination of these messages daily. Oral health training provided to Children Centres and child minders. The OHPT visits all state and private nurseries to reinforce key messages. Information leaflets regarding oral health are sent home to parents/ carers
Sugar-free medicines should be recommended	**Children Centres** advise this. **Oral health promotion team:** dissemination of these messages daily. Oral health training provided to Children Centres and child minders. The OHPT visits all state and private nurseries to reinforce key messages.

Actions

The strategy is focused on 0-12 months or under 5's based on the following outcome themes: -

	Outcome& Targets	Actions	Lead/ Partners	Resource	Timescales	Measure

1.	**Every child born in Bury has the opportunity to be cavity-free**	1. Scope the introduction of a fluoride varnish scheme and appropriate training of workforce	1. NHS England (lead), Oral Health Promotion Team	1. Funding, staff time	2016	• Number of children who receive fluoride varnish. • Number of professionals trained per year.
		2. Recommendation, introduction and monitoring of a supervised tooth brushing scheme in Children Centres and nurseries	2. Children Centres	2. Staff time	2016	• Number of Children Centres and nurseries with a supervised tooth brushing scheme.
		3. introduction of buddy system for Children Centres and private nurseries linked to local dental practices	3. NHS England (lead), Children Centre (partner)	3. Staff time	2016	• Number of Children Centres and private nurseries with a linked dental practice.
		4. Promotion of sugar-free medication where available and appropriate, including over the counter medicines	4. CCG (lead), Medicines Management (partner)	4. Staff time	2016	• Number of pharmacies with a policy to promote sugar-free medicines.
2.	**Every child under 5 living in Bury has access to NHS dental services**	1. Ensure effective pathway into dental services for women identified in the antenatal period	1. NHS England (lead), Midwifery, FNP team, HV team (partners)	1. Staff time, NHS dentist capacity	2016	• An agreed antenatal and postnatal pathway introduced across Bury
		2. Ensure effective pathway into dental services for women identified in the postnatal period	2. NHS England (lead), Health Visiting, FNP team (partners)	2. Staff time, NHS dentist capacity	2016	• As above
		3. Re-launch and increase of dental practices delivering the Baby Teeth Do Matter (BTDM) scheme, and completing associated online training. Regular monitoring of scheme	3. NHS England and PHE	3. NHS dentist capacity	2016	• Number of dental practices signed up to deliver BTDM. • Number of professionals completed online training.

3.	**Everyone in contact with very young children in Bury has knowledge of the key oral health messages, understands them, applies them and effectively communicates them with clients**	1. Engagement of primary care workforce in health promotion activities	1. NHS England	1. Staff time	As identified	• Delivery of health promotion campaigns via primary care providers
		2. Distribution of oral health messages during pregnancy and postnatal in line with routine contacts.	2. Midwifery and Health Visiting/ FNP (leads), Oral Health Promotion team (partner)	2. Staff time/ printed materials	Antenatal and postnatal contacts	• Completion of universal contacts conducted by Health Visiting service each quarter. • Inclusion of oral health messages at each stage of AGMA NDM 8 stage assessment points into HV contract.
		3. Distribution of oral health improvement promotion materials to wider children's workforce.	3. Oral Health Promotion Team	3. Staff time	Annually, and as requested	• Quantity of resources distributed and to which professionals per year.
		4. A programme of equity audits of existing practice i.e. secret shopper, records audit	4. Oral Health Promotion Team (lead)	4. Staff time	2016	• Results of agreed equity audits.
		5. Promotion of and undertake promotional activities during National Smile Month	5. Oral Health Promotion Team(lead), all stakeholders (partners)	5. Staff time/ printed materials	May - June 16	• Confirmed promotional activities agreed each year.
		6. Deliver professional update training programme (linked to those developed by the Oral Health Improvement Network) and monitor uptake – including Midwifes, Health Visitors, FNP team, Early Years Providers, Children Centres, School Nurses, Primary school staff including	6. Oral Health Promotion Team	6. Staff time	Annual rolling programme	• Number of professionals trained each year and monitoring percentage of staff in each professional cohort that has completed the training.

		teacher i.e. PAD days.				
4	**Hot spot areas - every parent and carer knows about the safe way to use baby feeding bottles and is supported to apply them**	1. Provide targeted support to families in 'at risk' areas (Bury East, Whitefield & Unsworth, Ramsbottom, Tottington & North Manor) [5]i.e. 1:1 OHPT team appointments, Safe way to use bottles leaflets, etc.	1. Oral Health Promotion Team(lead), Health Visiting/FNP (partners)	1. Staff time	Ongoing	• Number of targeted interventions provided by OHP team to individuals with a postcode in 'at risk areas'.
Sector Led Improvement Actions						
SLI	**Oral Health Promotion services**	1. Review the scope and offer of the Oral Health Promotion Service to ensure alignment with national guidance	1. NHS England/ Local Authority commissioners	1. Staff time, funding	2016	• A clear specification agreed and being delivered that aligns to the national guidance.
SLI	**Healthy Schools**	1. Re-establish the healthy school programme and engage with schools to refocus oral health improvement activity and to review current practice[6]	1. Director of Public Health (lead), schools, Director of Education, Director of Children Services (partners)	1. Staff time, funding	2016	• Healthy Schools programme agreed and in operation. • Number of schools who have a policy addressing oral health/ healthy eating.
SLI	**Wider workforce** Consider opportunities for working with the wider workforce within Bury Council to deliver oral health improvement	See overarching Action 3	As above	As above	As above	As above

[5] Hotspot areas: Bury East, Whitefield & Unsworth, Ramsbottom, Tottington & North Manor

[6] Note: when did you last see your dentist? included in school entry assessment by SN team

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Department of Health. (2009). *Healthy Child Programme – Pregnancy and the first five years of life .*

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PHE. (2013). *Local authorities improving oral health: commissioning better oral health for children and young people.* Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf

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WAVE Trust. (2013). *Conception to age 2 – the age of opportunity.*

Agenda Item 9

SCRUTINY REPORT

Bury

MEETING: **Ann Norleigh Noi**

DATE: **8th November 2015**

SUBJECT: **One Recovery Bury**

REPORT FROM: **Ann Norleigh Noi Strategic Development Lead**

CONTACT OFFICER: **Ann Norleigh Noi**

1.0 BACKGROUND

At the March 2015 Health Scrutiny Committee, I along with colleagues gave a presentation which provided an overview of Bury's drug and alcohol service, with the aim of assuring the health overview and scrutiny committee that the new service provider, One Recovery Bury, is providing a quality service. Because of the methodology used by Public Health England to capture information about drug and alcohol provision, we were unable to provide any data and agreed to return to Health Scrutiny Committee at a later date.

2.0 ISSUES

Evidence from a comprehensive review of the service, which included a needs assessment, large scale consultation and pathway events informed the partnerships decision to go out to tender. At the time, we also referred to the fact that it could be argued that we had medicalised social problems such as addiction, and as a result the cost to public service is prohibitive.

As a result, it was necessary to systematically transform the way drug and alcohol services were provided and that the transformation aimed to break the service users cycle of dependency. Key to this transformation was the new service model which was significantly different and based on a recovery care pathway.

There were numerous challenges during the implementation of the new model not least of all was managing staff and service users as well as other professionals throughout the process.

The new providers were also tasked with carrying out a full caseload audit during the first 6 months which included segmenting the caseload to highlight those service users who had been in service for several years. The following 6 months, the providers were tasked with carrying out recommendations arising from the audit. This meant that staff were proactively working to support some service users to the next stage of their recovery.

2.0 CONCLUSION

Following the full implementation of the service, One Recovery Bury, went on to establish the Substance Misuse Delivery Partnership, a group that meets quarterly and membership includes wider partners who areas cross cut substance misuse. The group are proactive in

taking forward actions that will enable Bury to achieve its key objectives set out in the drug & alcohol strategy. The following is a small example of the innovative and success so far.

The Recovery Hub which was scheduled to open in year two, opened April 2015 well ahead of schedule. The Hub offers a range of interventions based around aftercare and abstinence with recovery at the forefront. There was a quiet opening on April 13th 2015, followed by an official opening in September. Since then, athere has been a footfall of over 1500.

Several Recovery focused groups operate from the Hub including Bridging The Gap, (education & training), The Gap, Straight Ahead aimed at supporting abstinence. Other partners are also using the Hub to deliver from, eg, Health Trainers, Calico (rough sleeper's project) as well as a variety of self-help and peer led groups, e.g. Narcotics Anonymous and BIG in Mental Health. Healthy Minds will start to deliver from the Hub in the new year.

The Benzodiazepine workers role - has achieved significant results. This is due to sustained efforts over the last twelve months and collaborative working with the medicines management team and some GPs. Bury prescribing rates for Benzodiazepines is the lowest in Greater Manchester. One Recovery Bury are continuing to work with several practices and aim to reduce prescribing rates further to the best quartile in England by March 2016.

Gateways Programme – delivers interventions to offenders on release from prison, and has an accommodation and families element. In April 2015 a delegation made up of NOMs, PHE & NHS representatives, from London met with partners involved in delivering the programmes following Bury being identified as an area of good practice in relation to its Gateways programme. The delegation explored the planning, mobilisation of resources, staffing, service user experience and examples of partnership working. Burys Gateway programme was featured on the National Website as a result of the visited sited as an area of good practice. The numbers of offenders leaving prison drug/alcohol free has increased and numbers can be seen in the additional information document which is embedded at the end of this report.

Key Lifestyle Outcomes – a tool used to measure progress in a service users journey. A measure is taken at the beginning, during and at the end of a journey. Service Users are showing significant improvements in reducing/abstaining from drug and alcohol use, gaining or sustaining accommodation, benefits, reduced criminality/legal issues, employment, mental and physical health, risk behaviour, safeguarding and service user satisfaction. All areas are showing a significant improvement and this continues to increase.

STRIVE Team – are a GMP response to low level domestic violence. In Bury, a significant number of all incidents include either drugs or alcohol. One Recovery Bury is now working closely with the STRIVE team on a daily basis. This involves responding to those who are involved in low domestic violence incidents and where substance misuse has been sited as an issue. This has resulted in an increase in referrals and assessments for people who may not otherwise sought help, and who are now engaging in treatment and recovery support.

New Psychoactive Substances NPSs – A task & finish group has now been established with the aim of developing a Bury response to the in response to the increasing use of NPSs (also known as legal highs). Bury are to implement a 'Local Drugs Early Warning System' and this will be rolled out following an Awareness Event on 10th December 2015.

List of Background Papers:- One Recovery Bury – Performance Information

One Recovery Bury - Scrutiny Performance

Contact Details:-

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Drugs, Alcohol & Tobacco Control

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One Recovery Bury – supplementary performance information

The following information includes current performance information for One Recovery Bury. A detailed explanation of key point will be delivered along with the report at the actual Health Scrutiny Meeting

Table 1 – Successful completions

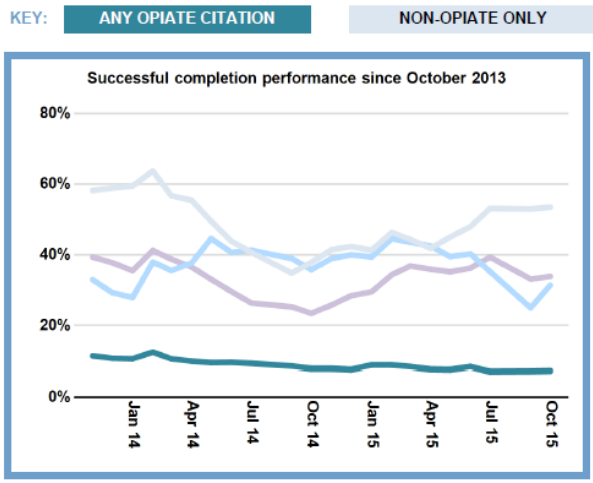

Table 2 Re-presentations

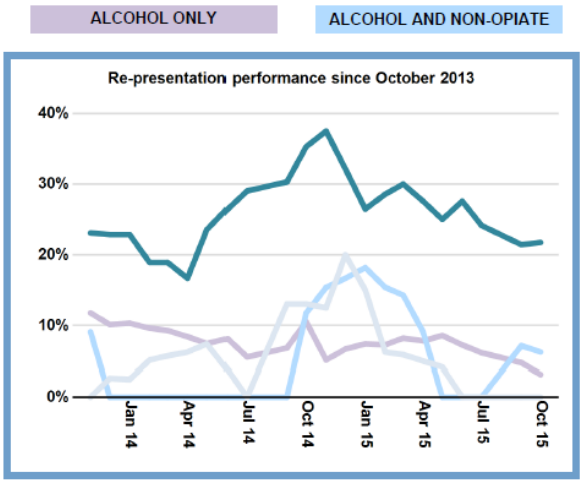

Table 1 above shows completions for any opiate have remained steady. Non-opiate use only shows a continued rise, and no change from July to October. Alcohol & opiate use showed a decrease in successful completion but performance is now starting to increase.

Table 2 above shows the level of representations, this is when a service user relapsed and re-enters treatment. This number is steadily decreasing which would be expected as after/recovery provision develops.

Table 3

PUBLIC HEALTH OUTCOME FRAMEWORK: INDICATOR 2.15 - Successful completion of drug treatment

2.15 Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months

(n) = number successfully completed and did not re-present / all in treatment
Baseline period: Completion period: 01/10/2013 to 30/09/2014, Re-presentations up to: 31/03/2015
Latest Period: Completion period: 01/04/2014 to 31/03/2015, Re-presentations up to: 30/09/2015
Comparison to England: Lower = Red, Similar = Amber, Higher = Green
Direction of travel (D.O.T): Current data measured against the baseline (B). Due to rounding small differences may not be visible in displayed percentages, but are taken into account in D.O.T. calculation.

	Baseline period		D.O.T	Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)	B	(%)	(n)		
Local opiate clients	7.9%	42 / 529	▲	8.0%	39 / 488	9.02% - 13.14%	45 to 64
National opiate clients	7.6%			7.2%			
Local non-opiate clients	36.8%	77 / 209	▲	41.5%	78 / 188	44.66% - 53.93%	84 to 101
National non-opiate clients	39.0%			38.5%			

Table 3 above demonstrates that performance in relation to the two key PHE outcomes is showing an upward trend overall.

One Recovery Bury – supplementary performance information

RE-PRESENTATIONS

Proportion who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months

(n) = number of re-presentations / number of completions
Baseline period: Completion period: 01/04/2014 to 30/09/2014, Re-presentations up to: 31/03/2015
Latest Period: Completion period: 01/10/2014 to 31/03/2015, Re-presentations up to: 30/09/2015
Benchmarking comparison: (opiate, non-opiate & alcohol/non-opiate): Top quartile range for local comparators, (alcohol only): National average
Direction of travel (D.O.T): Current data measured against the baseline (B). Due to rounding small differences may not be visible in displayed percentages, but are taken into account in D.O.T. calculation.

	Baseline period		D.O.T	Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)	B	(%)	(n)	* National average	
Opiate	27.6%	8 / 29	▲	21.7%	5 / 23	14.04% - 0.00%	3 to 0
Non-opiate	5.0%	1 / 20	▲	0.0%	0 / 22	2.86% - 0.00%	0 to 0
Alcohol	7.8%	5 / 64	▲	3.2%	2 / 63	10.73%*	-
Alcohol and non-opiate	9.1%	2 / 22	▲	6.3%	1 / 16	5.88% - 0.00%	0 to 0

Proportion of Criminal Justice clients who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months

	Baseline period		D.O.T	Latest period	
	(%)	(n)	B	(%)	(n)
Opiate	100.0%	1 / 1	▲	50.0%	1 / 2
Non-opiate	0.0%	0 / 3	–	0.0%	0 / 1
Alcohol	0.0%	0 / 3	–	0.0%	0 / 7
Alcohol and non-opiate	0.0%	0 / 4	–	0.0%	0 / 2

The tables at the top relate to all the non-criminal justice service users and demonstrate that the percentage of those re-presenting is decreasing.

The next two tables display those service users who entered treatment via a criminal justice route that is prison or CRC/probation etc. Apart from opiate use which has shown a decrease in the numbers representing, performance has remained the same for all other substances.

Bury Prison Releases 2013 to date.

Anything under 40mls is classed as a successful completion in Forest Banks end of month reporting data

Jan 2013 - Dec 2013 total of 54 released to Bury

40mls & under	30mls & under	20mls & under	abstinent	Other
12	4	12	24	2

Jan 2014 – Dec 2014 total of 55 releases to Bury

40mls & under	30mls & under	20mls & under	abstinent	Other
10	6	6	33	0

Jan 2015 – to Date 73 releases to Bury

40mls & under	30mls & under	20mls & under	abstinent	Other
9	12	6	45	0

GM Completions Table

Substance	PHE Centre (click on + to get partnership level data)	Partnership	Baseline			Latest Figures				Trend (numbers)			Trend (rolling 12 months)		
			Number in treatment	Number of succ comp	Succ comp as a % of all in treatment	Number in treatment in the last 12 months	Number of succ comp in the last 12 months	Succ comp as a % of all in treatment		Growth in succ comp from the baseline	Growth in succ comp from the baseline	Growth in succ comp from the baseline	Succ comp as a % of all in treatment	Succ comp as a % of all in treatment	Succ comp as a % of all in treatment
					Local			Local	Comparator LAs	Jul	Aug	Sep	Jul	Aug	Sep
	North West	Bolton	628	286	45.54%	580	247	42.59%	39.12%	-	-30	-39	-	43.54%	42.59%
		Bury	334	120	35.93%	319	108	33.86%	39.12%	-	-12	-12	-	33.13%	33.86%
		Manchester	1445	418	28.93%	1251	381	30.46%	39.12%	-	-27	-37	-	30.01%	30.46%
		Oldham	613	243	39.64%	624	271	43.43%	39.12%	-	12	28	-	40.22%	43.43%
		Rochdale	481	153	31.81%	513	197	38.40%	39.12%	-	22	44	-	34.58%	38.40%
		Salford	581	348	59.90%	617	304	49.27%	39.12%	-	-67	-44	-	47.23%	49.27%
		Sefton	880	310	35.23%	968	383	39.57%	39.12%	-	59	73	-	39.05%	39.57%
		Stockport	737	261	35.41%	661	285	43.12%	39.12%	-	6	24	-	40.03%	43.12%
		Tameside	665	312	46.92%	588	277	47.11%	39.12%	-	-23	-35	-	48.74%	47.11%
		Trafford	503	211	41.95%	462	241	52.16%	39.12%	-	17	30	-	50.11%	52.16%
		Wigan	780	308	39.49%	808	298	36.88%	39.12%	-	-18	-10	-	35.71%	36.88%

Bury are currently operating at mid point within the Greater Manchester table in terms of completions. Taking into account that the service has gone through significant changes, that is a change in providers and that they also deliver a significantly different operating model, performance continues to improve.

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