Cabinet – 24 July 2013

Public Health allocation: contracts and procurement 2013/2014

Portfolio: Councillor Zahid Ali

Related portfolios: Councillor R Andrew, Councillor McCracken

Service: Public Health

Wards: All wards

Key decision: No

Forward plan: No

1. Summary

This report sets out the spend of the Council's ring-fenced Public Health funding allocation for 2013/2014, including proposals for the use of the uncommitted allocation in 2013/2014 for the commissioning of additional activity to deliver improved health and wellbeing of people in Walsall, consistent with the priorities set out in the Health and Wellbeing Strategy adopted by the Council on 20 May 2013 and for the procurement of existing Public Health services that are currently being provided to and on behalf of the Council.

2. Recommendations

- 2.1 That Cabinet note the current 2013/2014 expenditure on commissioned Public Health Services set out in **Appendix A**.
- 2.2 That Cabinet approve the proposals for spending the unallocated ring-fenced Public Health allocation set out in **Appendix A**.
- 2.3 That Cabinet approve the procurement priorities for 13/14:
 - 'stop smoking' services and
 - drug and alcohol misuse treatment services

as more particularly set out in paragraph 3.7 of this Report).

2.4 That Cabinet delegate authority to the Executive Director of Neighbourhood Services, in consultation with the Portfolio Holder for Public Health, to vary or enter into contracts for the Public Health services set out in recommendations 2.2 and 2.3 by using the most appropriate procedures and to subsequently sign or authorise the sealing of any deeds, contracts and other related documents in relation to such services.

3. Report detail

3.1 In order to discharge Public Health responsibilities that transferred to local authorities on 1 April of this year (pursuant to the Health and Social Care Act 2012 and associated guidance), local authorities have received a ring-fenced Public Health grant. The financial value and conditions attached to such grants are set out in a Local Authority Circular (LAC(DH)(2013)1). The Council's allocation for 2013/2014 is £14.983,000, which funds the following:

| Staffing | £1.687,000 |
|---------------------------|-------------|
| | |
| Supplies & Services | £331,000 |
| | |
| Net Commissioned Services | £12,590,000 |
| | |
| Total Net Expenditure | £14,608,000 |
| | |
| Unallocated grant | £375,000 |
| | |

Current contracts

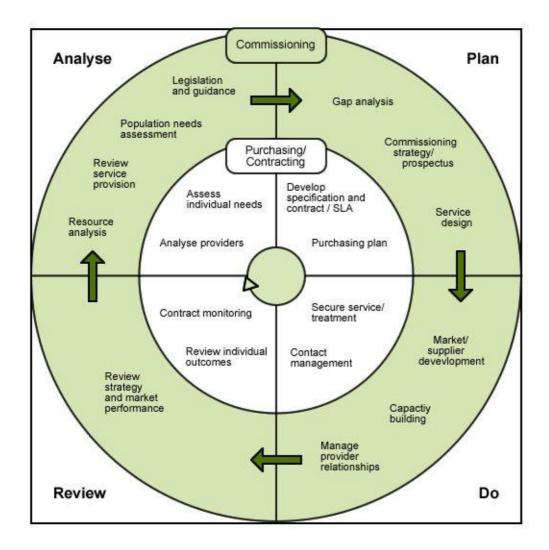
- 3.2 Cabinet received a report in September 2012, approving the delegated authority to the Executive Director of Neighbourhood Services, in consultation with the then Portfolio Holder for Public Health and the Leader of the Council to enter into contractual arrangements for Public Health services.
- 3.3 Substantial work was undertaken prior to transition on 1 April 2013 by Public Health Commissioners with support from finance, procurement and contracting staff in Walsall Primary Care Trust and the Council to identify, modify where appropriate and agree contracts for Public Health services to ensure the safe and effective continuity of these services and to ensure that these contracts are delivering value for money and agreed health outcomes. All Public Health contracts are managed according to standard commissioning cycle processes as illustrated in figure 1 below. The value of the Council's 2013/2014 Public Health contracts are shown **Appendix A**.
- 3.4 All these contracts include service specifications and performance indicators which ensure that providers and Public Health Commissioners can demonstrate that these services deliver against:
 - The Council's new Public Health responsibilities; (The categories for reporting local authority public health spend are set out in Annex C of the Local Authority Circular and attached at **Appendix B** for information).
 - The needs of the people of Walsall as set out in the:
 - (i) Joint Strategic Needs Assessment, approved by the shadow Health and Wellbeing Board in June 2013; and
 - (ii) Health and Wellbeing Strategy approved by the Council on 20 May 2013.
 - The conditions of the Public Health grant, as set out in the circular [(LAC(DH)(2013)1).

The Public Health Outcomes Framework

A performance monitoring report for Public Health Contracts for quarter 1 2013/2014 will be made available to Cabinet members during July.

The relationship between Council responsibilities, PH programmes, the outcomes framework activities commissioned and partnership activity is illustrated in Appendix C.

Figure 1: The commissioning processes followed by Public Health Commissioners



Priorities for spending the unallocated grant in 13/14

- 3.6 The priorities for spending the unallocated grant in 13/14 the unallocated grant is shown **Appendix A**. The prioritisation criteria used were:
 - initiative/ proposed service addresses needs identified in JSNA and Health and Wellbeing Strategy,
 - the scale of the initiative,
 - level of funding required,
 - whether recurrent or non-recurrent,
 - start date.

- the evidence of effectiveness/ cost effectiveness and
- which targets/ outcomes this contributes to and how effectiveness will be evaluated.

All service providers were assessed as delivering outcomes required for existing contracts before considering additional contract awards.

Procurement priorities in 2013/2014

3.7 In order to ensure maximum benefit in terms of improved health outcomes and value for money for investment in Public Health services, the Council proposes a three-year rolling procurement programme for current Public Health contracts.

In 2013/2014 the services to be re-procured are:

- stop smoking services: value of current contracts are £982,277; and
- treatment of drug and alcohol misuse: value of current contracts are £3,657,022.

This total spend of £4,899,052 is approximately 40% of the total value of the Council's Public Health services grant allocation for 2013/2014. The priorities for years 2 and 3 of this programme will be presented in a future report.

These services have been prioritised in year 1 because:

- 'Stop smoking' services were previously commissioned on a consortium basis by several PCTs together across the Wet Midlands. With the transition of Public Health to Local Authorities this consortium arrangement came to an end and one-year contracts issued to providers with a commitment to reprocurement in 2013/2014.
- Drug and alcohol services are currently commissioned separately. There are significant benefits to be gained by commissioning these services together and this approach has already been adopted successfully in neighbouring authorities helping to rebalance the distribution of funding between drug misuse and alcohol misuse services.

4. Council priorities

In September 2012 the Council adopted the Marmot Objectives as objectives for improving Health and Wellbeing and reducing inequalities for the people of Walsall. These objectives have provided the framework for the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and the Sustainable Communities Strategy, "The Walsall Plan". Existing and new public Health expenditure for 2013/2014 are planned against these priorities.

5. Risk management

In agreeing Public Health contracts with providers for 2013/2014, the Council's Public Health Commissioners have agreed contract values which in total do not

exceed the ring-fenced Public Health grant. Through rigorous in-year contract monitoring, the Council's Public Health Commissioners will ensure that this position is maintained.

6. Financial implications

All the expenditure set out in this paper will be managed within the ring-fenced Public Health grant to the Council for 2013/2014.

7. Legal implications

- 7.1 The proposals set out in this Report take into account the Council's responsibilities for Public Health as set out in the Health and Social Care Act 2012, the associate guidance and the conditions of the Public Health grant made to the Council for 2013/2014, as set out in LAC (DH)(2013)1. The Council's Legal Services have not been asked to consider or advise about such Council responsibilities or the governing legislation, relevant guidance and grant conditions.
- 7.2 All contractual arrangements must be procured in compliance with the Public Contracts Regulations 2006 (as amended), if applicable; and with the Council's Contract Rules. The Council's Legal Services team will work with the Procurement team and Public Health Commissioners to develop new contracts and review existing arrangements.

8. Property implications

8.1 There are no property implications in these proposals.

9. Health and wellbeing implications

9.1 The primary intention of these proposals is to deliver improved outcomes in health and wellbeing for people of Walsall.

10. Staffing implications

10.1 The staffing implications of these proposals are covered in the staffing allocation within the Public Health budget.

11. Equality implications

11.1 In order to achieve the ambition of the Health and Wellbeing Strategy to improve the health of the poorest people in Walsall fastest (thus reducing long-standing inequalities in health in the Borough), the Public Health contracts include performance measures which target people and groups within Walsall with the worst health outcomes.

12. Consultation

12.1 Both the public and partners have been consulted on the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy which have determined the priorities for additional investment set out in this paper.

Background papers

Towards a Health and Wellbeing Strategy: Joint Strategic Needs Assessment Health and Wellbeing Strategy 2013-2016

Author

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Jamie Morris Executive Director

16 July 2013

Councillor Ali Portfolio Holder

alist ali

16 July 2013

Public Health Commissioned Services – 2013/14: Current & Proposed Programme Expenditure

| Public Health Programme | Current Net Expenditure 2013/14 | Additional Expenditure 2013/14 | Provider | Comments |
|--|------------------------------------|--|--|--|
| Children 5 to 19 Years Public Health Programme | £1,186,126 | £160,000 (recurrent) | Walsall Healthcare Trust | Additional investment in School Nursing services to deliver the 'Healthy Child Programme' to this age-group. Significant underinvestment in this programme in previous years |
| Reducing Infant Mortality | £211,080 | £67,200 (1 yr subject to review) | Walsall Healthcare Trust | Additional investment in services to promote breastfeeding in antenatal period |
| Smoking and Tobacco Control | £982,277 | £30,000 (non-recurrent) | 6 providers including Walsall Healthcare Trust | To enable current quit rate to be maintained |
| NHS Healthchecks Programme | £169,170 | £0 | | |
| Health and Work Programme | £232,768 | £65,000 (recurrent) | Walsall Healthcare Trust | Extension of current programme targeted at SMEs to addressed widening inequalities in life expectancy in men |
| Sexual Health Programme | £3,475,143 | £0 | | |
| Drugs and Alcohol Programme | £3,657,022 | £0 | | |
| Disease and Injury Prevention | £405,910 | £0 | | |
| Health Protection Programme | £338,780 | £23,500 (1 yr pilot subject to evaluation) | Walsall Healthcare Trust | Extension of Infection Control Advice to community settings especially day care settings, domiciliary care |
| Public Mental Health Programme | £284,162 | £30,000 (non-recurrent) | Walsall Council PH | Investment to extend Making Every Contact Count programme and to Launch 5 ways to Wellbeing programme |
| Total Commissioned Services | £12,590,000 | £375,700 | Total Commissioned Services | |

Appendix B

Categories for reporting local authority public health spend

Prescribed functions:

- 1) Sexual health services STI testing and treatment
- 2) Sexual health services Contraception
- 3) NHS Health Check programme
- 4) Local authority role in health protection
- 5) Public health advice
- 6) National Child Measurement Programme

Non-prescribed functions:

- 7) Sexual health services Advice, prevention and promotion
- 8) Obesity adults
- 9) Obesity children
- 10) Physical activity adults
- 11) Physical activity children
- 12) Drug misuse adults
- 13) Alcohol misuse adults
- 14) Substance misuse (drugs and alcohol) youth services
- 15) Stop smoking services and interventions
- 16) Wider tobacco control
- 17) Children 5-19 public health programmes
- 18) Miscellaneous, which includes:
 - o Non-mandatory elements of the NHS Health Check programme
 - o Nutrition initiatives
 - o Health at work
 - o Programmes to prevent accidents
 - o Public mental health
 - o General prevention activities
 - o Community safety, violence prevention & social exclusion
 - o Dental public health
 - o Fluoridation
 - o Local authority role in surveillance and control of infectious disease
 - o Information & Intelligence
 - o Any public health spend on environmental hazards protection
 - o Local initiatives to reduce excess deaths from seasonal mortality
 - o Population level interventions to reduce and prevent birth defects (supporting role)
 - o Wider determinants

Appendix C

A: Children and Young People

- JSNA Chapter 1: Give every child the best start in life
- JSNA Chapter 2: Enable all children, young people to maximise their capabilities and have control over their lives

WMBC have become responsible for:

1. Public health services for children and young people aged 5-19 including:

O Commissioning of Healthy Child Programme 5-19 -**School Nursing Service** Healthy Child Programme: children

Public health services for children aged 0-5 including:

- o breast feeding uptake o perinatal and infant mortality reduction
- o population level interventions to reduce and prevent birth defects

From Apr 2015:

Commissioning of Healthy Child Programme pregnancy and the first five vears of life

- o Health Visiting Service
- o Family Nurse Partnership

Public Health Delivery **Programmes:**

and young people aged 5-19

• Reducing Infant Mortality:

- o Breast Feeding O Smoking in Pregnancy
- o Community Genetics
- O Reducing Birth defects
- o Domestic Violence

From April 2015:

 Healthy Child Programme pregnancy and the first five years of life

LA Performance to be monitored through PH **Outcomes Framework:**

Current Infrastructure

Services commissioned via Programme: Public Health influence with other commissioners

Networks

Parenting group

Advisory Group

Teenage Pregnancy

Other NHS/LA

- PHOF:
- neonatal mortality and stillbirths
- low birth weight of term babies
- breastfeeding
- smoking status at time of delivery
- child development at 2-2.5 years
- excess weight in 4-5 year olds
- emotional well-being of looked after children
- school readiness
- tooth decay in children aged 5
- child poverty
- domestic abuse

Other Frameworks: **CYPOF**

- Antenatal assessments <13 weeks
- prevalence of exclusive breastfeeding at 4 months
- · emergency admissions of home births and re-admissions to hospital of babies within 14 days of being born

NHSOF:

- pregnancy to five services
- admissions of full term babies to neonatal care
- incidence of harm to children due to 'failure to care'
- rate of admissions to age inappropriate environments

 Healthy Child Programme 5-19 strategic group

Health and Wellbeing **Programme Board**

 Healthy Child Programme 0-19

 CYP partnership board

- CDOP
- Walsall Safeguarding Board

- Children's Centres
- Parenting
- Community Children's Nursing
- CAMHS
- OT. physiotherapy

 Perinatal mortality Breastfeeding Local

Group Breastfeeding strategic group

Implementation

- Health and Wellbeing **Programme Board**
- Smoking cessation in pregnancy
- Community genetics service
- Domestic violence
- Maternal and **Early Years**

- Service transformation for Paediatrics
- Service transformation for maternity
- HV professional mobilisation group
- SN professional mobilisation group
- FNP Steering group
- CYP partnership board
- CDOP
- Walsall Safeguarding **Board Newborn** Screening and AG
- Vacc and Imms Group

- Maternity
- Health visiting
- Family Nurse Partnership
- Children's Centres
- Parenting
- Paediatrics
- Community Children's Nursing
- CAMHS
- OT. physiotherapy

B: Improving Health

JSNA Chapter 6: Improving health and wellbeing through healthy lifestyles - making healthier choices easier

WMBC have become responsible for:

Public Health
Delivery
Programmes:

• Healthy weight

Programme

LA Performance to be monitored through PH Outcomes Framework:

Current Infrastructure:

Services commissioned via Programme:

Public Health influence with other commissioners:

Networks

Other NHS/LA

- 3.Interventions to tackle obesity such as community lifestyle and weight management services
- 4.National Child Measurement Programme [Mandatory]
- 5.Locally-led nutrition initiatives
- 6.Increasing levels of physical activity in the local population

PHOF

- diet
- excess weight in adults
- proportion of physically active and inactive adults
- breastfeeding
- excess weight in 4-5 year olds
- excess weight in 10-11 year olds
- Utilisation of green space for exercise/health reasons
- tooth decay in children aged 5

- Healthy weight commissioning group
- Healthy weight children and families steering group
- Adult healthy weight pathway implementation
- Health and Wellbeing Programme Board

- Programme
- Active Sustainable Travel & road safety scheme (A*STARS)

'Food Dudes' Healthy Eating

- Free Swim for U16 year olds
- Fun 4Life Weight management Programme
- [Healthy Child Programme 5-19]

Adults

Children

- On-line weight loss service (Level 2)
- Adult Weight Management LES – GPs and pharmacists (Level 2)
- Adult Commercial Weight Loss Programme (Level 2) – 2 providers
- Adult Specialist Weight Management (Level 3) – 3 providers
- Health Trainer Service

Adults and Children

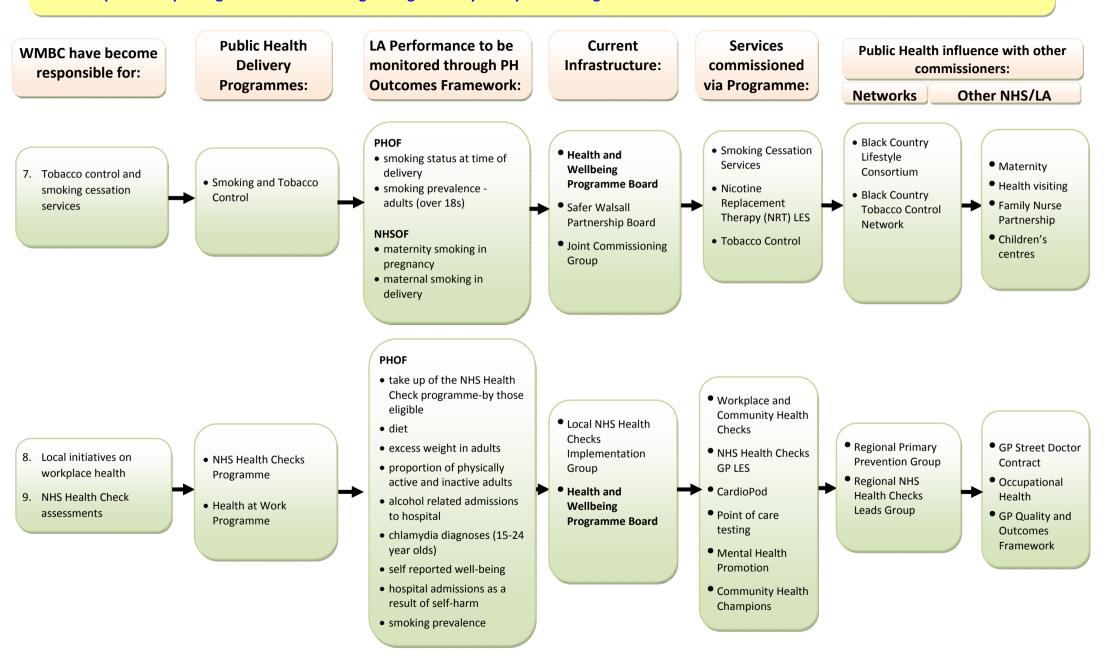
- Healthy Weight Services (inc NCMP and MAEYs)
- Healthy Weight Services

- CanDo
- CYP partnership board
- Primary Head Teachers' Forum
- Secondary Head Teachers' Forum
- School Governor's
- CAPS
- Area Partnerships
- Children's Centres
- Black Country Consortium
- Planning
- Transport
- Regeneration

- Children's centres
- Parenting
- MaternitySevices
- BariatricServices
- Paediatric services
- Occupational Health
- Community children's nursing
- OT, physiotherapy
- SERCO
- School catering
- Healthy Child Programme 0-5

B: Improving Health (contd.)

JSNA Chapter 6: Improving health and wellbeing through healthy lifestyles - making healthier choices easier



B: Improving Health (contd.)

JSNA Chapter 6: Improving health and wellbeing through healthy lifestyles - making healthier choices easier

WMBC have become responsible for:

Public Health
Delivery
Programmes:

LA Performance to be monitored through PH Outcomes Framework:

Current Infrastructure:

Services commissioned via Programme:

Public Health influence with other commissioners:

Networks

Other NHS/LA

- Comprehensive sexual health services
 [Mandatory] including:
- testing and treatment for sexually transmitted infections
- o contraception outside of the GP contract
- o sexual health promotion and disease prevention

 Sexual Health Programme • chlamydia diagnoses (15-24 year olds)

PHOF

- people presenting with HIV at a late stage of infection
- successful completion of drug treatment
- people entering prison with substance dependence issues who are previously not known to community treatment
- alcohol related admissions to hospital
- hospital admissions as a result of self-harm

- Sexual Health Commissioning Group
- Walsall Integrated
 Sexual Health
 Service Steering
 Group
- Walsall Sexual Health Providers Network
- Health and Wellbeing Programme Board

- WISH Sexual Health Contracts
- Sexual health information services for young people
- Sex Education in Schools (SRE)
- Sexual health LES
- Intra-uterine contraceptive device fittings
- Sub Dermal Implants
- Chlamydia lab contract
- Chlamydia Screening LES -GP and pharmacy
- Chlamydia
 Screening/Outreach 2
 providers
- Chlamydia Screening Pharmacy LES
- Emergency Hormonal Contraception (EHC) LES
- Sexual Health, Drugs and Health Promotion Outreach Services to Women (SAFE Project)
- HIV Information to the African Community
- HIV point-of-care testing outreach
- Men's Health Project/ HIV social work

- HIV and Sexual Health Commissioners Group for England
- WM Sexual Health Commissioners
 Forum
- Walsall Teenage Pregnancy Advisory Group
- CYP partnership board
- CDOP
- Walsall Safeguarding Board
- MedicinesManagement

- NCB HIV treatment contracts
- IYPSS
- SERCO
- NCB GMS Contract
- 'Darzi' GP Practices
 Contract

B: Improving Health (contd.)

JSNA Chapter 6: Improving health and wellbeing through healthy lifestyles - making healthier choices easier

WMBC have become responsible for:

Public Health
Delivery
Programmes:

LA Performance to be monitored through PH Outcomes Framework:

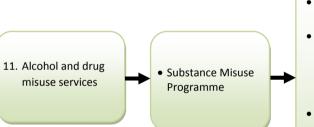
Current Infrastructure:

Services commissioned via Programme:

Public Health influence with other commissioners:

Networks

Other NHS/LA



• successful completion of drug treatment

PHOF

- people entering prison with substance dependence issues who are previously not known to community treatment
- alcohol related admissions to hospital
- hospital admissions as a result of self-harm
- domestic abuse
- violent crime
- re-offending

 Health and Wellbeing Programme Board

Safer Walsall Borough Partnership

- Alcohol Primary Care Service
- Lifestyle Services Alcohol
- Residential rehab
- Alcohol LES
- Alcohol Misuse Advice & Counselling (Tier 2 service)
- Adult Drug Treatment Service
- Young People's Substance
 Misuse Treatment Service
- Substance Misuse Treatment Services
- Shared Care Substance Misuse LES
- Needle Exchange LES
- Supervised Methadone LES
- Safeguarding Training
- Walsall Money Advice Project
- Police IDOM Co-ordinator

- NTA Regional Commissioning Group
- Drug Intervention Programme Regional group
- NDTMS Regional Analysts Group
- West Midlands
 Alcohol Network
- Black Country JCP Commissioners Stakeholder group
- Substance Misuse Clinical Commissioning Group
- Controlled Drug Network
- Local C&YP
 Safeguarding
 Board

- Supported Accommodation Services (Falcon House)
- Adult Social Care Residential Services
- Nurse For Temporary Accommodation

C: Prevention of Disease

JSNA Chapter 7: Reducing the burden of preventable diseases, disability and death by strengthening the role and impact of ill health prevention

WMBC have become responsible for:

Public Health Delivery Programmes:

LA Performance to be monitored through PH Outcomes Framework:

Current Infrastructure:

Services Public Health influence with other commissioned commissioners:

Networks

responsible for.

- 12. Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- 13. Local initiatives that reduce public health impacts of environmental risks.
- 14. Local initiatives to reduce excess deaths as a result of seasonal mortality

15. The local authority role in

dealing with health

protection incidents.

16. Supporting, reviewing and

challenging delivery of key

public health funded and

such as immunisation and

NHS delivered services

screening programmes

outbreaks and

emergencies

 Disease and injury prevention programmes

Health Protection

Programme

• Dental Health Programme

PHOF

- · recorded diabetes
- cancer diagnosed at stage 1&2
- · cancer screening coverage
- access to non cancer screening programmes
- treatment completion for TB
- mortality from causes considered preventable
- mortality from all cardiovascular diseases
- · mortality from cancer
- · mortality from liver disease
- · mortality from respiratory dis.
- · mortality from comm disease
- excess <75 mortality in adults with serious mental illness
- excess <60 mortality rate in adults with a learning disability
- suicide
- emergency readmissions within 30 days of discharge from hosp
- preventable sight loss
- tooth decay in children aged 5
- excess winter deaths
- Population vaccination cov.
- falls and injuries in the over 65s
- hip fractures in over 65s
- dementia and its impact
- health related quality of for older people
- employment for those with LTC
- sickness absence rate
- statutory homelessness
- fuel poverty
- % population affected by noise
- air pollution
- children in poverty
- people with mental illness or disability in settled accom.
- older people's perception of community safety

• Clinical Reference Groups for:

- o CVD
- o Cancer and EOL
- o Diabetes
- Falls and Bone Health
- Diabetic retinopathy Screening Programme
- NHS Health Check
- Vacc and Imms
 Steering Group
- HCAI steering group
- Health Protection Forum
- Borough Wide Flu
 Group
- TB cohort review group

Cancer Information & Support Service

- Falls prevention service
- Black and Ethnic Minorities Mental Health & Wellbeing
- Outreach info and advice services within GP surgeries
- Services to the New (Migrant) Communities
- Services to Mental Health clients
- Health Housing Partnership
- Community Health Champions
- {also smoking cess/healthy weight/ alcohol contracts}
- HCAI Infection prevention and control x2
- Emergency Planning

Black Country Cardiovascular

Diabetic RetinopathyScreening Network

Network

- Regional Cancer
 Network
- NCB
- PHF
- Walsall CCG
- WM Renal Network
- WM Specialised Commissioning
- Local Health Resilience Forum
- Regional Vacc and Imms Grp
- BC TB Network
- NCB
- PHE
- Walsall CCG

Influenza vaccination LES

Other NHS/LA

- HIV treatment
- Community TB
- Cancer screening progs
- Vacc and Imms
- Non-cancer screening progs
- Primary care LES
- QOF
- Dental provider contracts
- Community Pharmacy contracts
- GP contracts
- Optometry contracts
- WHT contracts
- DWMHT contracts