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## REPORT OF THE PORTFOLIO HOLDER FOR HEALTH

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### 1. Introduction

1.1 Overall, the health and wellbeing of people in Shropshire is good and life expectancy is higher than the national average. However, as more of us live longer, we want to ensure that we are able to maintain good health, and the quality of our lives, for longer – adding life to years as well as years to life. Currently men in Shropshire are expected to live healthily up to the age of 65, however life expectancy is 80 years old for men, leaving 15 years of ill health on average. The comparable figure for women is 18 years difference between healthy life expectancy and life expectancy.

1.2 Many people in Shropshire can expect to live a long life, have a good education, earn a decent wage and live in appropriate accommodation. However this is not the case for everyone, health inequalities do exist meaning that some of us do not have the same life chances due to where we live, the jobs and education we have, or other factors such as having a physical or learning disability. Other influences that can affect our health and wellbeing are the lifestyle choices we make such as smoking, drinking alcohol and levels of physical activity.

1.3 Our Joint Strategic Needs Assessment (JSNA) tells us that our key health issues in Shropshire include:

- Mental health, including dementia;
- Rising obesity;
- Child poverty;
- Ageing population.

1.4 In addition, the rural nature of our county requires us to think carefully about how we organise services, influence policy, and support communities to make certain that Shropshire people are able to access the right support at the right time. This issue of rurality poses particular difficulties due to Shropshire being one of the lowest funded Local Authorities in the country with a budget of £32 per head of population rather than the national target of £35 per head (equating to a shortfall of almost £1m).

### 2. In-year Public Health Budget Reduction

2.1 In August 2015, the Department of Health (DH) began a consultation following the Government's announcement of a £200m reduction to the Public Health grant. The

consultation document set out four different options and requested feedback from LA's outlining their preferred option:

- A. Devise a formula that claims a larger share of the saving from LAs that are significantly above their target allocation;
- B. Identify LAs that carried forward unspent reserves into 2015/16 and claim a correspondingly larger share of the savings from them;
- C. Reduce every LA's allocation by a standard, flat rate percentage i.e. 6.2 per cent of the total grant for 2015/16 (£702,000 for Shropshire);
- D. Reduce every LA's allocation by a standard percentage unless an authority can show that this would result in particular hardship, taking account of the following criteria:
  - inability to deliver savings legally due to binding financial commitments;
  - substantial, disproportionate and unavoidable adverse impact on people who share a protected characteristic within the meaning of section 149 of the Equality Act 2010;
  - high risk that, because of its impact, the decision would be incompatible with the Secretary of State's duties under the NHS Act 2006 (in particular the duty to have regard to the need to reduce inequalities between people with regard to the benefits they can receive from public health services);
  - the availability of funding from public health or general reserves; or
  - any other exceptional factors.

2.2 Shropshire Council submitted two responses, one on behalf of the Director of Public Health and one on behalf of the Health and Wellbeing Board. Both responses gave a preference for Option A. and highlighted Shropshire's current underfunding of just under £1m in relation to the target allocation as opposed to thirty five LA's who are overfunded by at least £1m each. Both responses can be seen in their entirety in the appendices of this report.

2.3 Our partners, Shropshire CCG and Healthwatch also submitted similar responses and we await the DH's response.

### **3. Health Profiles**

3.1 The Local Authority Health Profiles are produced annually by Public Health England and bring together a number of outcome measures that highlight issues in the population's health. Overall, Shropshire is a healthy county and performs well on several health outcomes, some of the areas where Shropshire was better than the national average include:

- Premature mortality from CVD and cancer;
- Life expectancy at birth;
- Smoking related deaths;
- Acute sexually transmitted diseases.

3.2 There was only one indicator in the health profile where Shropshire performed worse than the national average, which was smoking in pregnancy. However, the smoking in pregnancy rate has reduced in recent years and it is expected that this figure will be even lower next year.

3.3 Although performance on the other indicators was either better or similar to the national average there is room for improvement on some of the indicators, for example:

- Obesity in adults;
- Excess weight in adults.

3.4 Although Shropshire has similar a profile compared to the national figures for these indicators they have a large impact on the population overall as they affect large numbers of people. They also contribute to future ill-health therefore to prevent people from being affected by long term conditions in the future it is important to tackle obesity and low levels of physical activity. The Health Profiles for Shropshire are included in the appendices of this report.

#### **4. Update from the Health and Wellbeing Board**

4.1 The Health and Wellbeing Board (HWBB) is now into its third year and is cementing its role as a strategic leader of the local health economy. Over the past year the HWBB has made strides in ensuring that health and wellbeing partners collaborate to understand the needs of Shropshire's local communities, that they agree priorities and work together to plan how best to deliver services. Key updates from the HWBB include the Local Government Association's 'Peer Challenge', development of the Shropshire Health and Wellbeing strategy, creation of the Health and Wellbeing Communication and Engagement strategy, the progressing refresh of the JSNA and the key role of the Board in supporting the development of the Future Fit programme and the Better Care Fund.

##### 4.2 HWBB Peer Challenge

4.2.1 During January 2015, the HWBB underwent a peer challenge by a team of 'critical friends' from across the country. The team of peers was made up of professionals representing CCGs, Councils, Healthwatch and the Local Government Association. The peer challenge team spent four days working with professionals and the public, taking part in comprehensive discussions, observations, workshops and focus groups to understand health and wellbeing in Shropshire. They sought to learn more about leadership, effective relationships, evaluating the impact of the health and wellbeing strategy and Shropshire's approach to improving the health and wellbeing of local residents.

4.2.2 Overall, the team found a sense of passion, common purpose, strong leadership and commitment to health and wellbeing within the HWBB. They felt that members and officers were determined to use partnership working to improve outcomes for local people. The main findings from the Peer Challenge pertained to focusing upon systems leadership and working on relationship with health and wellbeing partners to better understand each other's cultures and further develop partnership working. The Peer Challenge team also suggested a review of the Health and Wellbeing Strategy, which is now underway.

##### 4.3 Development of the Health and Wellbeing Strategy

4.3.1 Since the Peer Challenge, work has been underway to review the joint Health and Wellbeing Strategy. This has involved engaging partners from across the health economy and patient groups in the progression of the strategy. The HWBB was able to agree common priorities, the vision for Shropshire and key health issues to tackle. Shortly, the draft Health and Wellbeing Strategy is due to go to public consultation and feedback received will be considered and used to review the draft strategy.

4.3.2 Key themes for the development of health and wellbeing programmes are:

- Health promotion and resilience  
The HWBB will focus on prevention and wellbeing. Prevention is about making good choices for our lives at every stage and when we need support, as everyone will from time to time, services are there not only to help us feel better, but to help to stop illness or physical difficulty from happening again.
- Promoting independence at home

The HWBB sees home and the community as the first place to look for enabling care and support. A key role of a community is to support itself and its members.

- Promoting easy to access and joined up care

The HWBB will support the development of better joined up services and better access to services and information.

4.3.3 The Board will drive forward transformation programmes that will demonstrate real differences to the delivery of health and care in Shropshire; these include but are not limited to:

- The Better Care Fund
- NHS Future Fit
- The Care Act
- The Special Educational Needs & Disability Reforms (SEND) and the Children's Trust

4.3.4 Exemplar projects for 2015 include:

- Mental Health
- Carers
- Weight Management and Diabetes Care

#### 4.4 Health and Wellbeing Communication and Engagement Strategy

4.4.1 At the end of 2014, a Health and Wellbeing Task and Finish group was established to create a Communication and Engagement strategy for across the health and wellbeing economy. This document and its principles were created and agreed by partners and have allowed for closer and more joined-up working between organisations. A Communication and Engagement Operational Group now meets regularly.

#### 4.5 Development of the JSNA

4.5.1 Currently work is underway to expand the remit of the JSNA. A workshop has been organised with various council officers to look at how we can incorporate more information on a wider range of topics. A locality based JSNA is being produced which will endeavour to make strategic level information available at a locality level. This is being developed to mirror the areas covered in the places plan and should provide a useful basis for identifying areas with particular health needs.

4.5.2 Other developments for the JSNA include new information profiles on various topics to support service planning and needs assessment. This includes information on children with special educational needs, child and adolescent mental health, substance and alcohol misuse and adults with learning disabilities. It is envisaged that further information profiles will be developed as new data and information become available.

#### 4.6 Future Fit and Community Fit and the Better Care Fund

4.6.1 The HWBB has been involved in key decisions working to deliver the NHS Future Fit programme which is focusing upon improving services for urgent and emergency care, and planned care. As the work progresses, the Board will continue to contribute to the development of the work plans and aid in the redesign of community care and health services in the county as part of the Community Fit, primary care system.

4.6.2 Similarly, the HWBB has supported the implementation and development of the Better Care Fund (BCF) initiative. The BCF is working to make changes to care, focusing on keeping

people healthy, reducing time spent in ill health and reducing time spent in hospital. The focus for the BCF is upon four priority areas: prevention, early intervention, supporting people in crisis and supporting people to live independently for longer. The BCF reports regularly to the HWBB providing updates on its performance.

#### 4.7 Health Inequalities

4.7.1 Shropshire Council has continued to lobby for fair reimbursement of costs relating to cross border health arrangements between Shropshire and neighbouring counties in Wales. This has included presenting evidence to the Welsh Affairs Committee Inquiry around these arrangements and lobbying Public Health England to make changes to national guidelines. In particular, emphasis has been paid to the topic of sexual health service provision.

4.7.2 Shropshire's Public Health team and partners from the health sector have collaborated with Children's Services to create a needs assessment for children and young people with autism aged 0-25. The document is currently out for final public consultation before key partners will agree how to progress in order to address issues raised in the report.

### **5. Help2Change**

#### 5.1 Help2Change established within ip&e

5.1.1 Shropshire Council aims to ensure that all residents have access to the support they need to live long, satisfying and productive lives. The promotion of health and wellbeing, and the prevention of avoidable disease, is central to this ambition.

5.1.2 Following approval by Cabinet, a new public health provider team called 'Help2Change' was established within ip&e on 1<sup>st</sup> May 2015. The Help2Change team brings together expertise in health intelligence, social marketing, behaviour change and clinical support from the Council and the NHS, to deliver an integrated prevention service to the public, and consultancy support to commissioners.

A full business plan has been developed for Help2Change and approved by the Board of ip&e and the Cabinet of the Council. The focus is on supporting individuals, communities and employers to improve health and wellbeing, while reducing the pressure on treatment services.

5.1.3 Help2Change has an initial 3-year contract with Shropshire Council, and is also acting as a provider to external organisations. It has been agreed between the Council and ip&e that all profits generated by the Help2Change service will be re-invested in delivering public health outcomes and to promote the health and wellbeing of Shropshire residents.

5.1.4 Help2Change is working in collaboration with public sector, community and voluntary sector, and 'best in class' business partners to develop an integrated service and to innovate. It has contracts with the local GP Federation, Shropdoc, the Community NHS Trust and hospital trusts and has developed a number of key business partnerships to position itself as a national provider.

#### 5.2 Highlights from Help2Change (the first 3 months)

##### 5.2.1 Service integration

A new integrated team has been established on the same business site as Shropdoc, providing access at low cost to the NHS secure N3 network and a highly resilient IT and telecommunications infrastructure. Help2Change advisor staff have been cross-skilled to deliver a range of preventive services, including NHS Health Checks, stop-smoking services,

weight management, physical activity programmes and alcohol brief advice. Software integration and data sharing allows Help2Change appointments to be booked directly into GP surgeries, and consultation details to be added to GP records (with patient consent). A single telephone number provides access to all services from 8am-8pm Monday to Saturday. Help2Change is also providing access to this helpline to organisations outside Shropshire on a chargeable basis and has secured its first contract with a neighbouring local authority.

#### 5.2.2 Obesity prevention and weight management

Help2Change is supporting policy development on obesity prevention (e.g. through the Council's Young People's Scrutiny Committee and through the 'Eat Better Move More' programme with schools and families) and obesity management (e.g. in supporting the CCG to meet national recommendations for development of specialised obesity services for severe and complex obesity). Help2Change has launched a new weight management service for adults (Help2Slim), which is being provided within GP surgeries, community venues and workplaces. Help2Change has also signed a contract with the Shropshire Community Health NHS Trust to jointly develop a 'Fit Families' service for obese children and young people, to be launched later this year.

#### 5.2.3 Physical activity

A launch event for Shropshire's 'Year of Physical Activity' has been held, with the support of the Health & Wellbeing Board and engagement from a wide range of local stakeholders. A number of physical activity programmes are underway including the Get Active Feel Good programme for cancer patients (with MacMillan Cancer Support), Work Out at Work (with RJAH physiotherapists), Everybody Active Everyday Community pilot (with Leisure Services), School Sports Premium (with Energize), and Get Britain Standing Day. Help2Change has entered into a distributor agreement with a leading provider of sit-stand desks to strengthen the support it can give to employers to reduce sedentary behaviour, enhance productivity and improve health.

#### 5.2.4 Falls prevention

Help2Change has conducted a full system review of falls in Shropshire, in support of the Better Care Fund, working closely with Shropshire CCG and the Shropshire Community NHS Trust. This has led to a wide range of recommendations to reduce the impact of falls locally, and a business case is being developed for a fracture liaison service. Falls are a major cause of preventable morbidity and mortality, and have a significant impact on health and care budgets.

#### 5.2.5 Pregnancy health

A new data-sharing agreement between Help2Change and maternity services allows for direct referral to Help2Change of pregnant women who smoke or who are obese. A Healthy Baby project group has been established, working closely with midwives and children's centre staff, to gather social marketing insights from pregnant women and further enhance the services offered. Smoking at time of delivery has now fallen to its lowest recorded figure in Shropshire, supported by a dedicated Help2Quit in pregnancy service, which includes visits to patients' homes.

## **6. Pharmaceutical Needs Assessment**

6.1 In April 2015 Shropshire published a Pharmaceutical Needs Assessment (PNA). PNA is a key document used by NHS England local area teams to make decisions on new applications for pharmacies and change of services or relocations by current community pharmacies. It is also used by commissioners to help them to commission local services from community

pharmacies in areas of need. The PNA is a statutory requirement and has to be updated and refreshed by 2017.

## **7. Health Visiting Services**

7.1 From 1<sup>st</sup> October 2015, the commissioning responsibility for Health Visiting services and Family Nurse Partnership will transfer from NHS England to Public Health Departments within Local Authorities. The budgets and allocations have now been agreed. Due to the delay in the final service specification and NHS contracts the decision to novate or move to a Local Authority contract will be decided in September 2015. Work has been on-going over the last 12-18 months with both NHS England and Shropshire Community Health Trust to ensure a smooth transfer. Work has particularly focused on embedding the mandated core contacts within the service. Further work has been undertaken to look at developing an integrated two year review with both health and early years. A multi-agency task and finish group have worked to develop this and pilot sites of early years settings, children's centres and childminders identified to commence in September 2015. The aim of the integrated two year review is to:

- To identify the child's progress, strengths and needs at this age, in order to promote positive outcomes in health and wellbeing, learning and behaviour.
- To facilitate appropriate intervention and support for children and their families, especially those for whom progress is less than expected utilising the information from both reviews;
- To generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes Integrated Review Development Group, 2012;
- To increase the number of children receiving a two year review.

7.2 Family Nurse Partnership (FNP) commenced recruitment of pregnant women under the age of 20 in November 2015. The team, who are based at the Roman Way Children's Centre, provide an intensive visiting programme for these parents up until the child's second birthday. FNP are working closely with other agencies including midwifery, health visiting and children's centres.

7.3 The health visiting and children's centre services have been working collaboratively over the last few years to achieve Baby Friendly Initiative Accreditation. The UK Baby Friendly Initiative is based on a global accreditation programme of UNICEF and the World Health Organization. It is designed to support breastfeeding and parent infant relationships by working with public services to improve standards of care. In July 2015 the BFI designation committee awarded both services full accreditation.

## **8. Screening and Immunisation**

8.1 Following the transfer of public health commissioning responsibilities to local authorities, screening and immunisation programmes are now commissioned by NHS England. Local authorities have a responsibility of supporting, reviewing and challenging delivery of these programmes. This responsibility is discharged through a health protection quality assurance group.

8.2 The uptake of childhood and seasonal flu immunisation programmes is higher than national and regional averages. Though the coverage is consistently high, the uptake rates vary among different areas. Public Health is working with NHS England to address this through working with local health economy partners. Over the last 12 months, the extension of seasonal flu vaccination programme to children aged 4 and changes in the HPV vaccination for girls in school year 8 (i.e. reduction of doses from three to two) have gone smoothly. Recent changes to immunisation programme include:

- Extension of seasonal flu immunisation programme to children of school years 1 and 2;
- Introduction of Meningitis B vaccination for children aged 2 months, 4 months and 12 months on 1<sup>st</sup> September 2015;
- Introduction of a temporary Meningitis ACWY vaccination for adolescents in response to increase in number of Meningitis Type W cases nationally. In the first phase the vaccination will be offered to children in school year 13 from 1<sup>st</sup> August 2015.

8.3 Shropshire Council is working with Public Health England and NHS England to reduce the health inequalities in screening and immunisation programme. In the first phase work will be undertaken to address the gaps for screening programmes.

## **9. Substance Misuse**

9.1 Following a review of drugs and alcohol services, the Public Health Drug and Alcohol Action Team, working with colleagues from Shropshire CCG, National Probation Service and Shropshire Council, are in the final stages of the tender of drug and alcohol services across Shropshire.

9.2 The procurement will result in a recovery system that is reflective and responsive to the needs of service users, families and young people. Signifying a steep change in how drug and alcohol services have previously been commissioned, the new recovery system will positively impact on those whose lives are adversely affected by drug and alcohol misuse and dependence. It will create an environment where treatment is optimised through appropriate care planning and review, where recovery is focused on individual needs and is at the core of all contacts and interventions. The new system will seek to achieve, in line with the National Drug Strategy 2010, the following outcomes:

- Freedom of dependence on drugs and / or alcohol;
- Prevention of drug related deaths and blood borne viruses;
- A reduction in crime and re-offending
- Sustained employment and the ability to access and sustain suitable accommodation;
- Improvement in mental and physical health and wellbeing;
- Improved relationships with family members, partners and friends;
- The capacity to be an effective parent.

9.3 Service users and families will play an important role in developing and delivering these services. Through the lifetime of the contract their role will be developed from passive recipients of services to mutually equal partners in the recovery process.

9.4 Following the contract award announcement that is anticipated in late September, the new service will start on the 1<sup>st</sup> February 2016.

## **10. Sexual Health**

10.1 In April 2013, Local Authorities became responsible for commissioning comprehensive, open-access, contraception and sexually transmitted infections (STIs) testing and treatment services, for the benefit of all persons present in the area. Shropshire Council's Public Health Team has completed a comprehensive needs assessment of sexual health to collate data on all aspects of sexual health and consult the public and professionals.



10.2 Shropshire has the lowest diagnosis rates for all STIs in the West Midlands. Teenage pregnancy rates continue to remain lower than national and regional rates. The needs assessment has provided recommendations for improvement of services including implementing interventions to reduce the late diagnosis of HIV, improving access to sexual health services, considering young people specific services and raising awareness of the different sexual health services.

10.3 This information, along with Shropshire Council's intention to secure better and more effective integrated sexual health services has led to the re-rendering of services. An integrated sexual health service model aims to improve sexual health by providing easy access to high quality services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations. The service will meet the following objectives:

- To build knowledge and resilience among young people
- To provide rapid access to high quality services
- To ensure people remain healthy as they age
- To prioritise prevention
- To reduce rates of STIs among people of all ages
- To reduce onward transmission of HIV and avoidable deaths from it
- To reduce unintended pregnancies among all women of fertile age
- To continue to reduce the rate of under 16 and under 18 conceptions

10.4 It is anticipated that the contract award announcement will be made early in the new year with a contract commencement date of 1<sup>st</sup> April 2016.

## **11. Public Health England Visit**

11.1 Following the NHS Reforms of 2013, Public Health England (PHE) have conducted visits to each Local Authority across the country. In early 2015, Shropshire was visited by Duncan Selbie, Chief Executive of PHE, our Regional PHE Director and PHE West Midlands Centre Director. During the meeting, Shropshire's good practice and key highlights from the last two years were shared. Shropshire Public Health team colleagues also used this opportunity to highlight continuing issues around rural care and health inequalities which link to the current funding arrangements for Public Health budgets.

11.2 In Duncan's feedback following the visit, he praised Public Health's partnership working, its engagement with projects such as Future Fit and the Better Care Fund and our focus upon prevention as a key priority. In relation to health inequalities, he said: *'I have been to many places over the past two years but none more motivating nor where this is so obviously understood'*. Public Health continue to maintain strong links with Public Health England.

## Appendices

1. Shropshire Health Profile



Appendix 1 - Health Profile 2015.pdf

2. Shropshire ChiMat Profile



Appendix 2 - Child Health Profile 2015.pdf

3. Public Health Annual Report



Appendix 3 - Public Health Annual Report

4. DPH/Shropshire Council DH Consultation Response



Appendix 4 - DPH Shropshire Consultation Response

5. HWBB DH Consultation Response



Appendix 5 - DH PH Allocations - Shropshire