Committee and Date	Item
Health and Adult Social Care Overview and Scrutiny Committee	Public

To understand how the Public Health Outcomes are being delivered in Shropshire

Responsible Officer
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1. Summary

1.1 This report provides an overview of the context and delivery of Public Health outcomes in Shropshire. It summarises Public Health's key health and wellbeing priorities and the work over the past five months, to deliver an ambition to redesign and co-produce a new model of Public Health within Shropshire that embeds, upscales and see's improvements in Public Health outcomes across the County.

1.2 It is anticipated that this will be the first in a series of reports brought to Scrutiny on delivery of Public Health outcomes. Included within this report, is also an update on the provision of smoking and weight management services in Shropshire and the Councils approach to the assurance of delivery of Public Health outcomes. The report also includes a description of substitution funding aiming to tackle wider determinants of health and ensuring that wellbeing is embedded in Shropshire Council services to achieve improved public health outcomes at scale.

2. Recommendations

2.1. That the Committee considers and comments on the approach of the Council to the delivery of Public Health outcomes, improving the health and wellbeing of Shropshire's communities and changes to Public Health services.

2.2 That the Committee endorse the ambition to redesign and co-produce a new model of public health delivery with Shropshire.

2.3 That the committee considers and approves the approaches being developed by the team to provide assurance of the delivery of public health outcomes within Shropshire Council. This includes the substitution framework for the use of funding and delivery of outcomes and the use of Health Impact Assessments in local policies.

2.4 That the committee supports an approach to local MPs asking them to lobby ministers to increase the Public Health Grant funding baseline in Shropshire to closer to the England average and remove the inequalities in the provision of this grant.

3. REPORT

Background

3.1 Between February and May 2019, papers were presented to Council Committees, including Cabinet, Health and Adult Social Care Scrutiny and the Health and Wellbeing Board, outlining changes to the delivery of Public Health services and outcomes within Shropshire. The dual aim of this new approach was to deliver improved public health outcomes while meeting financial challenges.

3.2 The papers set out the challenges in Shropshire of delivering non-mandatory council public health and social care and the proposed changes to a number of these services. This

included the decommissioning of Help2Slim and Help2Quit. The papers set out an ambition that there will be integration of public health function across health and social care in Shropshire and that this model will be co-designed with partners.

3.3 This paper sets out the context for delivery; to understand the delivery of Public Health outcomes, it is first necessary to be define Public Health, its purpose and funding arrangements. The paper then reports on the progress on the delivery of these outcomes and ambitions and the process by which ongoing assurance will be monitored and sought.

Public Health and Good Health and Wellbeing: is a shared responsibility

3.4 Public Health is "The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society". Public Health addresses the health of the **population** whereas medical care focuses on individual treatment. Importantly, Public Health is about preventing illness and promoting health to reduce the need for hospital or long-term care. It is about good health and wellbeing in our communities. The Faculty defines nine key areas of Public Health practice:

1. Surveillance and assessment of the population's health and wellbeing.
2. Assessing the evidence of effectiveness of health and healthcare interventions.
3. Policy and strategy development and implementation.
4. Strategic leadership and collaborative working for health.
5. Health improvement
6. Public Health Intelligence.
7. Health and Social Service quality.
8. Health protection
9. Academic Public Health.

In local authorities, public health's functions focus mainly on areas 1 to 8 with support from partners and joint working to deliver these functions. These are prioritised according needs and resources within each local area.

3.5 Many factors can have either a positive or a negative effect on a person's health. These include our age, family history, friends, our lifestyle choices, income, housing conditions, access to services and education. Therefore, to improve health outcomes, action is required not just at the individual level but also in communities and through the work and living environment. In 1992, Dahlgren and Whitehouse developed a model which illustrates this, see below. This model illustrates the shared responsibility across our partners and communities to deliver Public Health outcomes. It cannot simply be delivered by a small team and several specialist services, it requires a combined call to action and culture shift.

10% of a population's health and wellbeing is linked to healthcare access

3.6 The Health Foundation also highlighted the impact of the wider determinants of health on health and wellbeing, demonstrating that as little as 10% of our health and wellbeing is linked to access to healthcare. For these reasons, the role in delivering Public Health outcomes is not confined to traditional areas such as health services and social care but include the roles of business and communities in improving the overall health of the population. It is also important to note that to make a significant difference on many of the outcomes it is necessary to focus on the same topics for several decades to make sustained change.

Prevention is better than Cure: Return on investment (ROI)

3.7 The argument for the value of, and the need to invest in prevention has been made over decades but most recently was highlighted in the November 2018 Green Paper on prevention. The NHS Five Year Forward View stated: *'If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.'* This investment needs to take place by and across partners and communities.

3.8 For Local Government there is evidence of a 'return on investment' (ROI) for a wide range of developments, preventing future spend in housing, transport and in education services. Therefore, there is scope for prevention to be built into a wide range of council functions and services, such as planning, transport, housing, licensing and education and as such the opportunity for prevention needs to be considered across all local authority programme areas. Table 1 illustrates this in point in more detail and also the need to invest in prevention across both lifestyle and the wider determinants of health to deliver value for money.

Table 1: Return on Investment for prevention

Intervention	Return on Investment for every £1 invested to the wider health and social care economy
Teenage Pregnancy	£11 in healthcare costs
School Based: Smoking	£15
Parenting Programmes	£8 (over 6 years)
Keeping active: free use of leisure centres	£23 in quality of life, reduce NHS use and wider
Housing investments: warm safe homes	£70 (over 10 years to NHS alone)
Disadvantaged groups in work	£3 (reducing crime, homelessness and care)
Social Support: Befriending	£3.75 (mental health spend)
Motivational Interviewing	£5
Drug Treatment	£2.50 (health and care)
Mental Health Interventions	Between £1,26 and £39 (health and care)
Falls prevention	Between £1.37 to 7.34 (health and care)
Social Prescribing in Shropshire	£2.29 (Health and Social Care)

Source: From Kings Fund: Making the Case for Public Health Interventions: 2014 and Healthy Lives Programmes

Funding and Resource

3.9 To facilitate the delivery of Public Health outcomes, each upper tier local authority area has been given a grant since 2013. This grant is currently ring fenced to ensure delivery of public health outcomes. The terms of the grant also include delivery of several mandated functions, which are specific to the public health prevention agenda, including lifestyles. Any remaining budget is to be used at the discretion of the local authority area to reflect

local need and target areas with the biggest impact. The Public Health mandated services are listed below:

1. Weighing and measuring of children - National Child Measurement Programme
2. NHS Health Check assessment every five years
3. Sexual health services
4. Drugs and Alcohol Services
5. Children's 0-5 Services
6. Public health advice service - to clinical commissioning groups
7. Protecting the health of the local population
8. Oral health - this includes fluoridation.
9. Intelligence: Annual Report, Joint Strategic Needs Assessment

In Shropshire, all the mandated services listed above are delivered either through commissioned services or through a small Public Health team. In addition, the remaining grant is used to substitute several key services within Shropshire Council that are deemed to be delivering priority public health Outcomes. The framework for this is outlined in more detail further in the report.

Public Health Outcomes/Priorities

3.10 A comprehensive list of Public Health Outcomes is available on Public Health England's Fingertips website (https://fingertips.phe.org.uk/). Overall, health and wellbeing in Shropshire is above the national average. Life expectancy for both males and females in Shropshire remains significantly better than England for males in Shropshire (80.4 years; England 79.5 years) and similar for females (Shropshire 83.4 years and England 83.1 years). However, there are several outcomes where, overall Shropshire continues to underperform as a County. Furthermore, significant inequalities remain across the County. This requires local, targeted response and delivery based on best practice. Tables 2, 3 and 4 below illustrate this trend.

Table 2: Public Health Outcomes: 3 year rolling rates

Indicator Name	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18
Healthy Life Expectancy at birth: Female	66.6	66.4	66.1	66.0	65.5	67.5	65.4	-
Healthy Life Expectancy at birth: Male	65.3	64.4	64.3	64.7	64.7	65.4	64.5	-
Life expectancy at birth Female	83.2	83.6	83.7	84.0	83.8	83.7	83.4	-
Life expectancy at birth Male	79.5	79.7	80.0	80.1	80.3	80.5	80.4	-
Killed and seriously injured (KSI) on roads	42.7	42.5	41.7	43.7	43.0	49.1	53.0	-
Deaths from drug misuse	2.5	3.3	3.0	3.3	2.9	3.3	3.6	-
Infant mortality Persons <1 yr	3.8	3.1	3.2	3.3	3.1	3.1	4.1	-
Under 75 mortality rate from all cardiovascular diseases Female <75 yrs	42.1	41.7	41.4	39.2	39.0	39.3	37.7	-
Under 75 mortality rate from all cardiovascular diseases Male <75 yrs	101.9	98.8	95.0	91.1	89.0	89.1	86.7	-
Under 75 mortality rate from cancer Female <75 yrs	125.4	117.9	120.4	121.2	121.3	118.1	116.3	-
Under 75 mortality rate from cancer Male <75 yrs	157.3	149.3	150.4	142.2	140.3	140.5	138.5	-
Suicide rate Female 10+ yrs	6.4	4.7	5.0	5.1	4.8	3.5	2.6	3.6
Suicide rate Male 10+ yrs	18.1	19.4	17.6	16.7	14.9	12.2	13.5	13.9
Suicide rate Persons 10+ yrs	12.1	12.1	11.3	10.8	9.7	7.7	8.0	8.7
Statutory Homelessness	2.7	2.8	2.2	2.0	3.4	2.9	2.6	2.8

Value (Green = Better than England, Yellow = Similar to England, Red = Worse than England)
Source: Fingertips

Table 3: Public Health Outcomes: 3 year rolling rates

Indicator Name	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Breastfeeding Initiation	74.1	75.6	73.8		75.3		78.4		N/A
Smoking Status at Delivery	16.2	15.1	15.0	15.0	12.6	12.3	12.4	13.1	N/A
Reception Prevalence of Overweight and Obese	24.0	23.4	21.8	23.5	21.9	20.9	21.8	23.1	N/A
Year 6: Prevalence of Overweight and Obese	31.8	32.8	33.0	30.0	29.9	31.0	32.3	30.4	N/A
Adults: Prevalence of Overweight and Obese						59.0	70.3	73.2	N/A
Adults: Physically inactive						19.0	20.2	19.7	N/A
Low Birth Weight	3.8	2.6	1.7	2.6	2.6	2.3	2.1	2.4	N/A
Under 18 Conception	22.7	23.7	24.2	19.1	15.1	17.0	15.2	15.0	N/A
Adults: Estimated Diabetes Prevalence						66.5	69.1	71.3	71.4
Adults: Smoking Prevalence		16.1	19.0	16.5	15.1	14.5	17.2	14.0	13.6

Value (Green = Better than England, Yellow = Similar to England, Red = Worse than England)
Source: Fingertips

Table 4: Variation in Public Health Outcomes, 2017/18

Place Plan Area	Cancer	Stroke	CHD	Obesity	Depression	Diabetes	Palliative Care	Dementia	LD	Mental Health
Albrighton	5.2%	3.3%	5.3%	12.6%	6.5%	8.5%	0.7%	1.8%	0.4%	0.7%
Bishop's Castle	4.4%	2.7%	4.1%	10.9%	8.7%	6.7%	0.7%	0.9%	0.8%	0.8%
Bridgnorth	4.7%	2.8%	4.2%	8.1%	9.3%	6.7%	0.4%	1.4%	0.4%	0.7%
Broseley	3.4%	2.8%	3.7%	12.9%	9.4%	6.5%	0.3%	0.5%	0.3%	0.5%
Church Stretton	4.6%	3.3%	4.9%	11.0%	8.6%	6.5%	0.5%	2.0%	0.3%	0.7%
Cleobury Mortimer	4.2%	2.7%	3.7%	9.4%	10.5%	7.6%	0.4%	0.9%	0.2%	0.5%
Craven Arms	4.1%	3.2%	4.5%	18.6%	13.6%	7.2%	0.3%	1.0%	0.4%	1.1%
Ellesmere	3.6%	2.6%	4.3%	15.1%	10.1%	7.1%	0.7%	1.2%	0.4%	0.8%
Highley	3.3%	2.7%	3.7%	10.0%	15.3%	8.5%	0.4%	1.1%	0.4%	0.4%
Ludlow	4.6%	3.0%	4.3%	10.4%	14.6%	6.9%	0.6%	1.6%	0.5%	1.1%
Market Drayton	3.5%	2.3%	3.3%	8.2%	8.5%	7.1%	0.5%	1.0%	0.4%	0.6%
Much Wenlock	3.9%	2.5%	4.1%	8.5%	11.0%	6.5%	0.3%	1.1%	0.4%	0.5%
North East Shrewsbury	2.3%	1.9%	2.8%	10.0%	12.6%	6.6%	0.3%	0.9%	0.5%	0.9%
North Oswestry	3.4%	2.5%	3.8%	14.3%	10.3%	6.7%	0.4%	1.1%	0.4%	0.7%
Oswestry Town	3.2%	2.5%	3.4%	11.9%	13.6%	7.2%	0.3%	1.1%	1.1%	0.9%
Pontesbury and Minsterley	4.7%	2.6%	3.8%	10.1%	15.4%	6.8%	0.4%	1.3%	0.7%	0.8%
Shifnal	3.3%	2.0%	3.5%	9.1%	8.6%	6.3%	0.1%	0.6%	0.3%	0.5%
Shrewsbury Rural	3.7%	2.4%	3.0%	10.4%	9.7%	6.4%	0.2%	0.6%	0.6%	0.6%
South & East Oswestry	4.4%	2.3%	3.1%	13.1%	10.9%	5.9%	0.3%	0.7%	0.3%	0.3%
South Shrewsbury	3.7%	2.7%	3.8%	11.2%	11.7%	6.8%	0.5%	1.3%	0.6%	1.0%
Wem	3.1%	2.2%	3.1%	9.2%	7.8%	5.5%	0.2%	0.9%	0.4%	0.7%
West and Central Shrewsbury	3.3%	2.5%	3.7%	9.7%	11.0%	6.8%	0.4%	1.0%	0.6%	1.0%
Whitchurch	3.7%	3.6%	4.9%	21.2%	12.7%	9.5%	0.5%	1.7%	0.4%	1.0%
England	2.7%	1.8%	3.1%	9.8%	9.9%	6.8%	0.4%	0.8%	0.5%	0.9%

Source: Quality Outcomes Framework (QoF)

3.11 Considering all the information above, national and local policy drivers, Public Health will be focusing on several outcomes in its work: smoking in pregnancy, mental health and diabetes. Additional focus will be on work to tackle homelessness, RTAs, Cancer and school readiness. Targeted work will also be undertaken to understand inequalities in local areas and action required to tackle those outcomes.

Delivery of improved Public Health Outcomes in Shropshire

Integration, Partnerships, Workforce and Relationships

3.12 Recognising the shared responsibility of public health and the key public health priorities, the ambition is that there will be improved integration of public health across health and social care in Shropshire and that this model will be co-designed with partners. The

ambition is to create a workforce and communities who are involved in supporting messages around positive wellbeing.

3.13 To achieve greater integration and the required savings, Public Health no longer exists as a separate Directorate within Shropshire Council but has been integrated to form an Adults, Housing and Health Directorate. The Council's Public Health duties will be delivered through a Hub and Spoke model which will create greater connectivity and alignment with other Council services, support the delivery of a wide range of Health and Wellbeing priorities and demonstrate optimal return on Public Health investments. Health impact assessments policies are being developed to support this work.

3.14 Whilst there will be a reduction in core Public Health staff numbers in order to achieve financial efficiencies, the intention is that this new operating model will increase Public Health influence and achievement of outcomes, by building Public Health into every aspect of Council activity. A key objective of the changes will be to increase Public Health expertise across the Council. There will be a consistent approach to commissioning across the Council, taking account of Public Health outcomes, which will open the opportunity to share functions with the health system and drive greater benefits from integration.

Evidence Based Approach

3.15 Good decision making is based on a good strong evidence base and understanding of the population needs. There is also a need to monitor performance and outcomes, evaluating the impact of changes and understanding best practice. There will therefore be a focus on improving integration across health and social care and making better use of health and social care intelligence and evidence to drive and underpin decision making. This will include, the use of predictive analytics developed by Public Health will allow services to be targeted to need and help to reduce inequalities in Shropshire; a key requirement of the Health and Wellbeing Strategy, JSNA and Long-Term Plan.

3.16 Previous performance management metrics will be reviewed to produce a consolidated set of outcome measures that the Council can contribute to achieving as part of the wider system change across health and care in support of population health.

Prevention

3.17 As outlined, in paragraphs 3.7 and 3.8, there is convincing evidence that; prevention (primary, secondary and tertiary) and early intervention is cost-effective, can provide a positive ROI and can be cost-saving in some circumstances, that appropriately targeted prevention will save future spend on health and care services, that the benefits of prevention reach far beyond the health and care system, and include benefits to economic growth and productivity and that with appropriate targeting of preventative interventions health inequalities can be reduced. This will be core to local place plans moving forward.

Community/Place/Neighbourhood Based Approach

3.18 The information in table 4 highlights the variation in outcomes across local areas, this is also true of the assets within each area, levels of need and service provision. It is important to therefore take a place-based approach to delivery of services to tackle inequalities and focus on prevention and early intervention.

3.19 This is in-line with the requirement to inform the Community Rural Strategy, the Prevention and Place element of the Sustainability & Transformation Plan (STP), emerging Primary Care Networks and Care Closer to Home programme, which seeks to build integrated services around populations of around 50,000. Transformation programmes relating to adults, children's and maternity services and community hubs are also based on the need to understand service needs at a more local level. Through the STP, there is a drive towards establishing smaller geographical footprints and for these groups to be defined, analysed and understood in terms of profile and need.

3.20 The Joint Strategic Needs Assessment and social prescribing work will be crucial to the delivery of the neighbourhood approach.

Substitutions

3.21 The substitutions process aims to address four issues which align closely to the Health and Wellbeing Strategy and emerging Long-Term Plan:

1. Delivery of the Public Health duties of Shropshire Council.
2. Development of a mechanism to embed prevention and wellbeing of staff and residents into every aspect of council service.
3. To measure and monitor of agreements with council services to deliver public health outcomes
4. To deliver an explicit, measurable contribution to population prevention and wellbeing (public health) outcomes.

Progress to Date – April to September 2019

3.22 During the last 5 months, work has focused on delivery in several key areas that contribute to delivery of the Public Health outcomes. While many of the outcomes will only be measured in the longer term, progress in outputs has been noted within a short space of time. A summary of the work is provided below.

Functions and Commissioning

3.23 As of the 1st of September, Help2Slim and Help2Quit services have been decommissioned for performance and efficiency reasons. The Director of Public Health has worked closely with Shropshire CCG to agree a response and alternative services for GPs and patients. In addition, a paper is being pulled together to be taken to the CCG in September which segments the population who are smoking and overweight to understand levels of need, as well as current and future provision of services within communities and through NHS funding. The equality impact assessment will help identify any gaps in the population who are unable to access support and are most vulnerable. In addition, evidence around best practice for smoking and weight management services will be reviewed over the next 6-12 months. A joint piece of work is starting across the West Midlands to review and consider regional approaches to smoking cessation; Public Health in Shropshire will link into this work directly.

3.24 As at the 1st October new public health structures will be in place, including the integration of public health commissioners into wider commissioning teams within the Council. Teams will work in a matrix way to support the different directorates while remaining professionally accountable to the DPH. This will allow joint working and assurance over the Public Health Grant.

Smoking in Pregnancy (SIP)

3.25 Following discussions with partners, it was agreed that smoking in pregnancy services would be retained, and funding was secured, in Shropshire while a review was undertaken to establish and agree a best practice model across Shropshire and Telford and Wrekin. Three meetings have taken place with partners across Telford, Shropshire, the local maternity system (LMS) and Public Health England. These meetings have reviewed current performance in local SIP services, best practice nationally and locally and brought these together into an options paper which will be presented to wider stakeholders later this month.

3.26 The new model of care focuses on a whole family and healthy mum approach, embed in the hospital with training for a wider range of staff on an ongoing basis. It considers the skill mix of staff and incentives.

Diabetes

3.27 Diabetes has been identified as an STP priority and is being used as a way to work through a population health approach. Public Health staff are actively supporting this work in

leadership, analytical and evidence reviewing capacity. The work is targeting newly diagnosed diabetics with the aim of improving outcomes for those patients, reducing health risks

Social Prescribing

3.28 The final evaluation report for Shropshire's Social Prescribing project run over the last 2 years has been delivered. The findings from the report demonstrate significant outcomes from the model to patients in Shropshire, including a 40% reduction in GP appointments. The report was well received by all partners and conversations are taking place to continue with and expand the model moving forward. This approach supports wider wellbeing in our communities. An event is planned for the 25th September to discuss this and a way forward with partners in more detail.

Intelligence Support Evidence Base – JSNA

3.29 Work has begun on three urgent health needs assessment for Shropshire; Care closer to home, Special Educational Needs (SEND) and MSK. The MSK work is at final draft stage and has been presented to the STP group and will be taken to the November HWB for sign off. The Care Closer to Home work has produced a second draft through collaborative working with CCG commissioners to populate and develop recommendations in the document. A workshop is planned for December with the public Feedback from colleagues has been extremely positive about all 3 pieces of work. Scoping around the SEND work has taken place

3.30 In addition to the immediate priorities a workshop is being held on the 22nd October by the Health and Wellbeing Board to agree the current JSNA priorities and the future of the JSNA moving towards a place based approach, aligned to the STP and Community Strategy.

3.31 The staff resources to support the public health intelligence workplan have been retained by Shropshire Council to deliver the mandated function. This will be part of an integrated team within the Council. In addition, resources from the STP have been used to help develop analyst capacity across the area, this has included regional training and skills development and the establishment of an analyst network. The second meeting of the analysts is due to take place in October. Colleagues are able to share the learning from the regional training, support local projects and the diabetes work. This has been a significant positive change for analysts who are working more collaboratively already.

Relationships

3.32 Good partnership working is critical to the delivery of public health outcomes. Considerable time and effort are being invested in working in partnership and building relationships within the local authority, within health settings, with the university and voluntary and community sector organisations in Shropshire as well as looking to colleagues in Telford and regionally. The focus has been to understand needs, priorities and how we can support each other to meet these priorities.

3.33 One example has been clarification of the role and support from Public Health England's Health Protection Team. This support is vital in planning and outbreak situations and complements the local response of Regulatory services.

3.34 Aligned to this the considerable work at a senior leadership level within Shropshire Council to support development and delivery of the Long-Term Plan in Shropshire and Telford and Wrekin. Part of this work is to ensure that prevention, early intervention, communities, tackling inequalities and wider determinants of health are recognised and embedded across all of the plan, from workforce, to prevention, to planned care. In a recent visit by the LGA partners and the LGA recognised and valued this contribution.

Substitutions

3.23 In order to assess whether the services will deliver population level prevention and wellbeing outcomes and therefore should receive substitutions from general funds, a set of four criteria have been agreed with Finance business partners:

1. The substitution results in general funding savings of the same magnitude.
2. The council service is committed to adding further prevention / wellbeing value through minor redesign e.g. staff training, embedding prevention / wellbeing into policies and protocols, job specification changes, developing and supporting health champions, embedding social prescribing and connectivity into existing jobs.
3. The services contribute to the Health and Wellbeing Board Joint Strategic Goals.
4. Any changes to services are cost neutral.

It is proposed that the delivery of each service / project is assessed against the criteria above. This process will provide assurance that substitutions meet the requirement to assure that the public health grant is allocated appropriately.

3.24 It is important that Shropshire Council can provide evidence to assure the allocation of the public health grant. It is proposed that once assessed, each service receiving a substitution money then will have a Memorandum of Understanding (MOU) or a Service Level Agreement (SLA) with Public Health. Both the MOU and SLA approaches will include the following information in support of the substitution process:

1. The current service and its contribution to prevention and wellbeing.
2. Opportunities to further embed prevention in the service
3. Progress measures to deliver embedded prevention and wellbeing
4. Outcome measures to deliver embedded prevention and wellbeing
5. Reporting framework
6. Financial monitoring and evaluation

3.25 A total of sixteen projects and programmes have to date been identified as suitable for substitution. The current proposed substitutions and draft MOUs are attached as Appendices 5 and 6. Once a full assessment is undertaken and MOUs are in place, it is proposed that findings are presented to Scrutiny Committee in 12 months. Feedback from this process would also be shared with the Health and Wellbeing Board

Local Plan

3.26 Public Health have been working closely with the Local Plan team to look at the health and wellbeing additions to the Local Plan. While much of the health protection and improvement in the plan is embedded across the Local Plan; for example, air quality is addressed generally and often under transport; green spaces are addressed under green spaces, Public Health have suggested an enhancement to the plan to include three areas. Health impact assessment (as part of environmental impact assessment), active transport and access to healthy food. In addition to a specific section, Public Health are working with the planning team using the healthy urban development tool (HUDU) toolkit to ensure that the determinants are embedded in other areas of the Plan.

Mental Health

3.27 Public Health is supporting the STP mental health Strategy and leading the prevention workstream that has now been included within the document. In addition, Shropshire DPH is the Mental Wellbeing lead for the DPH's across the West Midlands. Already this has led to the agreement to raise the profile of Mental Health and Wellbeing across the region and to facilitate implementation the Prevention Concordat for Better Mental Health Programme. This aims to support local and national action around preventing mental health problems and promoting good mental health. Other work includes delivery of the Suicide Prevention Action Plan.

4. Risk Assessment and Opportunities Appraisal

4.1 The requirement to achieve financial savings through the reconfiguration of Public Health forms part of the Council's financial strategy for 2019-20 to 2021-22. This was approved by Cabinet on 28th February 2019. Recommendations from the Health and Adult Social Care Scrutiny Committee were considered by Cabinet before approving the changes. Papers have also been through Health and Wellbeing Board where wider partners sit.

4.2 The development and delivery of the Council's financial strategy is a key process in managing the Council's strategic risks. The opportunities and risks arising are assessed each time the document is refreshed for Cabinet consideration. The Council's strategic risks are reported separately, but the financial strategy makes specific reference to the Council's ability to set a sustainable budget (the highest of the Council's strategic risks).

4.3 The Revenue and Capital Budget 2019/20 approved by Council has taken into account the requirements of the Human Rights Act, any necessary environmental appraisals and the need for Equality and Social Inclusion Impact Assessments (ESIIA) will form part of the consultation process.

4.4 Public Consultation on the 2018-19 Council savings proposals was launched on 25th October 2018 and the Budget Consultation relating to 2019-20 savings was launched on 8th January 2019.

4.5 The substitution of general Council funding by Public Health grant is a tool which has been used across the County. For Shropshire Council, it is an opportunity to embed prevention and wellbeing into services provided by the organisation. In addition, the substitution approach proposed by Shropshire Council is designed to provide risk management and assurance about the way in which the council allocates the Public Health grant. Developing a robust and rigorous assurance and monitoring process also prepares the Council for additional anticipated levels of assurance requirements expected from the regulator, Public Health England, during 2019 and 2020. Finance partners are part of the team delivering the substitutions project. This ensures that the process aligns with the Shropshire Council accounting framework

4.6 The agreed source of future funding of the Public Health grant is uncertain. The recent prevention green paper recommended that the way in which the Public Health grant is funded is reviewed. It has been proposed that future funding of the Public Health grant be from business rates. The way forward remains unknown.

4.7 Any change in funding could impact on the services addressed in this paper and have a further impact on public health commissioned services. Public Health and finance continue to monitor this risk.

5. Financial Implications

5.1 Since April 2013, Public Health services have been funded by the ring-fenced Public Health grant. The table below illustrates the year on year decrease in grant funding from central government. It also highlights the funding per head of population for public health, which in Shropshire has fallen to just £37 per head of population compared to £62 in England. This together with wider health and care pressures on local authorities and the NHS in Shropshire, have had a significant impact on the health and care systems ability to invest in prevention and wellbeing.

Table 6: Public Health Ring Fenced Grant: Shropshire Council

	2016/17	2017/18	2018/19	2019/20
Grant received from Public Health England (£)	12,628,000	12,317,000	12,000,000	11,683,000
Shropshire grant per head of population (£)	40	39	38	37
Telford & Wrekin grant per head of population (£)	76	74	71	68
England mean avg grant per head of population (£)	69	66	64	62
Shropshire allocation as a % of T&W				54.2%
Shropshire allocation as a % of England mean avg				58.9%

Out of 149 Local Authority areas, Shropshire receives the 17th lowest grant allocation per head of population (2019/20).

5.2 The reconfiguration of Public Health, the integration of Public Health services within other Council Directorates and the resulting efficiency savings, will allow for a substitution of the Public Health ring fenced grant to allow us to deliver on a wider range of public outcomes across a wider range of Council functions including; Emergency Planning, aspects of Environmental Health, Housing, Social Care prevention, Child Health Promotion and Leisure Services. Public Health outcomes against these areas will be formally agreed and monitored.

Next Steps

6. Conclusions

This paper outlines the context and delivery of Public Health outcomes in Shropshire. It summarises Public Health's key health and wellbeing priorities and the work over the past five months, to deliver an ambition to redesign and co-produce a new model of Public Health within Shropshire that embeds, upscales and see's improvements in Public Health outcomes across the County. It summarises the Public Health grant substitutions process, the process for embedding prevention and wellbeing into council services, and the process for monitoring outputs and outcomes.

It is anticipated that this will be the first in a series of reports brought to Scrutiny on delivery of Public Health outcomes.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Health and Wellbeing Board (May 2019) Changes to Public Health within Shropshire Council http://shropshire.gov.uk/committee-services/documents/s22037/9.%20HWBB%20Report%20on%20Public%20Health%20FINAL%20amends.pdf

Cabinet Member (Portfolio Holders) Cllr Dean Carroll and Cllr Rob Gittins

Appendices

Appendix 1: Making the case for Public Health Interventions: Kings Fund

Appendix 2: Briefing: Taking our health for granted Plugging the public health grant funding gap: https://www.health.org.uk/sites/default/files/upload/publications/2018/Taking%20our%20health%20for%20granted_for%20web.pdf

Appendix 3:Public Health Grant Allocations 2019/20

https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2019-to-2020

Appendix 4: Sixteen services that receive public health grant monies in substitution for general funds (Appendix 1).

Appendix 5: Draft substitutions MOU