



## **Cabinet – 12<sup>th</sup> July 2006**

### **Impact of Strategic Health Authority 'Bank' on local health improvement and Local Area Agreement**

**Portfolio:** Adult Services and Children's Services

**Service:** Social Care and Inclusion, Children's services

**Wards:** All

**Key decisions:** No

**Forward plan:** No

#### **Summary of report**

In January 2006, the Government instructed tPCTs to reduce their planned expenditure in 2006-7 by contributing to a Strategic Health Authority 'bank' to address overall deficits. Walsall tPCT was required to contribute 3.2% of its budget; equivalent to just under £10 million, with interest paid and the possibility that up to £4 million would be repaid at year end. This means that the planned increase in expenditure during 2006-7 would be £20 million rather than £30 million. The Director of Adult Services and Director of Children's services have been assured by the tPCT that there will be no reduction in any existing services nor any direct significant impact on the Local Area Agreement (LAA) stretched targets or other jointly planned services. However, this substantial reduction in planned investment will mean that many improvements will not proceed this year – primarily around public health and Mental Health - and there may be indirect impacts on the LAA, council services and the health of local people.

#### **Recommendations**

- (1) That Cabinet note this report
- (2) That Officers continue to negotiate with the tPCT to mitigate the risk to the delivery of LAA targets and indirect impact on social care services in Walsall.

## **Resource and legal considerations**

There is no direct impact on Council resources and the tPCT is meeting all of its legal and formal agreements on resource allocation. The only risk is that one LAA target, Health Trainers, will be affected as the target was for 16 to be in place by 31/3/07 but there is only budget for 8.5. However, the tPCT is planning to have the full complement in place early in 2007/8 so the LAA target of 24 can still be delivered by the end of the year. There are a number of indirect risks; mainly due to the lack of 'choosing health' investment.

## **Citizen impact**

The health of the population relies on many partners working together through the LAA, Healthier Communities and Vulnerable adults pillar of the WBSP, joint commissioning and service delivery. A number of important health led developments will be delayed for 1 one year (assuming the 'bank' is not repeated in 2007-8). The risk of adverse impacts increases substantially if the tPCT is required to 'bank' money again next year. The potential impacts are shown in Appendix 1 and the main areas of risk are due to the deferment or phasing of projects. The tPCT have assured us that any impacts will be minimal. For example, a second Learning Disability Psychiatrist will not be appointed and as there are increasing numbers of people with Learning Disability being supported to live in the community it will be longer before there is adequate community psychiatric support in place and available. Similarly if community health support services are not further developed (ie; Community Matrons) there is a risk that our LAA stretched target of reducing residential & nursing home admissions may be affected. Finally, there may be an adverse impact on our stretched LAA target to reduce teenage pregnancies – due to delayed investment in school nurses and sexual health support.

## **Community safety**

None

## **Environmental impact**

None

## **Performance and risk management issues**

The LAA performance management process will allow us to identify any risks that develop during 2006-7 which will help ensure the delivery of the LAA final targets in 2008/9. The main risk is that the tPCT may be required to 'bank' money again next year.

## **Equality implications**

Many of the delayed projects would have provided help to those at most risk of ill-health who are often over-represented in socially excluded groups.

## **Consultation**

The Walsall Borough Strategic partnership, tPCT and Adult and Children's Directorate senior managers were consulted in preparing this report.

**Vision 2008**

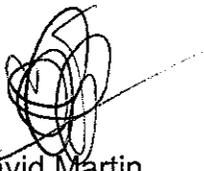
Reduced health investment may impact on our priorities for a healthy and caring borough and great schools.

**Background papers**

None

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## Appendix 1

### Children

tPCT Service	Growth reduction £,000s	LAA Target	Planned Improvement 2006-7 which may be affected by tPCT Bank
CAMHS	-350	1.4	Reduce wait from 32 weeks to 6 weeks
Public Health School nurse Sexual health other Sexual health chlamydia	-150 -100 -150	1.1  CYPP reduction in STI and chlamydia	Reduction in teenage conceptions
Reduce obesity	-150k	1.2	TBA

### Adults

Mental Health	-390	2.4	Increase number of people seen by MH primary Care team from 1370 to 4500
Community Matrons	-300	2.1.1  2.3	Reduction in RH admissions from 142 per 1000 to 90  Reduction in emergency bed days from 187,296 to 181,005
Falls prevention	-78k	1.5.1  1.5.2  2.1.1	Reduce people attending hospital due to falls from 4200 to 2940 Reduce those requiring hospitalisation from 2000 to 1600 Reduced admissions to RH
LD	-350	3.5	Increase use of mainstream services from 0% to 10%
Obesity	-150	1.6	Reduce obesity in adults TBA
Health Trainers	-150	1.2	Increase from 16 – 24 users and 109 to 179 sessions
Public health	-850k	1.3	Increased life expectancy