



Committee and Date  
COUNCIL

25<sup>th</sup> September 2014

10.00 am

Item

7

Public

## COUNCILLOR KAREN CALDER REPORT OF THE PORTFOLIO HOLDER FOR HEALTH

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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 provides a summary of how Shropshire Council has taken on these new responsibilities.

### 2. Introduction

Shropshire's health profile fares well for life expectancy and the national public health indicators when compared to the regional and national data. The Department of Health's '*Longer Lives*' database shows Shropshire ranked amongst the best performing local authorities in terms of reducing the levels of premature deaths from conditions such as Cancer and Cardiovascular Disease. Indeed Shropshire was last rated 36<sup>th</sup> out of 150 when assessed against all causes of premature deaths last year. It is now rated 33<sup>rd</sup>. We have also seen an improvement in our performance on related premature deaths from cancer to 32<sup>nd</sup> out of 150 local authorities compared to 53<sup>rd</sup> out of 150 last year. As highlighted in the portfolio holder's report last year, Shropshire's good performance is against the backdrop of one of the lowest public health grants in the country.

### 3. Health Profiles

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
- Hip fractures in people over 65 years
- Acute sexually transmitted diseases

There was only one indicator in the health profile where Shropshire performed significantly worse than the national average, which was the suicide rate. 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:

- Physical activity in adults
- Obesity and excess weight in both adults and children

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.

#### **4. Health & Wellbeing Board (HWB) & Better Care Fund (BCF)**

The HWBB is embracing the Better Care Fund as a catalyst for integration across the health economy and as an impetus for refreshing the Health and Wellbeing Strategy. This refresh will include the JSNA, the Terms of Reference of the Health and Wellbeing Board (including membership), the development of a Communication and Engagement Strategy, and a Peer Review. We will be working closely with all of our stakeholders through these processes through the autumn and spring periods. At the end of July 2014 new and more detailed Better Care Fund guidance was published with significant changes and updates and a request for all local areas to resubmit their plans by mid-September 2014. For more information see the letter from Andrew Ridley and the new Better Care Fund guidance.

The Shropshire Better Care Fund submission will come to the HWBB for decision on the 11th September 2014. Papers will be available no earlier than the 10th September.

#### HWBB Prevention Group

The prevention of avoidable disease is a key priority for the Health and Wellbeing Board. Currently, around two thirds of people in Shropshire who die below the age of 75 years do so from preventable causes. A prevention group has been established, reporting to the Health and Wellbeing Board, to take forwards preventive work across the health economy and feed into the Better Care Fund. The first programme underway is a whole system review aimed at preventing falls and fragility fractures.

#### **5. Budget**

Shropshire's public health grant is £9.8m which represents a per capita allocation of £32 compared to Westminster's allocation of £133 for each of its residents and a grant of £31.2m. Shropshire Council continues to lobby the Department of Health and Public Health England for a fairer funding allocation which reflects the challenge of commissioning accessible services for our rural population. Public Health England is due to announce the allocations for 2015-16 at the end of September and has advised that as the Local Authority is still below its target allocation it should receive a small uplift in its grant. However this uplift is unlikely to bring Shropshire up to the national average of £51 per head of population. The Department of Health is currently reviewing the funding formula for future grants.

#### **6. Rural Health Inequalities**

Following lobbying from Shropshire Council, Public Health England has acknowledged the need for a great emphasis to be given to identifying and addressing the needs of rural communities. Its Chief Executive Duncan Selbie has asked the Regional Director of Public Health for the Midlands and East of England

to commence a review of the public health challenges facing rural local authorities, and Shropshire is one of the four areas chosen to lead this piece of work. An initial report will be presented to the Board of Public Health England when it meets in November 2014. Councillor Cecilia Motley, Shropshire Council's Rural Affairs spokesperson has been invited to participate in this Board meeting.

## **7. Help2Change and ip&e**

Behaviour change support services in Shropshire include the NHS Health Check, Help2Quit stop smoking services, Help2Slim weight management services, Active4Health physical activity programmes and alcohol brief advice. Plans have been approved by Cabinet to expand and enhance these services in future by integrating them into a new Help2Change service delivered through the Council's wholly-owned provider ip&e (Inspiring Partnerships and Enterprise).

By bringing these services together, the Public Health team will be able to offer clients a more holistic and joined up service. Also, by having a delivery model that supports external trading, Help2Change will be able to attract inward investment which can be used to grow services and promote the health and wellbeing of Shropshire residents.

Help2Change will provide a single point of access to services, and make them more accessible by providing services in a range of local settings, including provision 'out of office hours'. Partnerships are being established with GPs, pharmacists, Shropdoc 'out of hours' service, hospitals, community NHS trusts, voluntary and community groups to ensure that the services are fully integrated with other services locally and build social value.

## **8. Substance Misuse**

The Drug and Alcohol Team (DAAT), on behalf of the Safer Stronger Communities Board, is reviewing the current commissioning arrangements with the aim to develop an innovative recovery orientated treatment system in Shropshire. As part of this process the DAAT has recently undertaken taking a soft market test to scope the interest of the market to provide services within Shropshire, the proposed models of delivery and the capacity of the market.

## **9. Screening & Immunisation**

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. 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 through working with local health economy partners. Over the last 12 months, the introduction of new immunisation programmes (Rotavirus, Shingles) and extension of seasonal flu vaccination programme to children aged 2 and 3 years have gone smoothly. Changes to immunisation programme over next 12 months include:

- Extension of seasonal flu immunisation programme to children aged 4 years
- Pilot flu immunisation programme for school years 7 and 8 (delivered in schools)
- School leaver booster and Adolescent Meningitis C vaccine to be delivered in schools

Shropshire Breast Screening Programme has recently extended the age range for screening, as per national guidance, and the programme now includes all eligible women aged between 47 and 73 registered with a GP practice within Shropshire and Telford.

Teenage pregnancy rates continue to remain lower than national and regional rates. Public Health has embarked on undertaking a health needs assessment for sexual health services for Shropshire.

## 10. Obesity

### National Social Marketing Insights

In 2013/14, Public Health commissioned two comprehensive pieces of social marketing research relating to Healthy Weight, Food & Health and Healthy diet and prevention of obesity in pregnancy and early years (0-5 years) in Shropshire County. The insights generated are being used to inform and support the development of Shropshire County's forthcoming Healthy Weight Strategy and provision of local weight management services for children and adults.

- Young People's Scrutiny Committee (Task & Finish Group on child obesity)  
The work of the Task & Finish group, which is supported by Public Health, is focusing on pregnancy and early years in recognition of the importance of this critical life stage in preventing child obesity.
- National Child Measurement Programme (NCMP)  
The NCMP in schools provides Shropshire Council with robust surveillance data on child weight status. In Shropshire, 8% of children entering Reception Year (age 4-5 years) are obese and this figure rises to 19% by the time they leave primary school (Year 6) age 10-11 years. Whilst these figures are in line with the national picture, they nevertheless indicate that child obesity is a significant issue in Shropshire.
- Weight management services  
Within the development of Help2Change, current child and adult weight management service provision in Shropshire will be expanded to include a local Maternal Weight Management Service. This will fulfil a current gap in service provision and will support obese pregnant women to minimise excessive weight gain during pregnancy.

Public Health is working closely with CCG colleagues to develop a fully integrated adult obesity care pathway (Tiers 2-4). A subgroup of the Health & Wellbeing Board Prevention Group is being established to inform the development of the pathway, including the provision of a local Tier 3 weight management service for adults with severe or complex obesity.

## **11. Children & Young People**

In April 2014, the Public Health Department took on responsibility for taking forward the Healthy Child Programme and TaMHs (Targeted Mental Health Services for children and young people). Staff previously working within the Health Development Team now make up the Public Health Children & Young People's Team.

Work is underway to produce a strategy and action plan, which will contribute to the priorities of The Children's Trust and The Health & Wellbeing Board, for internal discussion and with key partners.

Encouraging young people to engage with health services has been developed through the You're Welcome initiative, led by Val Cross who is also Project Officer for working with pharmacies on the Condom Distribution scheme.

## **12. School Nursing Services**

The responsibility for commissioning of School Nursing services, including the national child measurement programme, was transferred from Primary Care Trusts to Public Health Departments within each local authority, effective from 1st April 2013. In Shropshire it was agreed that the contract for school nursing should be extended for an interim period, whilst we undertook a major review of the service and the Council's future responsibilities for commissioning health visiting services and the redesign of Early Help services.

This extensive process was effective in engendering a shared vision across the local health economy. It was welcomed by the school nurses because it offered a real opportunity to analyse their work, their workloads, processes and systems and also to showcase some best practice. Schools and pupils participated well, with over 1,000 pupil responses and 167 responses from teaching staff and provided useful feedback.

The shared vision has been formalised as recommendations and the school nursing service has developed an action plan to take these forward. They have also identified 3 key areas to pilot as a new approach:

- Increase in LAC/ not in mainstream education capacity
- Providing a community drop in
- Offering a comprehensive school entry medical including NCMP (the national child measurement programme)

## **13. Health Visiting Services**

From 1st October 2015, the commissioning responsibility for HV services will transfer from NHS England to Public Health Departments within local authorities – the budget for this has not yet been identified but councils are due to be notified in December 2014. Novation arrangements are about to be set. During the last year, work has been ongoing with NHS England to ensure the smooth transfer of arrangements and commissioning responsibilities. Public Health staff have also been working closely with the Community Trust to ensure a shared understanding of workforce plans, services, processes and relationships with

other services particularly Children's Centres, School Nurses and maternity services.

The service must be available in convenient local settings, including Children's Centres, GP practices and health centres, as well as through home visits. In addition to this, Shropshire will be provided with extra recurrent funding for establishing **Family Nurse Partnership (FNP)** nurses who will work with first time parents under the age of 20 and provide support during the first 2 years after the birth. 4 WTE nurses plus a supervisor will be in post by October 2014 and be based at Crowmoor, as the majority of teenage mothers are in the Shrewsbury area. However, it is recognised that there are teenage parents across the county and we will monitor to see whether additional FNP staff may be required elsewhere.

#### **14. Children's Emotional Health and Wellbeing: Think Good Feel Good** (previously called TaMHS)

The core aim of the 'Think Good Feel Good' programme is to develop a whole school approach on emotional health and well-being through the delivery of an evidence based training programme across all Shropshire schools. There are 130 primary schools, 20 secondary schools, 2 special schools and Tuition Medical Behaviour and Support Service units (TMBSS). To date the programme has been aimed at school age children 5-16 years as well as their families and the whole range of school based staff. All of the training programmes that are delivered are evidence based, either nationally or internationally.

A PHSE curriculum resource is also being developed and further work on the analysis of data is being done with colleagues from public health and local schools on the data within schools. There are also future plans for the evaluation of the model and rigorous collection and analysis of data. From April 2013 the programme extended its reach to cover 0-19 year olds with a renewed vision for the future based on a sustainable model. Work has started with FE colleges to identify what training can be implemented. Plans are also underway to work more closely with the Health Champions and to train them on Emotional Health and Wellbeing as this has been identified as one of their main priorities for 2014

#### **15. Self-Harm**

Adopting a self-harm pathway, producing guidance and a risk assessment framework was identified as a need following a reported increase in the prevalence of self-harm across the county. It was identified that there are currently no standardised guidelines to support practice in managing the needs of these young people, and inconsistencies in confidentiality and approaches to support were found. The self-harm pathway was developed in consultation with parents and young people who self-harm: evidence tells us that young people seek support from their peers before family members or professionals. The information, advice and guidance leaflets were seen as particularly valuable for young people who are supporting their friends who self-harm. The feedback has ensured the information reflects what they say would be helpful to know and has in the process, increased practitioners' understanding of what their thoughts and needs are.

A self-harm toolkit and training package has been developed through an Early Help Advisory Group – this covers three key elements:

- Information to dispel the myths on self-harm
- Information for parents
- A risk assessment tool for school staff for referrals - schools do not have to do a separate EHAF.

A self-harm, peer support, targeted intervention 10 week programme 'Signature Strengths' has been developed. Professionals and school staff are being trained to deliver the programme at Tier 2 level, to prevent needs escalating and requiring support from Tier 3 specialist services. In addition an Emotional and Mental Health PHSE curriculum resource is in development from KS1- KS4; whole class lesson plans will include helpful and unhelpful coping strategies and self-harm will be included within this.

This work has been endorsed through the Safeguarding Board and with the advisory sub group consisting of local head-teachers. The training programme is being trialled at the moment with schools and will continue to be rolled out across the next six months. The package has been developed by a primary mental health worker with guidance and input from the advisory group. Three briefing sessions took place for multi-agency staff. Information on the self-harm pathway can be found on the LSCB website.

## 16. Key Challenges

The NHS's review of hospital and community services within the county, known as 'Future Fit' is under way. The location and configuration of urgent medical care services such as Stroke and Accident/Emergency Care is being considered. Council Officers and members are engaging actively in the review and its working groups. The outcome of the review and the consultation will be completed after the general election in 2015. A linked issue is the future location of the Walk In Centre and its proposed move from Monkmoor to the Royal Shrewsbury Hospital. As the Centre is intended to provide support to all of Shropshire's residents the clinical benefits of siting the service alongside the Accident/Emergency Department are clear, however concerns have been expressed regarding the access to the new service and the potential impact on the community in and around Monkmoor.

## References

Public Health England, 'Longer Lives':

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