The Starting Point newsletter aims to summarise or highlight information projects and reports recently completed by Salford City Council and partners.

In this issue we start with a look into information on tooth decay and hospital admissions for tooth extraction, followed by research into avoidable mortality which highlights the differences in the most and least deprived areas within Salford. The importance of completing Equality Impact Assessments is included followed by the updated Pharmacy Needs Assessment which makes sure that the pharmacies across the city are providing the right services in the right locations for the residents of Salford. Finally there is a look into the Salford Standard which describes the level of care you should expect when you go to a GP practice in Salford.

If you would like to share an intelligence report or project in the next edition of this newsletter, please contact Gordon.adams@salford.gov.uk

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Oral Health

Oral health is an important part of general health and wellbeing for both adults and children. A healthy mouth enables children to communicate, eat and enjoy a variety of foods, socialise and attend school as well as contributing to their self-esteem, confidence and readiness to learn. Adults who are free from dental pain and infection can fulfil their functions as parents, partners, workers and carers.

We have high levels of dental decay in Salford and the impact on both society and the individual is significant, causing pain, discomfort, sleeplessness, limitation in eating leading to poor nutrition and time off work or school as a result of dental problems.

Early Childhood Decay (bottle caries)

Early childhood decay typically affects smooth surfaces of upper front teeth and can affect many other teeth as well. It is usually associated with long term use of a baby bottle containing sugared drinks, especially if given at night. In some areas it is culturally acceptable to put a baby or toddler to bed with a bottle and allow them to drink freely from a bottle during the day. If water or milk were given in this way there would be no harm to teeth but drinks containing sugar can cause this rapid and disfiguring type of decay.

In 2014/15

51%

of 5 year olds in Salford were found to have some tooth decay.

Hospital Admissions for Tooth Extractions

In 2015/16 389 children aged 0-19 years were admitted to hospital for removal of teeth under general anaesthetic in Salford; with 66 of these being less than 5 years old. The estimated cost is £1,000 per episode of care. There is currently a significant pressure on hospitals, resulting in children with dental pain and infection waiting for over 12 months. During this time pain management is a problem, as is the repeat prescription of antibiotics for acute infection. The stress on families in these circumstances is becoming intolerable for some.

In 2012/13

25%

of 3 year olds in Salford were found to have some tooth decay.

Prevention

Fluoride protects teeth by disrupting the process of tooth decay by:

- Changing the structure of developing enamel, making it more resistant to acid attack - these structural changes occur if a child consumes fluoride during the period when enamel develops (mainly up to seven years of age)
- Encouraging better quality enamel to form that’s more resistant to acid attack
- Reducing plaque bacteria’s ability to produce acid, which is the cause of tooth decay

Brushing twice a day with fluoride toothpaste and reducing the frequency of sugar consumption, restricting the sugar to meal times, will prevent tooth decay.

What is being done?

Salford has high levels of dental decay; action is required to address the issue. As a nation we need to do more about the amount of sugar we consume and improve our diet to protect our health. Consideration is needed to look at other public health programmes around reducing sugar consumption to link the oral health message of the risks of increase sugar frequency and its negative effect to oral health.

Salford is currently working with Public Health England and the other 10 Local Authorities across Greater Manchester to look at programmes of work to help support the reduction dental decay across the city.

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Avoidable Mortality and Deprivation

Research was undertaken to illustrate how much avoidable mortality occurred in the Salford population who live within varying levels of deprivation.

Avoidable mortality refers to deaths from causes that could have been prevented by timely and effective healthcare or public health interventions.

Deprivation scores were ranked and split into 10 groups (deciles) where decile 1 represents the most deprived areas and decile 10 represents the least deprived decile. These areas vary considerably from each other.

How many people live in the most and least deprived deciles in Salford?

There are 7 and a half times more people living in the most deprived decile than the least. This is 71,213 people living in the most deprived decile and 8,805 people in the least.

What patterns of avoidable mortality are there in Salford?

Our research calculated the avoidable mortality into standardised rates which take into account differences in the population structure (age and gender) and size so that different areas can be compared. The actual numbers of deaths have been shown to give depth and show the extent of the differences.

- Males are 2.7 times more likely to die due to avoidable mortality in the most deprived decile than the least and females 2.2 times more likely (Male deaths – 486 vs. 27; Female deaths - 286 vs. 23).
- Deaths from respiratory diseases in the most deprived decile are 12 times more likely than in the least (119 deaths in most deprived vs. 2 deaths in least).
- Deaths from cardio-vascular and unintentional injuries (all avoidable) are at least twice as likely in the most deprived decile as the least; avoidable cardio-vascular disease deaths are almost three times as likely.
- Males in the least deprived decile can expect to live 10.8 more years than males in the most deprived decile. For females the difference is 7.8 years.

Why does this happen?

Health inequality is a challenging and complex area. It is deeply rooted, difficult to turn around and driven by a variety of factors. Progress is being made – cancer survival rates are at a record high and smoking rates are at an all-time low – but there is still too much variation as this analysis indicates.

Respiratory deaths are higher in the most deprived as a likely consequence of persistent higher smoking prevalence among disadvantaged populations, despite considerable investment in smoking cessation services since the start of the new millennium. For those living in the most deprived areas this is a double whammy of early death and poorer health while still alive.

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Equality Impact Assessments

Public services should be accessible to the people in the local community and services should not present extra barriers to people who belong to a group which has particular characteristics which may lead to disadvantage. Probably all staff in the public sector agree with this, but how do we ensure that we make this happen?

**Equality Duty**

Public sector organisations have responsibilities under the Equality Act, 2010. These include having ‘due regard’ to the need to eliminate unlawful discrimination, advancing equality of opportunity and fostering good relations. This means that when proposals are considered (including changes to services, strategies, policies and practices, procedures and functions), there should be an assessment as to whether they may have a disproportionate impact on one or more protected groups.

The protected groups covered are:

• Age
• Disability
• Gender
• Gender reassignment
• Pregnancy and maternity
• Race
• Religion and belief,
• Sexual orientation.
• The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination.

**Impact Assessments**

Assessing the impact on equality on proposals is a process that helps demonstrate that decisions are made in a fair, transparent and accountable way and consider the possible impact of any changes they are thinking about on people who have one or more of the protected characteristics. This means that the process starts at the earliest stage when change is contemplated. It is also useful to begin the process of writing down the thinking around different groups in the local community and how they will be affected. The forms that each organisation use are a mechanism for doing this.

The process should demonstrate that there has been thought about the potential impacts of change. It should also show that any expected negative impact should be explored with a view to seeing if there is a way to mitigate that impact. Contrary to myth, if there is no sensible and affordable way to mitigate an impact, even if it is negative, it is not illegal to proceed with the change. The challenge which any expected negative impact should be explored with a view to seeing if there is a way to mitigate that impact.

**Value of Equality Impact Assessments**

Equality Impact Assessments are a means to demonstrate that changes to public services have considered the effects of service change on the local population they serve. The process can result in public sector managers and commissioners deepening their understanding of local need. They may also result in alterations in services, current or future, which improve things for people who share one or more of the protected characteristics. They also ensure that public sector organisations have met their legal responsibilities under the Equalities Act.

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Pharmaceutical Needs Assessment

**What is a pharmacist?**

Pharmacists - also known as chemists - are healthcare professionals who are experts in medicine. They use their clinical expertise to advise you on common problems such as coughs, colds, aches and pains. More than 80% of adults visit a pharmacy every year making them the most visited healthcare setting.

Older and frail people rely on their local chemist not just as a place to get medicines, but as somewhere they can go for informal health advice and information. Pharmacies are playing an even bigger role in providing public health services, alongside their main role of supplying medicines. Community pharmacies play an important role the prevention of disease and help to take the strain off the NHS and social care.

**What is a pharmaceutical needs assessment?**

A pharmaceutical needs assessment (PNA) is a way of making sure that the 59 pharmacies across the city are providing the right services in the right locations for the residents of Salford. In 2013, this legal duty to publish and keep up-to-date information became the responsibility of Salford Health and Wellbeing Board (HWB), which is hosted by the Salford City Council.

**What did we do?**

The PNA looked at each of the eight neighbourhoods of Salford. These are:

• Claremont and Weaste
• East Salford
• Eccles
• Irlam and Cadishead
• Ordsall and Langworthy
• Swinton
• Walkden and Little Hulton
• Worsley and Boothstown

We carried out a survey with the public about pharmacies in Salford and asked what was working well, and what could be improved - such as if there are any gaps in service. We also got the views from pharmacies themselves, Salford City Council, NHS Salford Clinical Commissioning Group and NHS England.

We then carried out a legal duty to share the results of the draft PNA for comments between 18 November 2016 and 19 January 2017.

**What did we find?**

The PNA concluded there are no gaps in service and that the pharmacies are in the right locations across the city. It found that Salford has a choice of pharmacies offering a wide range of services that meet the needs of Salford residents and opening times, including early mornings, evenings and weekends. Most people in Salford live within one mile of a pharmacy and even those that live further away can still get to a pharmacy within 20 minutes either by driving or using public transport.

To view the full report visit www.salford.gov.uk/people-communities-and-local-information/joint-strategic-needs-assessment/pharmaceutical-needs-assessment

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The Salford Standard

The Salford Standard describes the level of care you should expect when you go to a GP practice in Salford. Launched from April 2016, the aim is to make it easier to see a GP and for everyone in Salford to get the same level of service and care whichever GP practice they go to. The Salford Standard consists of 10 domains.

Salford Standard was a new project to reduce variation in performance across Salford’s 45 GP practices. The Business Intelligence [BI] team at the Clinical Commissioning Group recognised this was both a challenge and opportunity to deliver a suite of intelligence dashboards and portals to support practices to deliver the standards and the CCG to monitor progress. The Salford Standard is a three year programme.

The BI team needed to fully understand the requirements for the 61 Key Performance Indicators [KPIs] for the standards and then developed a plan to design, build, test and roll out the Salford Standard dashboard and portal.

- The dashboard is a tool to help practices monitor 10 domains for areas of improvement. It shows KPIs by practice and neighbourhood level to encourage close working across the neighbourhoods and share best practice.
- There is a summary dashboard to support targeted work around KPIs in year.
- A summary of performance at the end of each quarter is displayed in an achievement table by practice.
- 14 practices achieved the CCG target of 75% or more in 2016/17. The top performing practice achieved 91.4%.
- A portal was developed by BI and used by practices to record and submit evidence in response to process measures. These are submitted on a quarterly, biannual and annual basis.
- The BI homepage is a hub to collect and share all tools and latest dashboards with GP practices throughout the year.

When the dashboard was launched the team offered GP visits, presentations and training support to all practices who wanted to understand how the dashboard, portal and informatica tool worked. BI continued to develop training and did additional sessions for clinical pharmacists to support performance improvement.

Further information about the Salford Standard is available at www.salfordccg.nhs.uk/salford-standard

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