

Health Scrutiny and Performance Panel

11 March 2014

Public Health Contracts: Contract performance management and impact upon Public Health outcomes 2013/14

1. Purpose

To show members of Health Scrutiny and Performance Panel how the commissioning resources allocated to Walsall Council have been used to commission services through contracts, how those contracts have been performance managed and their impact on Public Health outcomes.

2. Recommendations

- 2.1 That Health Scrutiny panel members note the content of the Public Health programme performance report.

3. Report detail

- 3.1 In order to discharge Public Health responsibilities that transferred to local authorities on 1 April of this year, 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). For information, the Council's allocation for 2013/2014 is £14,983,000 of which in excess of £13m in spent on commissioned services.
- 3.2 In January 2014 Health Scrutiny and Performance Panel received a report setting out the on progress in-year management of these contracts and in proposals for contracts and competitive tendering in 14/15. This report provides an update on the performance of these contracts and their impact on Public Health outcomes.

In-year management of Public Health contracts 2013/14

- 3.3 All Public Health contracts are managed according to standard commissioning cycle processes with the support of Council corporate departments of Legal, Procurement and Finance.

Table 1: Public Health expenditure by Public Health programme 13/14

Public Health Programme	Recurrent Net Expenditure 2013/14	Providers Include:
Children 5 to 19 Years Public Health Programme	£1,346,126	Walsall Healthcare Trust (WHT)
Reducing Infant Mortality	£211,080	Walsall Healthcare Trust
Smoking and Tobacco Control	£982,277	Walsall Healthcare Trust
NHS Healthchecks Programme	£261,170	Walsall GPs, Pharmacists
Health and Work Programme	£186,268	Walsall Healthcare Trust
Sexual Health Programme	£3,475,143	WHT & out of boro' providers + others
Drugs and Alcohol Programme	£3,657,022	Addaction, CRI, D&WMHPT
Disease and Injury Prevention	£333,910	WHT & WMBC
Health Protection Programme	£348,780	Walsall Healthcare Trust
Public Mental Health Programme	£284,162	DWMHT/CAB/Black Sisters
Healthy Weight	£1,227,206	WMBC/Food Dudes/WHT

3.4 All these contracts include service specifications and performance indicators which are regularly reviewed to ensure that providers and Public Health Commissioners can demonstrate that these services deliver against:

- 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 Public Health Outcomes Framework

Programme performance

3.5 The programme performance report is attached at appendix A with additional detail on the following programme areas as requested: Substance misuse, obesity, physical activity and smoking.

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 2014/15 is planned against these priorities.

5. Risk management

In agreeing Public Health contracts with providers for 2014/15, 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.

Background papers

Public Health Contracts: Contract management and performance 2013/14, commissioning intentions 2014/15 Report to Health Scrutiny and Performance Panel 30 January 2014

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

Transition of Public Health Contracts. Report to Health Scrutiny and Performance Panel 18 December 2012

Transition of Public Health contracts. Report to Cabinet 12 September 2012.

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06 March 2014

Walsall Public Health Programmes Performance Report 2013 / 14

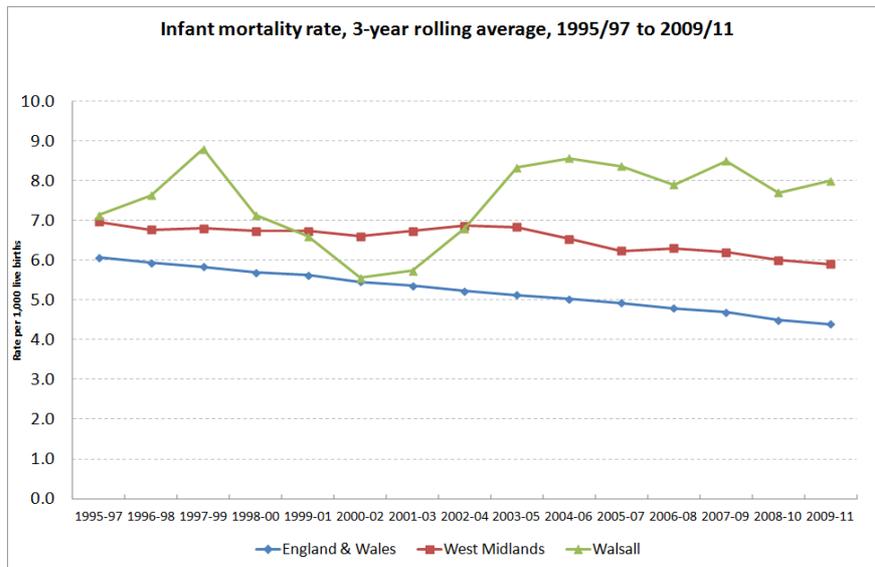
1 Introduction

- 1.1 The information in this report sets out the current performance of Walsall Public Health commissioned programmes. The report also includes relevant indicators for services commissioned by other organisations such as Walsall CCG, NHS England. The report concentrates on each of the main programme areas – these include the following programmes: Healthy Child, Infant Mortality, Healthy Weight, Smoking / Tobacco Control, NHS Healthchecks, Workplace Health, Sexual Health, Alcohol & Drugs Misuse, Injury Prevention, Health Protection and Population Mental Health.
- 1.2 Performance is reviewed continuously within Public Health Walsall and whilst some measures are only available annually or quarterly, others are more frequently available, such as monthly monitoring of smoking quits and health care associated infections. This report sets out the latest available position for each programme of work up to quarter 3 (October to December 2013) where the information is available. A more in depth analysis of public health outcome measures is contained within the [Walsall Joint Strategic Needs Assessment 2013 Refresh](#) report that has been recently published.
- 1.3 To reflect the importance of partnership working in Walsall, many of the indicators contained in this report have also been broken down to lower geographical areas in the [Public Health Area Profiles](#) in February 2013.

2 Healthy Child and Reducing Infant Mortality Programme

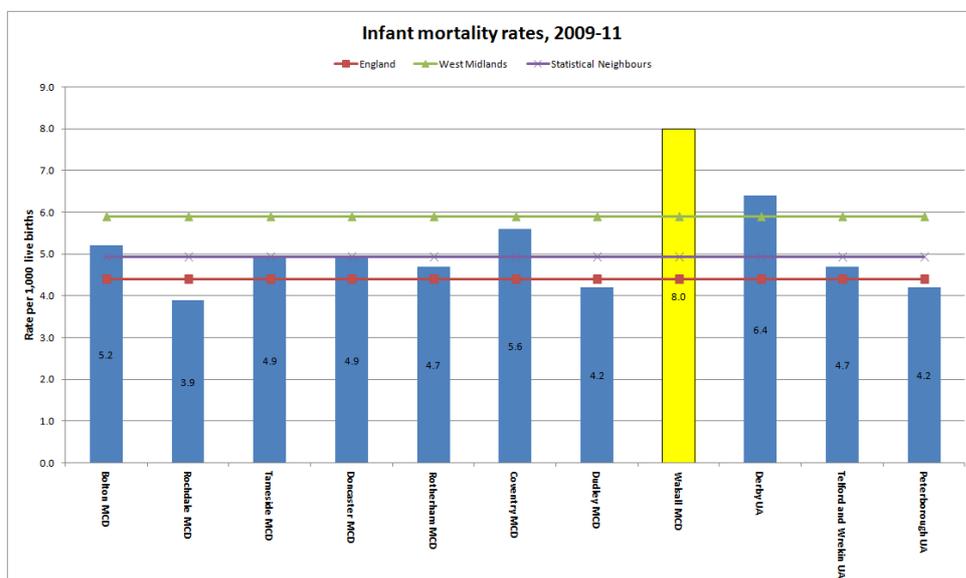
- 2.1 Analysis completed in the 2013 Walsall JSNA highlighted **Infant Mortality** as being a priority for action. Figure 1 shows that since 2003 to 2005 the infant mortality rate in Walsall has increased and has remained high. The Infant mortality rates in England and the West Midlands have been declining during the same period.

Figure 1 – Walsall Infant Mortality rate compared to the West Midlands and England



2.2 Figure 2 shows that the Walsall Infant Mortality rate in 2009 to 2011 is the highest of our ten statistical neighbours.

Figure 2 – Walsall Infant Mortality rate compared to our Peer Group, West Midlands and England in 2009 to 2011



2.3 Number of women in the relevant CCG population who have seen a midwife or maternity healthcare professional for health and social care assessment of needs, risks and choice by 12 weeks and 6 days of pregnancy. The latest figures available for October 2013 are **91.90%**, which is a reduction from the previous month, but is currently **meeting the target**.

2.4 Breastfeeding at 6-8 week check coverage- % of infants with a recorded breastfeeding status at their 6-8 week check. The latest October 2013 figure of

84.0% is only partial data. However, the previous quarter was **98.0%** which is **above the 95% target**.

- 2.5 Breastfeeding at 6-8 week check rates - % of infants wholly or partially breastfed at their 6-8 week check. As with the indicator above, the latest October 2013 figure of 29.0% is partial data only. The average of quarter 2 figures of **35%** is just **above the 34% target**.
- 2.6 Early detection allows effective interventions. % of babies with foetal growth restriction (FGR) at birth who were diagnosed with IUGR antenatally. The latest October 2013 figure has reduced from the previous month to **67.6%** but remains **well above** the 46% target.
- 2.7 **Maternal smoking at delivery (SATOD)**. The latest October 2013 figure has worsened compared to previous months and at **15.41%** is not on target (12.85%)
- 2.8 New birth visits within 15 days. This indicator has consistently been **above** the 80% target and October 2013 figure is **84.1%**.
- 2.9 **Number of Health Visitors**. October 2013 figure of **47.8** whole time equivalents (WTE) is **below** the 54.0 WTE target.

3 Healthy Weight Programme (including diet and physical activity)

- 3.1 Obesity is a very significant contributor to illness and premature death in the borough. Serious health consequences include Type II diabetes, cardiovascular disease, liver disease, musculoskeletal disorders such as osteoarthritis, and certain cancers. Without action, overweight and obesity-related diseases will cost NHS Walsall an estimated £82 million per year by 2015 (JSNA, 2013). It is estimated that obesity-related illness will result in the loss of 43,000 working days, £9m-£14.5m in lost earnings and a £40m loss to the wider economy in Walsall (JSNA, 2013).
- 3.2 The Healthy Weight programme is responsible for commissioning a range of services and interventions for adults and children in Walsall. These span primary prevention, secondary prevention and treatment programmes. Obesity is a multi-faceted problem and will require multi-faceted strategies to address it. In addition to commissioned services, there are also a number of areas in which work with partners and other Council departments including transport, planning and environmental health contribute to this agenda.
- 3.3 Public Health recognises the importance of getting maximum value for money by using evidenced based methods, and that prevention is more cost-effective than cure. In line with these principles, there has been a shift in investment from treatment to prevention programmes. However, this must be balanced with the

need to reduce health inequalities and provide services for those who are already overweight and obese.

Contracts

- 3.4 Appendix B shows the healthy weight pathways for children and adults; these show the variety of free services available to Walsall residents and illustrate how these services link together. Contracts are listed in Table 1. These are monitored through monthly or quarterly contract monitoring meetings between commissioners and providers.

Table 1: Key Contracts and Key Outcome Indicators – Physical Activity and Healthy Weight

Children: Healthy Weight and Physical Activity					
Contract	Provider	Summary	Key Outcome Indicator	Links to Health and Wellbeing Strategy Priorities	Links to Public Health Outcomes Framework Indicators
Early Years and Primary School intervention programmes	Food Dudes Health Ltd	Behaviour change programme to increase fruit and vegetable consumption through rewards, repeat tasting and role models. Parents also receive Food Dudes packs to enable them to continue to support the programme at home. The Food Dudes Dining Room Experience supports caterers and lunchtime supervisors to set up the dining environment in a way to support healthy choices.	- Increase in fruit and vegetable consumption in children and families - Decrease in unhealthy snacks (high in fat & sugar) in children and families	<ul style="list-style-type: none"> • Improve the proportion of children who are ready for school at age 5 (emotionally, behaviourally, cognitively and physically - with a focus on healthy weight • Promote the physical and emotional health and resilience of young people, particularly in relation to healthy weight • Improve the social and physical environment in order to make Walsall a place that promotes high levels of health, wellbeing and safety • Build stronger, healthier communities for individuals and groups in Walsall through the promotion of 	<p>Direct</p> <ol style="list-style-type: none"> 1. Excess weight in 4-5 and 10-11 year olds 2. Excess weight in adults 3. Diet 4. Proportion of physically active and inactive adults 5. Tooth decay in children aged 5 <p>Indirect</p> <ol style="list-style-type: none"> 6. Children in poverty 7. School readiness 8. Sickness absence rate 9. Social isolation 10. <i>Child development at 2-2½ years (under development)</i> 11. Emotional well-being of looked after children 12. Recorded diabetes 13. Self-reported wellbeing
Free Swimming	Walsall Council Sport and Leisure	Provision of free swimming to children aged 16 or under across Leisure Centres	Number of children under the age of 16 accessing the scheme		
Make It	Walsall NHS	Make It Count and Fun 4 Life	Maintain weight of		

Count / Fun 4 Life	Healthcare Trust / Walsall Sports & Leisure development	are 12 week obesity prevention and treatment programmes. These are in response to an identified need through the NCMP data for overweight children.	participants leading to reduction in BMI	healthy behaviours and access to appropriate facilities and services, mitigating against risk wherever possible <ul style="list-style-type: none"> • Support people in making healthy lifestyle choices in order to increase healthy life expectancy • Reduce the risky behaviours that contribute to ill health in order to reduce all age, all cause mortality rates • Further narrow the gap between male mortality and female mortality rates by targeting available advice and support services, both universal and specialist, accordingly. • Ensure that people are appropriately supported in both the diagnosis and subsequent management of chronic conditions in order to increase healthy life expectancy 	14. Mortality from causes considered preventable 15. Mortality from all cardiovascular diseases (including heart disease and stroke) 16. Mortality from cancer 17. Mortality from respiratory diseases 18. Health-related quality of life for older people
Adults: Healthy Weight and Physical Activity					
Commercial	Slimming World/	To provide support for	5% reduction in		

Weight Loss Programmes	Weight Watchers	overweight or obese patients who want to reduce their weight	weight over 12 week		
Specialist Weight Management	JHoots/ Heartcare/ WHT	Advice and support to patients with BMI >40 and co-morbidity	5/10% reduction in weight over 24 weeks		
Community Based Physical Activity Programmes and Specialised Sessions (includes exercise advice)	Walsall Health Care Trust / Walsall Council Sport and Leisure	Increase physical activity opportunities for adults, targeting high risk groups.	Number and proportion of adults accessing services from deprived wards		

Main Contract Performance Outcomes

Children

- 3.5 Walsall's Child Measurement Team continues to have some of the highest measurement rates in the country. In 2012/2013 the coverage rates for children was 98.3% for reception year and year six children.
- 3.6 Food Dudes has engaged with 64 schools, including 3 special schools and fifty early years' settings. 100% of caterers report an average 25% increase in the amount of vegetables now ordered. Children and parents have increased their consumption of fruit and vegetables by 60% and 35% respectively.
- 3.7 The free swimming programme has 9,044 children registered since July 2014. 1,119 have visited 9 or more times achieving the frequency target.
- 3.8 From April 2013 to Dec 13 Children's weight management programmes engaged 341 children and families with 88% either maintaining or reducing their BMI. These programmes have long term follow up (2 years) to encourage long term behaviour change.

Adults

- 3.9 The community based physical activity programme and specialised exercise programme has engaged 3,077 participants. The majority of participants are overweight or obese and live in deprived areas of the Borough.

Free commercial weight management programmes:

- taken up by 3,216 residents
- 35% of these have achieved the target 5% weight loss

Evolve Adult Weight Management

- 57 individuals made 237 attendances
- 77% of service users have a decrease in Body Mass Index
- 73% of service users have a decline in waist circumference

PACE (Physical Activity for Cardiac Enhancement)

- 91 individuals made 1,297 attendances
- 98% of service users increased their fitness
- 9% were from a BME background

Walk On

- 336 individuals made 6,674 attendances
- 77% of service users increased their fitness

Hydrotherapy

- 407 individuals made 3,797 attendances

- 72% of service users increased their mobility

Jog Walsall

- 889 individuals made 5,439 attendances
- 74% of service users increased their fitness

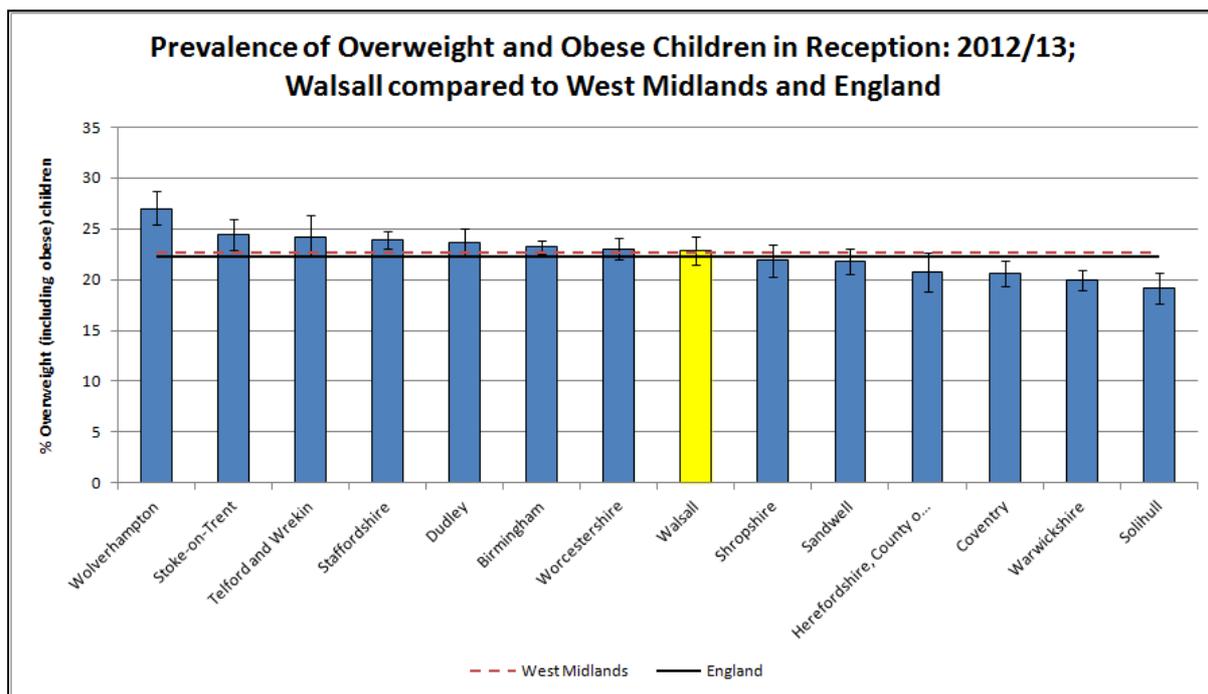
Other developments

- 3.10 Dynamic Dudes is a development pilot which will build on the existing Food Dudes programmes that are currently taking place across Walsall. The objective is to provide a behaviour change programme to encourage and increase the uptake of physical activity not just in the school environment but at home and in communities.
- 3.11 A pilot with Environmental Health working with local takeaways has led to the development of “Health Switch”. Health Switch aims to engage 28 hot food takeaways to identify changes that will make their choice of food healthier, whilst widening the appeal to customers who are becoming increasing health conscious.
- 3.12 The Community Health Champions programme has been developed as a partnership between Public Health and Walsall Housing Group. Health Champions engage with residents at a grass roots level to support them into mainstream services via a range of bridging programmes. Childhood obesity is a key priority area for this programme.
- 3.13 Move More: Two separate rewards schemes will operate covering leisure centres based activities and those taking part in community based programmes Jog Walsall and Walsall Walk On.
- 3.14 Healthy vending is provided at all Walsall Leisure Centres. These are ideal venues to promote healthy eating and complementing the message of the importance of exercise and a healthy weight.
- 3.15 Groundmiles: Currently working in partnership with BUPA to develop a Smartphone application to encourage uptake of Walking in Walsall and increase usage of Green spaces.

Impact on Public Health Outcomes

- 3.16 The National Childhood Measurement programme has shown that prevalence of overweight/ very overweight in reception has reduced between 2011/12 and 2012/13. Walsall is currently has the 8th highest prevalence of overweight and obesity in reception year in Region. The gap in prevalence of overweight (and obese) children between Walsall and regional average has narrowed between 2011/12 and 2012/13.

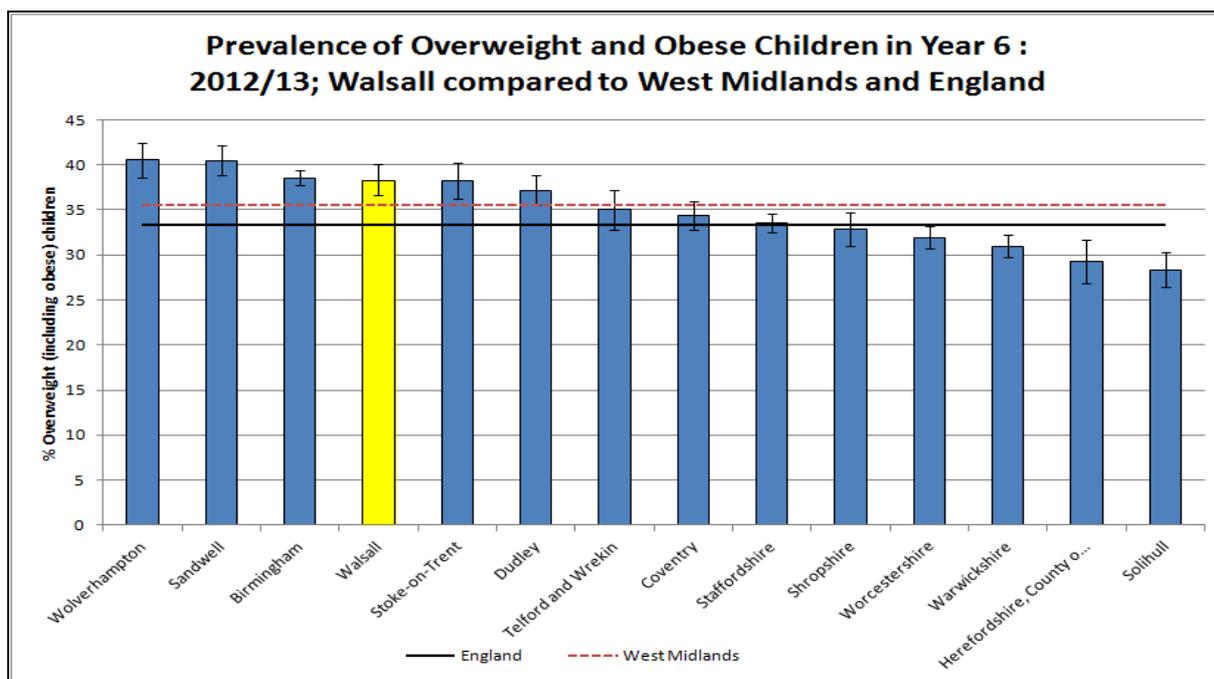
Figure 3



Source: Health and Social Care Information Centre, National Child Measurement Programme.

Walsall is currently has the 4th highest prevalence of overweight and obesity in year 6 in the region. The gap in prevalence of overweight (and obese) children between Walsall, regional and national average has become wider in 2012/13.

Figure 4



Source: Health and Social Care Information Centre, National Child Measurement Programme

3.17 Sport England's recent Active People survey shows the number of adults taking part in three blocks of 30 minutes exercise per week increased from 16 to 22 per cent of the population between 2006 and 2013. This makes Walsall the second most improved authority in the West Midlands.

3.18 The number of adults taking part in no exercise (i.e. 0 x 30) has actually reduced by 7.9% (15,800 adults) since 2006, including 2.5% (5000 adults) in the last year. Evidence shows that the most significant health and clinical benefits are gained by an inactive person currently doing no physical activity starting to do even a little. The survey indicates that Walsall has the most improved and highest overall level of participation across Black Country Partners.

Figure 5

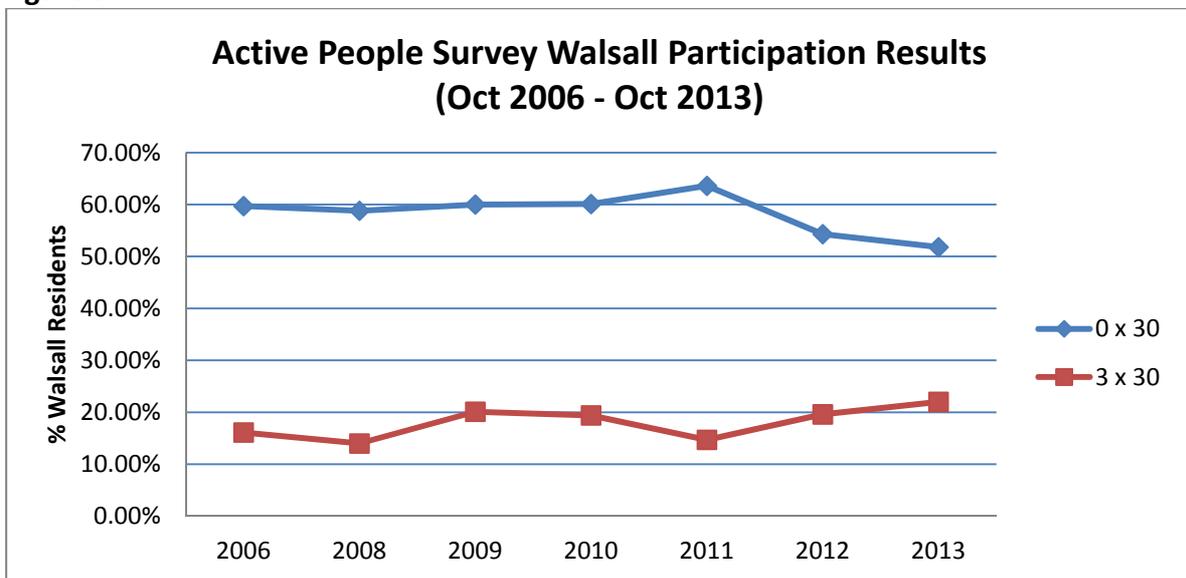
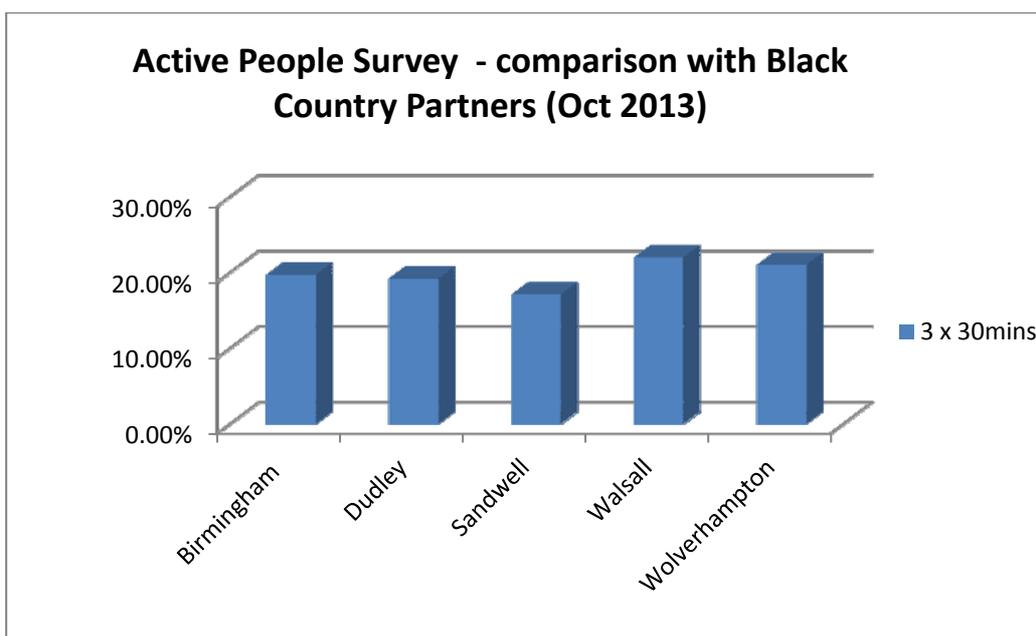


Figure 6



4 Smoking and Tobacco Control Programme

- 4.1 The total Contract value for the Stop Smoking Services is £980,000 covering service delivery (£650k) and Nicotine Replacement Therapy costs (£330k). Walsall has an estimated 45,000 smokers (current reported rate of smoking amongst adults of 22.7%) of whom 70% are likely to want to stop smoking. Services historically have seen around 4,500 per year (14% of the total population of those wanting to quit). The key issue being faced by providers is the numbers entering the services. Once people are in the service the conversion to quitters remains around 50% which has been consistent for a number of years.
- 4.2 The service specification focuses on groups most likely to smoke and who are at greatest risk in Walsall: individuals living in deprived postcode areas, black and minority ethnic groups, under 25s and pregnant smokers. The contract is a payment by result arrangement, whereby the payments are made for validated activity at 4 weeks quit status and 12 week quit status.
- 4.3 Walsall residents who wish to stop smoking can access support at over 100 venues including pharmacies, health centres, hospital, community centres, training locations, workplaces, supermarkets, local markets, libraries, colleges and schools (service is available to people aged 12 and over), youth clubs and centres.
- 4.4 We aim for a mixed market of provision as it gives us good coverage across the target groups e.g. BME United Limited have a good engagement with BME communities and Moo Moo Youth Marketing Ltd work with young people.

Table 2 Performance of the 6 contracted agencies in 2013/14 for 4 week quitters

Validated Activity (4 week quitters inc Pregnancy)			
Provider	Activity recorded to December 2013	Full year Target	% target achieved at end December 2013
WALSALL HEALTHCARE TRUST	687	1200	57%
BME UNITED LTD	302	400	76%
SOLUTIONS 4 HEALTH	61	400	15%
WEST MIDLANDS CO-OPERATIVE CHEMISTS	128	250	51%
QUIT NOW LIMITED	99	100	99%
MOO MOO YOUTH MARKETING	36	100	36%
Grand Total	1313	2450	54%

- 4.5 Smoking data has a time lag so it is continually refreshed through the year. Final reporting for 2013-14 year does not take place until June 2014. The performance in 2013/14 has been affected by a number of factors; one provider deciding to withdraw mid-year (Solutions 4 Health Ltd) possibly as a result of the changes in the contractual arrangements moving from the PCT to the Council and there has also been a significant impact of the promotion and use of e-cigarettes as an alternative to smoking. The 2013/14 performance is below trajectory – the expectation is that by the end of year the performance will be 10% below target.
- 4.6 The Stop Smoking Services were retendered during 2013/14, 8 provider agencies were successful in meeting the framework agreement criteria, including 3 new agencies who will be offering services in Walsall for the first time. The new contracts will be operational from 1st April 2014.

5 Population Mental Health Programme

5.1 Wellbeing has two essential elements: feeling good and functioning well. This includes contentedness, enjoyment of life, positive relationships, having a degree of control over one's life and a sense of purpose. Just as five portions of fruit and vegetables a day are good for physical health, so the essential nutrients for good mental health and wellbeing can be distilled into five elements, which have been described as the 'five ways to wellbeing':

- *connect with people - family, friends, colleagues, neighbours*
- *be active - walk, cycle, dance, play a game that you enjoy*
- *take notice - reflect on the beauty of the world around you*
- *keep learning - try a new challenge, learn to do something new*
- *give - volunteer your time, do a favour, look out for someone in need*

The 5 ways to wellbeing are just one of the lifestyle areas that are part of the Making Every Contact Count programme (MECC).

MECC is about equipping frontline staff with the knowledge and skills to encourage and help people to make healthier choices and to change their long-term behaviour for good. As well as mental wellbeing, it also covers diet / healthy weight, exercise, smoking cessation and alcohol consumption. In order to achieve long term behaviour change, organisations are working in partnership to build a culture and environment that supports continuous health improvement through the contacts it has with people.

Frontline staff are trained in how to deliver healthy lifestyle brief advice and provided with the tools to signpost people on to specialised lifestyle services should an individual express an interest in accessing services that can offer specialised help

and support. By providing this advice, staff are empowering individuals to make informed choices and empowering them to take responsibility for their own health and wellbeing. Further training is also available around 'motivating change' in individuals.

There are a number of partners supporting this programme – Walsall Council, Walsall Healthcare NHS Trust, Dudley and Walsall Mental Health Trust, Whg, Walsall College, the Citizen's Advice Bureau and West Midlands Fire Service.

This programme can be rolled out across Walsall, into any organisation where staff have verbal contact with members of the public. If individuals in Walsall began to make healthier choices, then health and wellbeing will be improved and health inequalities should be reduced.

- 5.2 **% of staff trained and confident in Making Every Contact Count (MECC).** Currently, 1,965 staff in partner organisations have been trained in MECC brief interventions during quarter 1 and 2 of 2013/14. This accounts for about 73.5% of staff identified.
- 5.3 **The Number of Brief Interventions.** During the first two quarters of 2013/14 staff carried out 9,566 brief interventions with patients and customers across Walsall. This is approximately 72% of all potential contacts with staff trained in MECC.

Summary:

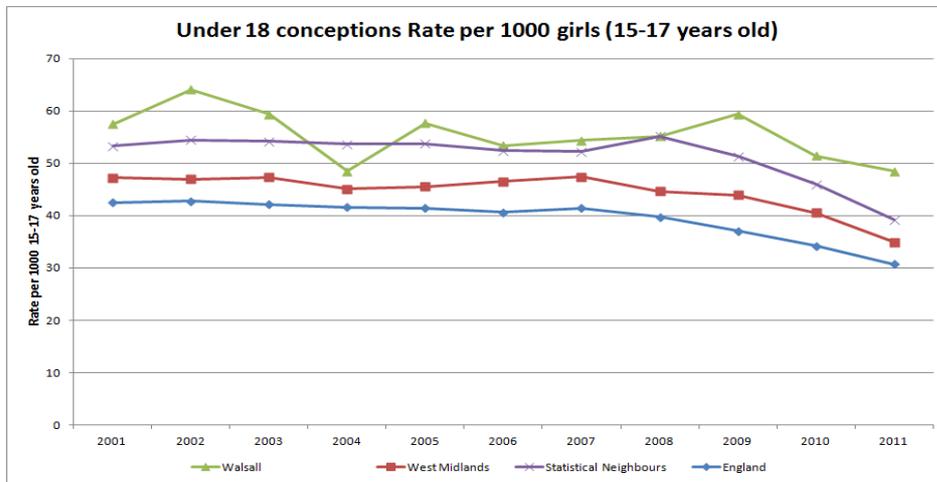
The metrics collected to date would indicate that the MECC training is being effective in enabling frontline staff to carry out brief advice interventions. The most important aspect of MECC is that frontline staff are able to give people the correct healthy lifestyle advice relating to the issue they are talking about so that individuals can make an informed choice about what they wish to do about their lifestyle in the future. They may decide to:

- Ignore the advice and do nothing
- consider the advice given and then act on it for themselves by starting to exercise more or join Weightwatchers etc.
- Use the Lifestyle link referral card to contact a specialist lifestyle service for help and support

6 Workplace Health and NHS Healthchecks Programme

- 6.1 The NHS Health Check Programme listed in Chapter 7 of the JSNA is amongst priorities for action to encourage participation amongst those eligible (aged 40 to 74) in Walsall. The check aims to reduce the risk of developing common diseases such as heart disease, stroke, diabetes, kidney disease and some forms of dementia. By identifying any risks early and taking steps to reduce the risk, individuals have a better chance of maintaining or improving health as they get older.

Figure 8 -Under 18 conception rates per 1,000 girls aged 15-17 years, 2001-2011 (Source – ONS).



- 7.3 **Chlamydia screening** – Walsall residents 15-24 years old with valid positive or negative result for Chlamydia. To date 5,604 15 to 24 year olds have undergone a Chlamydia test, with an average of **5.9%** having had a positive result. This is an increase on the previous two quarters (4.8% and 4.6%).
- 7.4 **GUM access - % patients offered an appointment within 48 hours.** 2013/14 performance has remained static at **100%** and is therefore **achieving target**.
- 7.5 **GUM access - % of patients seen within 48 hours.** Figures for 2013/14 are **above** the target of $\geq 97\%$. October figures decreased slightly compared to the previous month to **97.9%**.
- 7.6 **GUM activity – Number of patients seen.** Past figures are consistently around the 700 mark but further updates are required.
- 7.7 Chlamydia screening amongst 15-24 year olds screened for Chlamydia through CASH, CSO and other WHNHST sites, (but not including screens through GUM services) with a positivity $>5\%$. Monthly figures for 2013/14 are **exceeding** the monthly trajectories set. Up to and including October has seen **2,620** screened with a positivity of $>5\%$, exceeding the target of 2,244.
- 7.8 **Chlamydia screening – number of 15-24 year olds screened through GP LES.** To date, 202 15 to 24 year olds have been screened.

Alcohol and Drug programme

- 8.1 The Walsall Public Health invests £4 million annually in its Alcohol and Drug Misuse Programme. The programme and treatment system is a complex collaboration of multiple agencies offering medical and psychosocial interventions on a continuum from open access and educational prevention services to intensive residential treatment services. The treatment system is designed upon the National Standard Framework, Modes of Care (2006), with a four tier treatment intervention system based upon universal services, open-access services, structured treatment services and residential detoxification services. Clinical services are consultant led and compliant with the NICE Drug Misuse and Dependence; UK Guidance on Clinical Management (2007).
- 8.2 Not including the individual GP surgeries and pharmacists there are 8 separate provider agencies contracted to deliver the various aspects of the treatment system to meet the needs of the service users, across all age ranges.
- 8.3 The main contracts are with D&WMPT offering structured treatment interventions, mostly specialist prescribing (annual value £1,965,850), Addaction offering open access and criminal justice support services (annual value £1,080,892) and CRi/T3 offering the young people's support services (annual value £296,209). The other contracts are with local voluntary sector providers; Black Country YMCA, Comex, Hi's 'n' Lows, Walsall Money Advice Project and Prevention in education services.
- 8.4 The treatment system supports the community safety/crime reduction agenda by offering support services in police custody, courts, youth justice, prison liaison and supervision of drug and alcohol community court mandated orders in partnership with the Probation Service. Over 400 offenders are in drug and alcohol treatment in Walsall.
- 8.5 In addition we jointly commission initiatives with other Council Departments in recognition of the significant impact drug and alcohol misuse has on mental health, children protection, homelessness and domestic abuse.
- 8.6 Drug and alcohol services performance is measured against nationally set Public Health Indicators. The main indicators are well developed for drug services and under development for alcohol services. The indicators are directly linked to the Public health grant formula. The performance is monitored through the National Drug Treatment Monitoring System (NDTMS). Treatment Outcomes are measured across five domains to include: drug use, physical and psychological health, employment, education and offending history using the Treatment Outcome Profile (TOP). The indicators are collected on a National data base (NDTMS) and reported on a monthly basis:

- Waiting Times
- Numbers in treatment
- Successful completions
- Representations of successful completions within 6 months of exit

The tables, below, shows how Walsall's drug and alcohol performance compares to local, regional and national performance on a rolling 12month basis to December 2013.

Figure 9

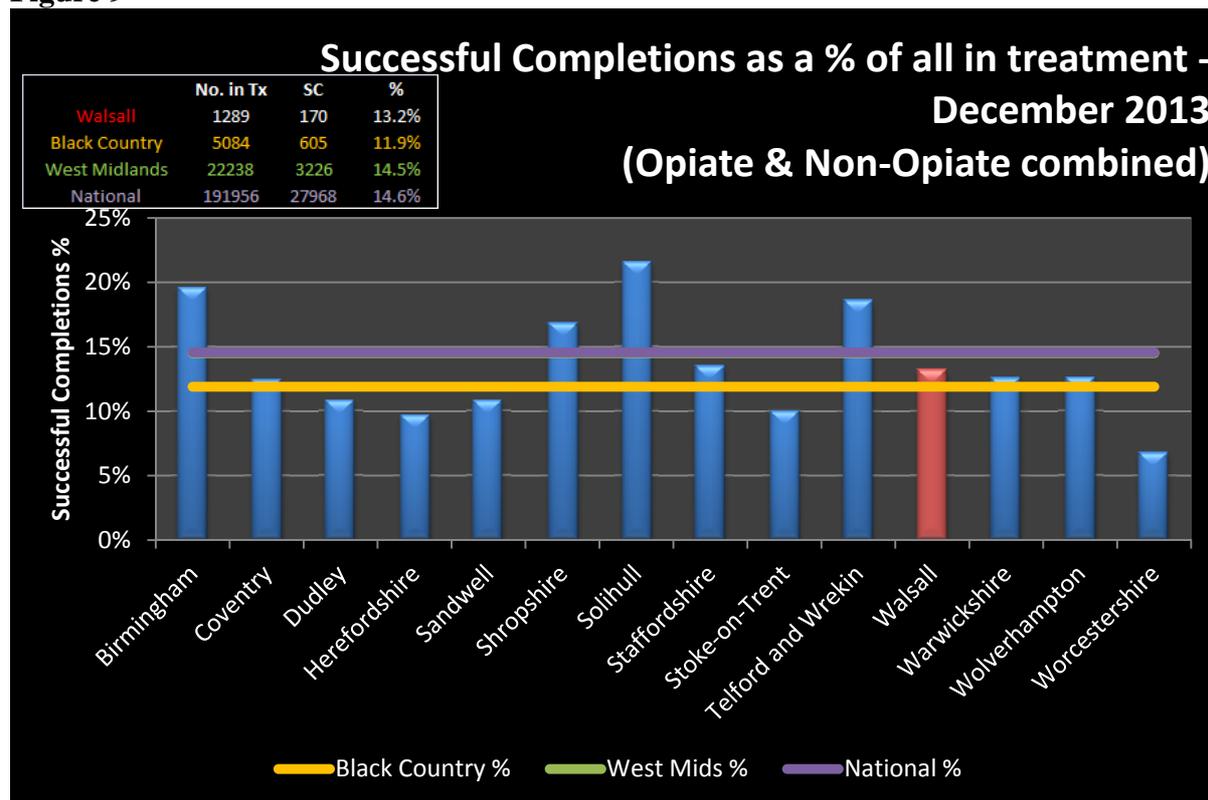


Figure 10

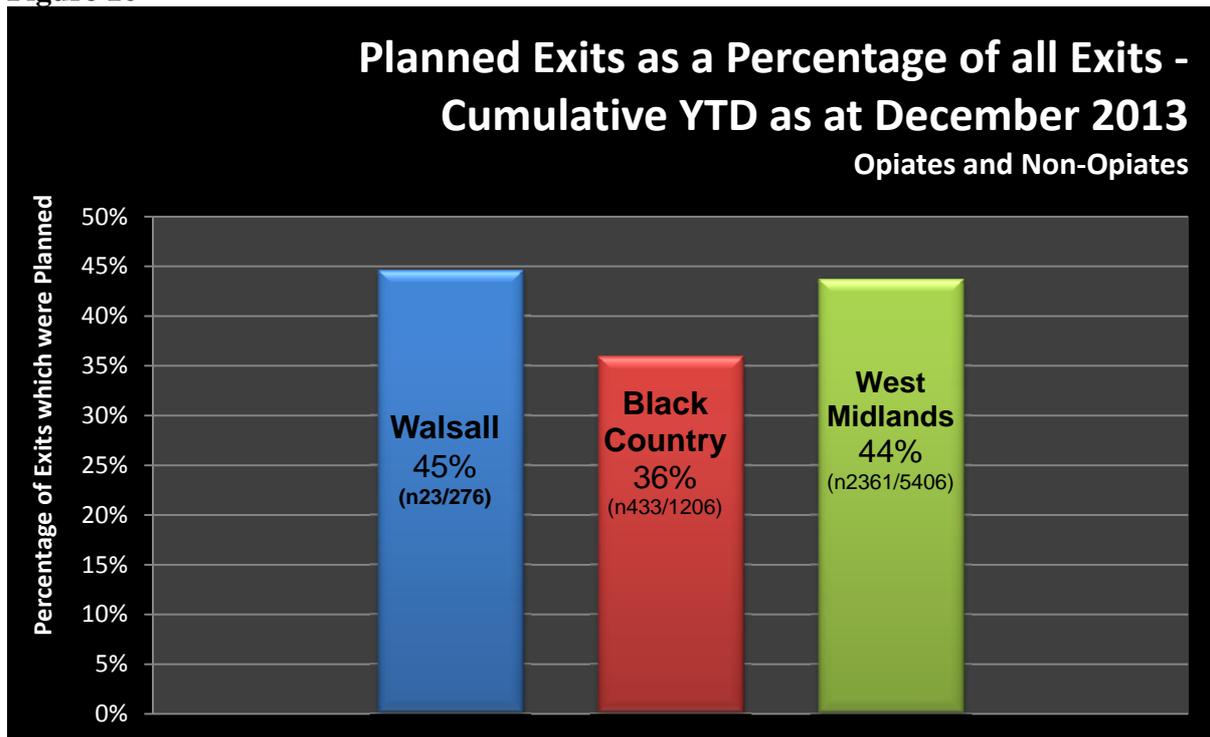


Figure 11

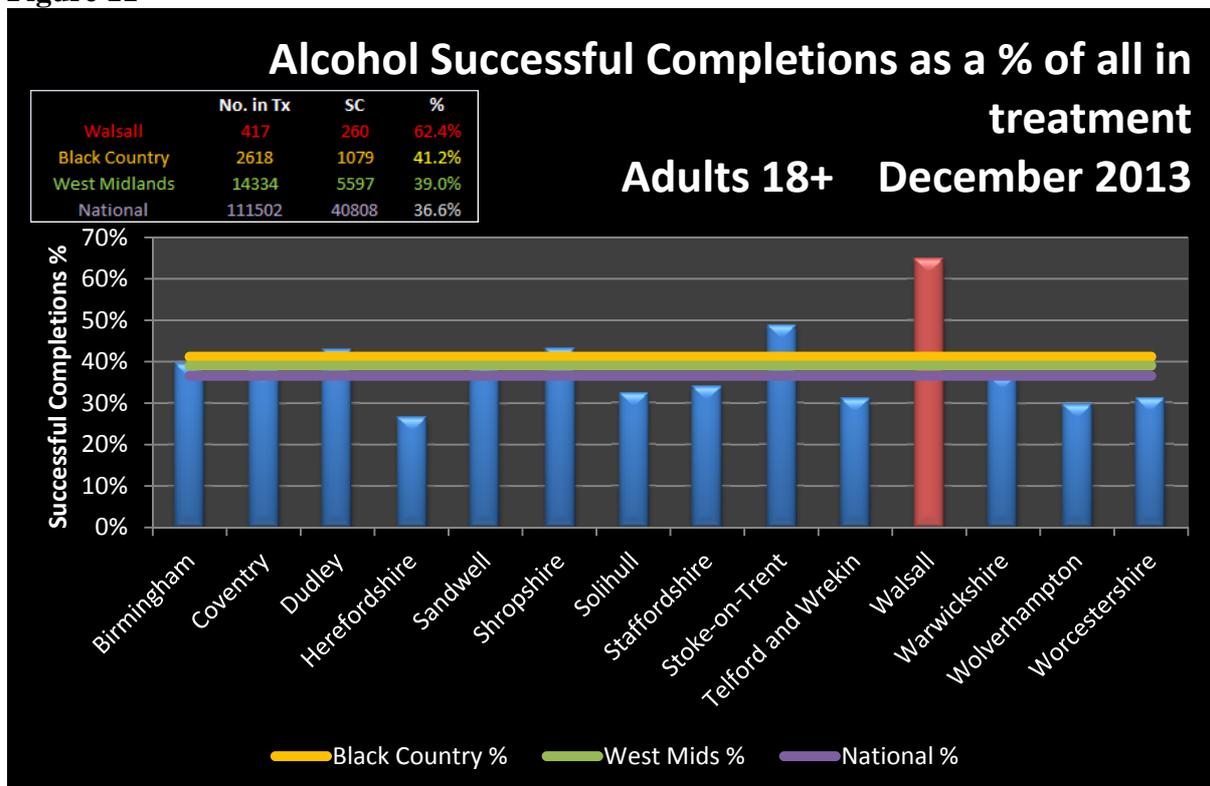
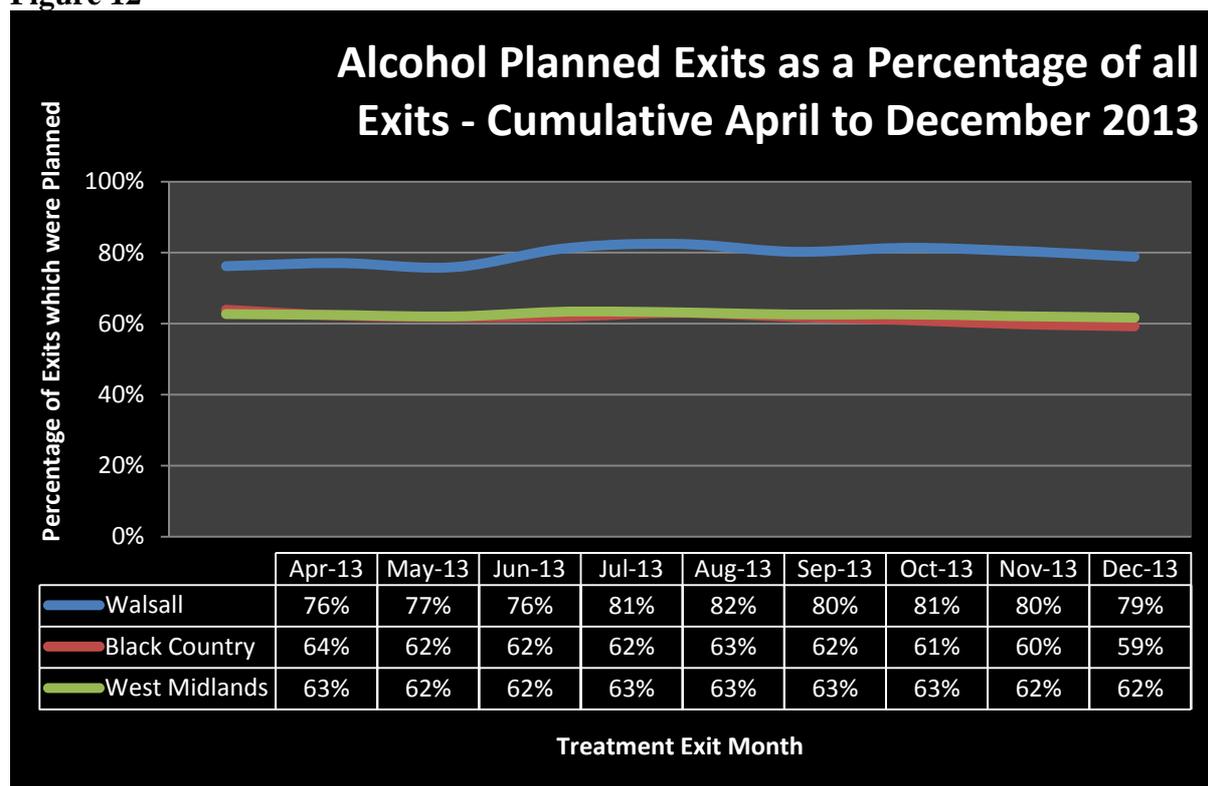


Figure 12



8.7 Court mandated Drugs Rehabilitation Requirement (DRR) community order commencements and completions, 51 commencements and 23 completions of DRR have taken place as at November 2013. Alcohol – Court mandated Alcohol Treatment Requirement (ATR) community order 37 commencements and 22 completions. The number of commencements and completions are currently on target to meet the year end figure and represents the best performance in the West Midlands.

Number of offenders testing positive in police custody for Class A drugs (Drug Intervention Programme). As at November 2013, the number of offenders testing positive for Class A drugs (471) has exceeded the monthly targets throughout the year so far.

8.8 The commissioners hold monthly performance meetings with provider agencies where performance is presented and actions agreed by lead provider agency managers for implementation. This performance is also shared on a monthly basis with partner stakeholder agencies and reported on a Quarterly basis to the Safer Walsall Partnership Board, as it forms a key component of the delivery of the Community Safety Plan.

8.9 The commissioning intention is to tender the drug and alcohol services in September 2014 with a start date of 1st April 2015. The proposal, presently being actively consulted with provider agencies, stakeholder partner agencies and service users, is

to make 4 significant changes to the existing treatment system; introduce an integrated alcohol and drug treatment system, introduce a single point of contact for entry into the system, develop a transition service for adolescents and young adults up to the age of 25 and make clearer distinctions in the delivery between medical services and non-medical psychosocial support services with the intention of increasing the successful completion of service users into recovery.

9 Injury Prevention Programme

9.1 Maintaining mobility is dependent on good bone health and is central to healthy and independent ageing. This requires a systematic approach to prevention and treatment of bone disease starting in the early years. Whilst a number of agencies are working to reduce the number of people who fall and who suffer injury from falling, there remains a need for a more systematic approach to the prevention of fractures. Walsall has a higher rate of emergency admissions for fractured neck of femur compared to regionally and nationally for those aged over 65 and those aged 65 to 79 (refer to Table 3 below).

Table 3 – Rate of emergency admissions for fractured neck of femur compared to regionally and nationally for those aged over 65 and those aged 65 – 79.

	65+			65 to 79		
	Walsall	West Midlands	England	Walsall	West Midlands	England
2010/11	463.11	461.02	451.89	208.44	229.10	224.24
2011/12	480.15	463.34	457.16	201.89	223.58	222.17

Summary

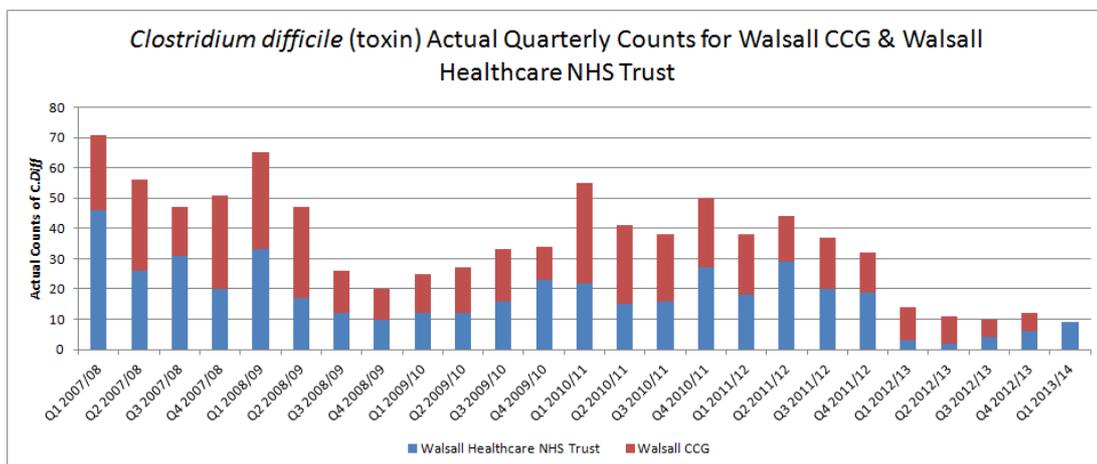
Public Health has taken on the lead for commissioning the falls prevention programme. The KPI's for 2013/14 have been revised and the service is being reviewed with a view to retendering

10 Health Protection Programme

10.1 Infections continue to be a significant cause of ill health. In 2010 in England, infectious diseases accounted for 7% of all deaths, 4% of all potential life years lost (to age 75) and were also the primary cause of admission for 8% of all hospital bed days. They are responsible for a large proportion of sickness absence from work. The burden of disease and economic impact of infections and infectious disease is estimated at £30 billion each year in England. A characteristic of infectious disease, which separates it from other types of illness, is that the causative factors undergo rapid change, developing resistance and the emergence of new pathogenic organisms.

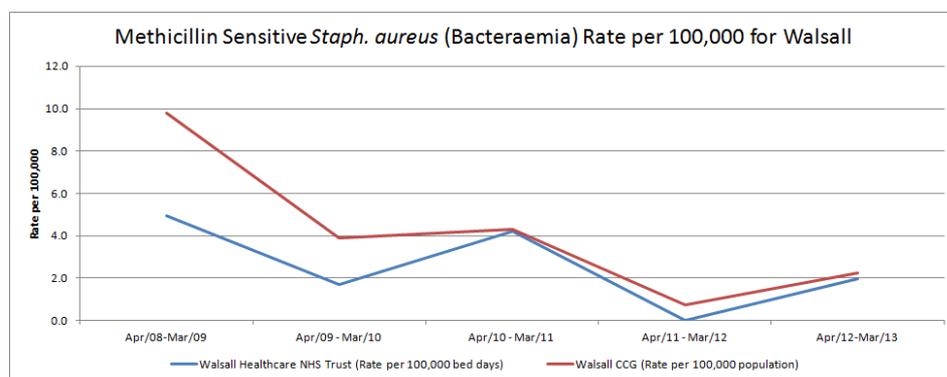
10.2 The Department of Health requires the Clinical Commissioning Groups (CCG) to have no more than 72 cases of *Clostridium difficile* across Walsall in 2013/14. This includes Walsall Healthcare Trusts allowance of 28. Despite many interventions and successes there has been a slight increase in the number of *Clostridium difficile* infections since December 2012, as seen in figure 13 below.

Figure 13 – C. Diff actual quarterly counts for Walsall CCG and Walsall Healthcare NHS Trust



10.3 The numbers of blood infections caused by Meticillin resistant *Staphylococcus aureus* (MRSA) has been falling for a number of years, as seen in Figure 14 below. There have been 2 patients identified as having an MRSA blood stream infection reported as of October 2013.

Figure 14 – MRSA Infections per 100,000 population



An analysis of the cases of *Clostridium difficile* and MRSA blood stream infections (bacteraemia) has identified themes that are being addressed by the care providers within Walsall health economy. These include issues with antimicrobial prescribing, environmental cleanliness in healthcare and residential care home settings, adherence to infection prevention practices and improving communication between care providers.

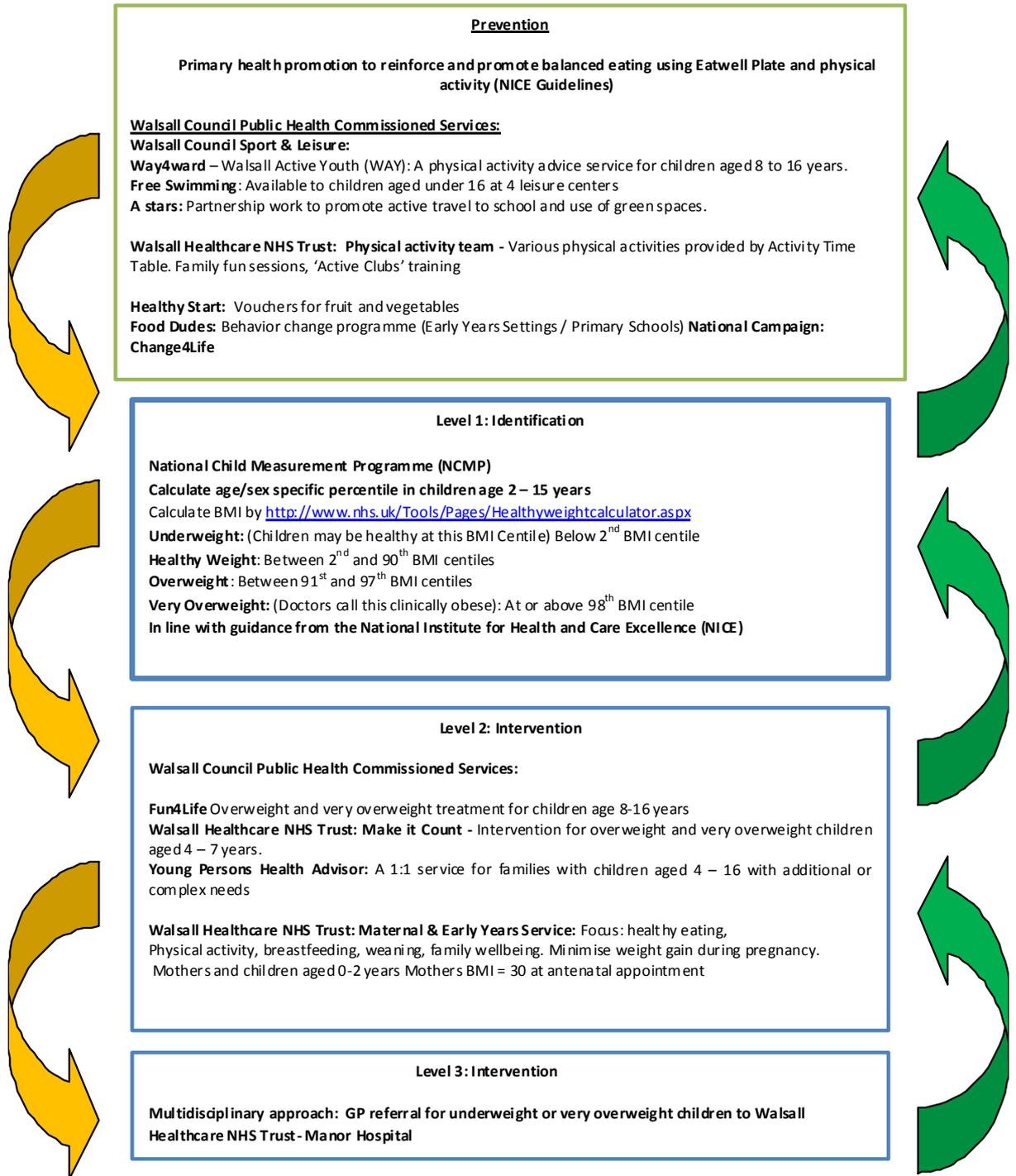
10.4 **Number of Trust-apportioned *Clostridium difficile* infections.** The number of Trust apportioned C.Diff infections are currently **exceeding** the trajectory set. October had 1 case (with the trajectory for the month being 2). To date, there have been **21**

cases (7 more than planned). If the year end target is to be achieved, no more than 7 C. Diff infections can occur during the next 5 months.

- 10.5 **Number of Trust –assigned Methicillin Resistant Staph. Aureus bacteraemia (MRSA).** October saw **0** MRSA cases; however the zero tolerance trajectory has already been **exceeded** following **1** case in May 2013.
- 10.6 **Number of Trust assigned Methicillin Sensitive Staph. Aureus bacteraemia (MSSA).** As at November 2013, 12 MSSA cases have occurred within the trust. There is **no trajectory** assigned to this indicator.
- 10.7 **Number of Escherichia Coli bacteraemias.** As at November 2013, 109 E.Coli cases have occurred within the trust. **No trajectory** is set for this yet.
- 10.8 **30 day mortality C.Diff – acute and wider community.** As at November 2013, 7 acute deaths and 2 wider community deaths have been as a result of 30 day mortality *C Diff*.
- 10.9 **Surgical site infections investigated orthopaedic & SSI caesarean section (elective & emergency).** In October 2013 saw only 1% of investigated cases, the lowest proportion for the year to date. There are no targets for this indicator.
- 10.10 **Surgical site infections investigated – large bowel & abdominal hysterectomy.** Monitoring on this began in October 2013, of which there were 0% investigated.

Walsall Children Age 0 -16: Healthy Weight Pathway

The pathway allows for flexibility for Children to move between levels. Criteria must be met to ensure appropriate access to services which are individually



WALSALL ADULTS (AGED OVER 16) HEALTHY WEIGHT PATHWAY

The pathway allows for flexibility for Adults to move between levels. Criteria must be met to

