Committee and Date	Item
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REPORT OF THE PORTFOLIO HOLDER FOR HEALTH COUNCILLOR KAREN CALDER

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1. Background

As a result of the Health and Social Care Act 2012 the commissioning and delivery of public health services has changed. With the dissolution of Primary Care Trusts (PCT) many of the responsibilities for such services have passed to Local Government. This paper sets out how Shropshire Council has taken on these new responsibilities.

Introduction

With effect from 1st April 2013 Shropshire Council was given responsibility for a wide range of public health functions that had previously been undertaken by Shropshire County Primary Care Trust. As part of the Government's plans to re-organise the National Health Service, the Health and Social Care Act 2012 set out a division of responsibilities for the delivery of public health at national, regional and local levels. This set paper briefly sets out these new responsibilities with particular emphasis on those functions that fall to local government.

Four organisations have been given responsibility for carrying out these public health functions, namely NHS England, Public Health England, Clinical Commissioning Groups and Local Authorities.

NHS England is responsible for commissioning General Practitioner (GP) services including immunisation and screening programmes. Public Health England has responsibility for commissioning national health improvement programmes; the co-ordination of national surveillance and health protection programmes and the public health intelligence, including evidence based practice. Clinical Commissioning Groups, in their role of commissioning most local health services, are required to commission appropriate public health interventions from their service providers. Local Authorities have been given the responsibility of commissioning most of the public health programmes that are delivered at community level. Each Local Authority has been given a ring-fenced grant from the Department of Health to support these new duties. In addition, staff from the PCT public health departments were transferred to their respective Local Authorities to carry out these duties.

Transition

During the financial year 2012-13, Shropshire Council worked closely with the local Primary Care Trust to ensure as smooth a transfer of these functions. Transfer arrangements included due diligence in relation to the contracts that would transfer to Shropshire Council, appropriate arrangements for the NHS staff who would move to council employment and the development of contingency arrangements to cover the transition period. For those functions that were in direct control of the Council, a smooth transition has been achieved. Nationally some of the transition arrangements that were outside of Shropshire Council's direct control are being addressed with Public Health England and the NHS England. These issues relate to access to NHS secure email network, access to some national databases and clarification of commissioning arrangements.

Public Health Grant

The Department of Health has allocated a ring-fenced grant to each council in order to fund their new responsibilities. However, the national funding formula that has been used to calculate this grant disadvantages rural counties such as Shropshire. The national average allocation per head of population is £47. Shropshire's figure is £26 per head. In contrast some areas of London have an allocation of around £100 per head. Across the West Midlands the range is from Shropshire £26 to Stoke-on-Trent £76 per head of population. Within West Mercia the figures are Herefordshire £40; Telford and Wrekin £61 and Worcestershire £44 per head of population. The Department of Health has acknowledged that the county is underfunded compared to national and regional comparators. The Commons Select Committee for Rural Affairs, in its report of July 2013, acknowledged that there is a significant inequity in funding for rural areas. Next financial year Shropshire will receive an uplift of 10% to its current £8.9m grant, however, this additional £900,000 falls short of bringing the Authority close to the national average allocation. To bring Shropshire in line with the national average allocation an uplift of over £6 million would be needed. The Department of Health has not announced its plans for the public health grant beyond April 2015 and it is currently conducting a review of the national funding formula, therefore further lobbying is required to enable the local Authority to receive a fair allocation and a faster move towards equitable funding.

Current Performance

Shropshire is currently rated as one of the best areas to live in terms of life expectancy and is currently rated 36th out of 150 when assessed against all causes of premature deaths. However within this figure there are significant variations. In relation to deaths from heart disease and stroke Shropshire is 26th out of 150 local authorities but is only 53rd out of 150 areas for premature deaths from cancer. Despite the limited resources available to Shropshire, prevention programmes for which the Council is now responsible are having a positive impact. The smoking cessation programme achieved 102% of the target set for it by the Department of Health for the number of people successfully quitting. The Health Check Programme has also achieved the challenging national targets set for it. Our performance for the national immunisation and screening programmes are also better than the national average. However, as the commissioning of the immunisation and screening programmes now passes to NHS England, public health staff will be working with their local commissioning teams to maintain this performance and to improve it further where needed.

Health and Wellbeing Strategy

A local Health and Wellbeing Board has been established as required by the Health and Social Act 2012, Councillor Karen Calder and Dr Caron Morton (Shropshire Clinical Commissioning Group) as Chair and Vice Chair respectively. The Board has identified five main priorities to take forward in its first year following a refresh of the Joint Strategic Needs Assessment and extensive consultation with local stakeholders. The five priorities are: Reducing Health Inequalities; Improving Mental Health; Reducing Obesity in Children and Adults; Improving access to and use of Assistive Technology to improve the care for people with long term conditions, and Improving Collaborative Commissioning of Health and Social Care. Work is underway on each of these work streams with regular progress reports to the Board. The Government has indicated that it wishes Health and Wellbeing Boards to take on a greater role in relation to the integration of health and social care over the coming years. Work has begun with Shropshire Clinical Commissioning Group regarding how further integration can be achieved.

The Shropshire Together Partnership (including partners from Shropshire Council and Shropshire CCG) have led on a number of consultation and engagement events including most notably the Health and Wellbeing Strategy to Implementation Event held in January 2013, an annual conference which engaged with stakeholders on the implementation of the Health & Wellbeing Strategy and the action planning process for the agreed strategy. A number of engagement workshops have been planned jointly with Shropshire Clinical Commissioning Group, Public Health and Healthwatch for the coming year. These events engage with stakeholders including service providers, voluntary and community sector groups, Patient Participation Groups and members of the public. There have been a number of online surveys including the rural health survey, school nursing review and 'Making a Difference' promoted through a wide variety of communication methods. The partnership team also hosts the online Health and Wellbeing Stakeholder Alliance which helps provide the basis of regular updates to the Health and Wellbeing Board. Engagement through children and young people has largely been led by the Shropshire Members of the Youth Parliament who have chosen health as one of their priorities for 2013/14. Their events so far include the Young People's Race for Life, a Health Conference and focus group training to engage with young people in their community, amongst others.

Commissioning Priorities

As part of the transition plan a number of former contracts for health improvement programmes were extended or commissioned until March 2014. These included national programmes such as Health Checks and Smoking Cessation as well as local priorities such as Obesity Prevention and Physical Activity programmes. The Council has commenced a major review of school health services, one of its new commissioning responsibilities. This review is being conducted with the Children's Services Team in order to consider where more effective use of resources can be achieve to provide better support to school age children. This review includes current programmes such as TaHMS, the Targeted Mental Health in Schools, and the National Childhood Measurement Programme.

Service Redesign

The Public Health Team is working in support of the Locality Commissioning Programme that is under way across Shropshire and is enabling independent evaluation of the programme through its joint work with Chester and Staffordshire Universities. In addition the Public Health Team is working closely with the Adult's, Children's and Commissioning Teams to identify ways in which the Council can achieve its challenging financial targets and redesign of existing services.

Current challenges within the Health and Social Care Economy

Nationally, hospital services are experiencing an increase in demand that is impacting adversely on Accident and Emergency Departments, Admission Rates, Length of Stay and Waiting Times. At the same time national best practice guidance from the Medical Royal Colleges, the National Institute for Health and Clinical Excellence, and the Care Quality Commissioning is highlighting the case for concentrating some treatment programmes in centres of excellence so that the best outcomes can be achieved. Alongside this guidance is the recognition locally of recruiting and retaining sufficient numbers of appropriately qualified staff to provide safe and effective treatment. For Shropshire, in addition to the current programme of work within the Shrewsbury and Telford Hospital Trust, two new areas have been identified for review, namely Accident and Emergency Services and Stroke Services. As any consolidation of these services on either the Royal Shrewsbury or Princess Royal sites will cause some anxiety to the public, a significant programme of consultation and review will be needed which the Health and Wellbeing Board and the Health Scrutiny Committee will need to be actively and appropriately involved. National evidence has shown that the consolidation of Stroke Services in a centre of excellence does make a significant improvement in the quality of care and outcomes for patients.

Conclusion

Shropshire Council has achieved a successful transition of public health services from the former Shropshire County Primary Care Trust. However, as the new national bodies created by the Health and Social Care Act 2012 are still in the process of settling into their new roles, there will be a significant work stream for the Local Authority's public health team and related departments to ensure that organisations such as NHS England commission services that meet the needs of Shropshire's population. Whilst in comparison to most local authorities Shropshire has a relatively healthy population, rural health inequalities and challenging health problems such as the rising levels of obesity in adults and children, mean that the Council and its partners, as well as local communities, must give greater emphasis to prevention of long term conditions.
