

List of References:

[“Our health, our care, our say: a new direction for community services”](#) (Department of Health, January 2006)

www.networks.nhs.uk/149.php

[‘Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care’](#) (Department of Health, December 2007)

www.dh.gov.uk/en/SocialCare/Socialcareform/index.htm

And

[“Putting People First – Working to Make it Happen” Adult Social Care Workforce Strategy – Interim Statement](#) (Department of Health, June 2008)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_085642

[Report of the North West PCTs Fluoridation Evaluation Group](#) (NWFEG, June 2008)

www.alwpct.nhs.uk/Health%20Developments/Fluoridation/Fluoridation%20Evaluation.asp

If you have any comments or want to discuss any of these papers in more detail or if you can think of a logo to accompany this paper as the network title is getting quite long, please contact me.

I hope you found this helpful

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Health and Social Care Policy and Participation Network

Policy Briefing Paper 1

November 2008

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3. ***Report of the North West PCTs Fluoridation Evaluation Group: A review of the possibility of adding fluoride to Tameside’s water.***

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1. “Our health, our care, our say: a new direction for community services” (Department of Health, January 2006)

In 2006 this white paper was produced by the Department of Health (DoH) as a result of a consultation process with over 40,000 members of the general public. The conclusion of this consultation was that **people wanted more, quality Health and Social Care (HSC), that was closer to home and easier to access.** From this process the following 4 priority areas were created.

1. Better preventative services with earlier intervention

By **improving education around health and preventative services** e.g. smoking cessation, there would be a reduction in the health detriment (and cost) of associated conditions.

The onus is moving from **health in isolation to ‘health and wellbeing’** recognising that there are many determinants to health (e.g. mental health, economic health) and so **resources are being shifted towards preventative services being delivered in local communities** (localities) where they are needed.

2. More choice and a louder voice

Direct payments, personalised HSC budgets and providing choice of where to go for operations are examples of how **people are being encouraged to direct their own care and ‘vote with their feet’.** Community based care such as the introduction of Community Hospitals (‘Super clinics’) are designed to give **better choice and control to people within their locality and also in their home.**

3. Tackling Inequalities and improving access to community services

It is now widely recognised that **health and life expectancy are directly linked to where you live** (average life expectancy in the poorest areas of the UK is dramatically lower than the richest areas) these differences in life expectancy and health are termed **‘Health Inequalities’** and can be linked to many factors. This has led to Local Involvement Networks (LINKs) a

Currently 1.5million people in England receive water with added fluoride (1mg/l) in the West Midlands, Tyneside and Yorkshire. In 2001/02 children aged 5 **in Cheshire where water was fluoridated had an 8.7% less carries in the most deprived areas and 12.2% less caries in the most affluent areas** (as carries prevalence is related to deprivation). There is also evidence that **the more deprived an area is the more profound the improvements in caries reduction are over time.**

The process of fluoridation is not, however, without its problems:

Excess ingestion of fluoride can lead to fluorosis where teeth appear pearly white (mild) or begin to yellow (mild) become discoloured (severe which is uncommon), these cases are rare but increased incidence is seen in fluoridated areas. This does not affect health but can be cosmetic.

Increased bone fractures and cancer have been sighted as a possible health effect of fluoridation but **there was no significant evidence of this found in this report,** it was concluded that research would have to be carried out over a much longer time period for it to be significant.

Despite concerns about possible health risks, however remote, PCT’s in the **North West are being encouraged to look at Fluoridation in more detail as a possible strategy for improving oral health.** This paper detailed 4 possible plans for consideration between PCT’s (as water paths cross PCT boundaries future assessment work will have to be collaborative) **all of them include Tameside and Glossop PCT.**

Tameside and Glossop PCT delivered a fluoridation briefing to the Health Partnership Board in August (who oversee possible changes within the Health and Social Care in the area) and it was moved that Fluoridation was an area for further investigation in Tameside. **This does not mean it will go ahead it means that research, evaluation and consultation can begin. NWFEG is clear that partners are to be consulted at all stages and that public consultation (which the third sector will play a part of) is to be extensive.**

The paper recognised that some **voluntary organisations and LA's have been at the cutting edge of innovation in adult social care for some time and are integral to identifying what works well as well as barriers to progress.**

3. Report of the North West PCT's Fluoridation Evaluation Group (NWFEU) (NWFEU, June 2008)

This group was commissioned by the 24 Primary Care Trusts (PCT's) in the North West to **independently evaluate water fluoridation as a tool for improving oral health.**

As of 2006 all **PCT's have a responsibility to commission dental services and improve oral health** measured by improving population oral health **in children** (at 5 and 11 years old) and **improve access to dental services** (the number of people receiving dental care in a two year period) and **reduce Health Inequalities as a result.**

This bears particular relevance to the **North West as in 2006 we had the worst level of tooth decay in children in the country** (37% of Tameside's children had tooth decay). **Dental caries (tooth decay) is a common and preventable** condition where micro-organisms in the mouth convert sugar to acid and erode the teeth and results in decayed teeth having to be removed at a substantial cost.

There are many ways of reducing caries in a population, but the one which has been **most extensively researched and trialled is Fluoridation.**

Fluoride is a naturally occurring element found in all natural water at different levels (0.1-1 part per million) depending on where the water comes from.

When applied topically (to the surface) to teeth **evidence shows that: it reduces the loss of the minerals calcium and phosphorus** (which are integral to the structure of teeth) during acid attack, **repairs the damage** (by moving these minerals to the site of attack through saliva) and **makes the tooth more resistant** by drawing calcium and phosphorus into the tooth. These benefits are seen in children and adults.

tool for highlighting and rectifying areas of need within the HSC services in an area.

4. More support for people with long term needs

Improving the information available to people so they know where to go to and what to do about long term conditions can **empower people to manage their own conditions and stay in their homes for longer** e.g. the Expert Patient Program (providing an 'information prescription') assistive technologies (e.g. telecare) and providing people with individual budgets which they can use to decide their own HSC package.

Another area of change has been '**joining up of services**', the Primary Care Trust (PCT) and The Local Authority (TMBC) are being encouraged to work together to identify what is being provided and where the gaps are so that HSC services being 'bought in' (commissioned) from all sectors are better and more collaborative.

The Voluntary and Community Sector (VCS) was also recognised for the long term part we continue to play in delivering quality HSC provision. **Commitments were made to ensure that we would be involved in decision making (strategy) and be held as an equal partner** (with the private sector and statutory sector) as barriers to our involvement in commissioning would be lowered.

This White Paper is the basis of Health and Social Care operations in Tameside today, it affects each of us and our organisations and it is as a result of it that we see:

The Partnership for Older Peoples' Project (POPPs with Age Concern Tameside), World Class Commissioning (the PCT's 5 year plan for public engagement resulting in commissioning), the LINK, a service user lead network evaluating services, Patient Advice and Liaison Service (PALS), as well as much better involvement and engagement of the VCS throughout strategic partnerships (its Networks such as the HSC Network and VOICE).

2. ‘Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care’ (Department of Health, December 2007)

Demographic shift is one of the main influences for the White Paper ‘Our Health, our care our say’ and the changing HSC environment we see as a consequence. **Our health as a Nation has improved dramatically over the last 60 years so that we are all living longer** (despite health inequalities). In the next 30 years the number of people in England over 85 years of age will increase by almost 180%.

This means **we are able to contribute to society as a workforce and as carers for longer, however it also brings many challenges**. The need for health and social care support at all levels of need will increase especially when we consider that the rate of dementia is set to rise by double in the next 30 years and that advances in medicine mean more children with highly complex needs are surviving into adulthood. **Not only are people living longer but their needs are becoming more complex**.

‘Putting People First’ outlines the key elements involved in creating a reformed HSC system to respond to these demographic challenges and a rising expectation of quality from those who access services.

1. Core Values of this Reform

“To ensure that older people, people with chronic conditions, disabled people and people with mental health problems have the best possible quality of life and that the equality of independent living is fundamental to a socially just society.”

Care and protection for people who cannot provide it for themselves is fundamental to HSC in England, services are becoming increasingly geared towards improved choice and control, enablement and empowerment, focussing on prevention, early intervention and high quality personally tailored services with personal budgets so that people can choose services that they feel suit their needs best shaping commissioning themselves

2. A Personalised Adult Social Care System

Lord Darzi’s review of the NHS recognised that **HSC services working across local partnerships within the community (statutory, private and third sector) is the only way that true personalisation can be achieved**. To do this will require agreed shared outcomes, system wide development and transformation within a joint strategic assessment, local area agreements (using National Policy to meet local priorities), examples of this to be implemented include:

Organisations sharing and reallocating funding and resources to meet local priorities, commissioning which focuses on quality and value (not just price), a local advice and information service which is easily accessed by all, personal advocates (independent brokers) to help people voice their needs and/or utilise their personal budget when they can’t, family members and carers to be treated as experts and receive support and training for their role, and better linkage with children’s services.

3. Support and Reform

“The [DoH] will provide funding over the next three years to support a system-wide transformation in every local authority (LA). Local authorities and their partners will agree together how this funding will be spent to develop this system”

Tameside will receive £952,000 next year to put in place the necessary structures (education of staff, more integrated partnership agreements, more rigorous evaluation methods etc). A new skills academy lead by the General Social Care Council (GSCC) will be developed to support World Class Commissioning (WCC) to **train staff in the new skills they will need to create a personalised innovative best practice system**.

Every LA will create forums, networks and tasks groups across all sectors to provide service users and carers/families an active role in the change process, at least one of these forums is to be from a user lead organisation (e.g. LINK at T3SC).