

Health and Wellbeing Board

16 July 2019

Public Health Commissioning Intentions

1. Purpose

To inform the Health and Wellbeing Board of Walsall Council's Public Health commissioning intentions for 2019/20.

2. Recommendations

That the Board notes the content of the report, the alignment of these intentions with the Health and Wellbeing Strategy, The Walsall Plan, and progress with some related public health outcomes.

3. Report detail

Matt Hancock, the Secretary of State for Health, announced recently that the public health grant and responsibilities for commissioning public health services would remain with Local Authorities. He quoted the LGAs evidence which suggested that LA's had made good progress on recommissioning services like sexual health and substance misuse with improvement in public health outcomes.

At the same time, the Department of Health (DH) have announced their expectation that the commissioning of public health services will be integrated with the NHS.

In order to discharge Public Health responsibilities local authorities from 1st April 2013 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).

Walsall Council has a statutory duty to achieve population level improvements in public health (Health and Social Care Act (2012)). To achieve the statutory duty the Council receives a ring fenced Public Health grant from the DH via Public Health England (PHE).

The ring-fenced grant is expected to be removed in 2020 although the final decision on this, and the way in which future funding will be given, will be announced by the DH following a spending review which is delayed.

In order to meet the conditions of the grant, an annual statement of assurance has to be signed off by the Director of Public Health, Council Chief Executive and Chief Finance Officer.

The Council's Public Health financial allocation has changed each year with an average 2.5% reduction each year over the last 4 years. The core grant has reduced from £14,984,000 in 2013/14 to £12,895,000 in 2019/20.

In 2015/16, an additional responsibility for commissioning the Health Visiting service was transferred to Public Health along with the associated funding (£4,292,000).

The net financial impact of the grant reductions and Public Health's contribution to Council savings has resulted in a £5.2 million reduction in investments in core Public Health contracts since 2013.

Table 1 Public Health Grant allocations (£, millions)

Detail	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Grant allocation	£14.984	£15.827	£14.715	£14.285	£13.827	£13.361	£12.895
0-5 Children Health Visiting budget transferred to Public Health			£2.146*	£4.292	£4.292	£4.292	£4.292
Total grant	£14.984	£15.827	£16.861	£18.577	£18.119	£17.653	£17.187
Increase / -cut %		5.6%	-6.6%	-2.3%	-2.5%	-2.6%	-2.7%
(Reduction) / Increase (exc 0-5 increase)		£0.843	(£1.112)	(£0.430)	(£0.458)	(£0.466)	(£0.466)
Public Health budget reductions contributing to Council savings after grant adjustments		£1.000	£0.198	£0.427	£0.752	£0.004	£1.566

NOTE: *6/12 budget for transfer of Health Visiting to Public Health

4. Public Health Transformation:

A Public Health Transformation Fund was established in 2014/15 with an initial fund of £1.0 million rising to £3.1 million in 2019/20. This fund is created by disinvesting in existing Public Health commissioned services, by transformation, and investing in Council services deemed to be delivering, or have the potential to deliver, public health outcomes. Public health specialists work alongside the services to “transform” elements of how they are delivered to optimise the public health outcomes.

The following services are supported by public health transformation:

Teenage Pregnancy	Sustainable travel	Parks and playgrounds
Children Centres	Air Quality improvement	Sports development
Flu Fairies	Healthy takeaway awards	Rethink
Parenting Training	Community allotments	Homelessness
Youth justice substance misuse	Advocacy matters	Advice and Guidance
Health and work	Domestic abuse	

5. Commissioning Priorities:

- Ensure the appropriate quality provision of the mandated services, open access sexual health services, National Child Measurement Programme, NHS health checks and Health Visiting services
- Use resources to widen council programmes on the wider determinants of health
- Align resources with Walsall Together to improve health experience for individuals
- Contribute towards delivery of the Walsall Plan and the council corporate plan

6. Improving public health outcomes

Delivering improvement in public health outcomes is a system wide challenge. Appendix 1 show where there are some improvements and some challenges related to the public health commissioning intentions. Public Health England produce a wide set of public health outcome indicators for Local Authorities. These can be found at <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

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Commissioning Intentions for Public Health services 2019/2020

The Service	Investment in 2019/20	Strategic Direction of programme	What will be different?	Improvement in outcomes expected	Links to Walsall Plan And Walsall Corporate Plan
Preventative Care for the Elderly Prevention of Injury	£319,832	Falls prevention programme including population prevention and promotion and specialist services for those at highest risk	As part of savings proposals, a review of these services and potential future funding and placement will be done during 2019/20 with Walsall Together	Services aims are to reduce falls frequency and delay loss of independence	Enhancing quality of life for people with care and support needs and those with long term conditions Delaying and reducing the need for care and support
NHS Health Checks	£277,208	National strategy and mandated service: People aged 40-74 to assess their risk of CVD	Increase in % of NHS Health Checks delivered in small workplaces Conduct a Health Equity Audit Evaluate longer term outcomes of the programme Qualitative Patient experience evaluation	Maintained Walsall position nationally on % received checks Improvement in our position nationally on % invited	P1, P2 Delaying and reducing the need for care and support I1 Modern services Percentage of customers who feel it is easy to access council services
Healthy lifestyles services – adults, children's, emotional wellbeing, healthy workplaces	£717,000 £55,000	Resident population and targeted interventions for those with long term conditions, BaME, mental illness Includes Superwiggles and Fun4Life	Increased engagement of businesses for healthy workplace 'Thrive at Work' Increased confidence and self-management	Increase in no. of businesses achieving Thrive at Work standards Reduction in adult obesity	P2, Ch1, Co3
Tobacco control and smoking cessation including smoking in pregnancy	£283,251	Walsall Tobacco Control Plan Saving Babies Lives Smoking cessation support for pregnant women is prioritised	Workplace delivery of stop smoking services will increase Increase in number of smoking cessation advisors and in number of professionals trained in brief intervention	Reduced smoking prevalence. Sale of illicit tobacco is disrupted Fewer young people start smoking Impact on infant mortality and childhood illness	Ch1, E1, P2
Green Spaces / Sports Development	£295,250 £165,000	Integrate green spaces and sports development into a single team under public health leadership	Focus on physical activity and use of green spaces	Increased physical activity as measured through use of parks	P2, Co1

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Integrated 0-19 Service incorporating Health Visiting 0-5 Healthy Child 5-19, School Nursing Teenage Pregnancy and NCMP services)	£4.8m (HCP 0-19) Plus non recurrent funding – approx. £125,000 Plus Transformation funding supporting Parenting / Children's Centres family support	<p>Walsall Together business case set the direction for integrating services within an Integrated Care System Integrated working with primary care and early hep professionals</p> <p>Walsall Ofsted/CQC local area inspection report response</p> <p>Emotional Health and Wellbeing Transformation Plan (CCG Led)</p> <p>Teenage pregnancy strategy</p> <p>Parenting Strategy</p> <p>Neglect Strategy</p>	<p>Consider an alternative commissioning arrangements for example a possible Section 75 agreement with Walsall Together in place of a market tendering process</p> <p>Explore how Health Visitors and School Nurses roles extend to early help lead professionals</p> <p>Health Visitor backfill for (pre-conception care) Peri-natal Mental Health</p> <p>A*Stars Cycle Proficiency Programme for children</p> <p>Scanning Child health records IT for school nurses</p> <p>Car pollution reduction in schools</p> <p>Healthy Schools Transformation Funding – Parenting /Children's Centres Family support</p>	<p>More streamlined pathways between PH commissioned Healthy Child Programme services and CCG and WHT</p> <p>Addressing Ofsted and CQC concerns with regards paper based child records</p> <p>Focusing support for health in schools</p>	<p>Children have the best start and are happy healthy and safe from harm and learning well</p> <p>CH1 Children will be ready for school</p> <p>CO3 Ensure all children are a healthy weight</p>
Healthy Eating/ Healthy Weight for Children and Young People	£450,000	<p>Linked to draft healthy weight strategy and Council priority to support Child Healthy weight contracts with the below are in place:</p> <ul style="list-style-type: none"> Food for Life in Schools YMCA navigators 	<p>Increase in healthy eating in early years settings and primary schools through a focus on growing, food preparation and eating experience</p> <p>Increase in family activity, physical literacy & healthy eating in families of children 2-5</p> <p>Children identified as overweight at age 5-7 offered targeted support</p> <p>Increased knowledge of and signposting to opportunities for family healthy weight</p>	<p>Increase in community physical activity and healthy eating</p> <p>Reduction in food poverty Improvements seen in oral health and reduction in tooth decay</p> <p>Improvement in school readiness and child emotional health and wellbeing</p>	<p>Children have the best start and are happy healthy and safe from harm and learning well</p> <p>CO3 Ensure all children are a healthy weight</p>

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Resilient communities - Mental Health (Committed – non-recurrent budget– only 2019/20 included)	£82,292	The Resilient communities work stream is an integral part of Walsall Together	Mental health/ suicide prevention training: to train local stakeholders on mental health and suicide prevention to improve population mental health awareness and health literacy to improve wellbeing and self- care Training includes: Mental Health First Aid, Suicide prevention training and Health Chats Training (self-care community care) Community based early intervention mental health support to support individuals in emotional/ mental distress and contribute to suicide prevention	Mental health stigma reduced More people better able to cope and protect their mental health to enable them to thrive More people able to support to navigate the system and access support Contribute to tackling the rising number of incidents of mental health crisis A greater mental health awareness and understanding amongst professionals	P2 Delaying and reducing the need for care and support P3 People recover from episodes of ill health and injury
Community resilience loneliness and social isolation funding (Committed – non-recurrent budget– only 2019/20 included)	£230,000 non-recurrent 2019-2021	The Resilient communities work stream is an integral part of Walsall Together	Making Connections Walsall (MCW) is a social prescribing programme to address loneliness and social isolation and improve wellbeing MCW funds community projects to address loneliness and social isolation including befriending and community activities. MCW also funds programmes which enhance community resilience and reduce escalation to crisis/ high cost services within health and social care	Less people experiencing loneliness and social isolation More older people better connected within community More families better able to cope Less people isolated following bereavement Depression reduced and wellbeing increased	P2 Delaying and reducing the need for care and support P3 People recover from episodes of ill health and injury
Health Protection and	£160,000	Infection Prevention services for the community have been	The service is enhancing their support for vulnerable groups including the homeless and IV drug users	Raised profile of infection prevention in the wider community – GPs, Care	P2 Delaying and reducing the need for care and support

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Infection control		<p>operating in-house since April 2018</p> <p>A solution to providing an infection prevention service in dental surgeries is currently being sought</p> <p>Review current arrangements for access to data</p>	<p>Every dentist in Walsall will have an infection prevention audit and support to provide assurance that dental patients are receiving safe care in Walsall</p> <p>The community infection prevention and control team will have direct access to patients clinical notes</p>	<p>homes, schools, nurseries, homeless, drugs and alcohol services</p> <p>Infection prevention practices in Dental surgeries will be of high standard</p> <p>Reduced response times and improved continuity of care for patients</p>	<p>P3 People recover from episodes of ill health and injury</p>
Integrated Sexual Health services	£2,771,400	<p>The Department of Health (DH) (2013) <i>A Framework for Sexual Health Improvement in England and the PHE; DH & SC (2018) Integrated Sexual Health services: A suggested national service specification</i> Sets out a vision for each local area to have a coordinated system wide approach to supporting individuals to make informed choices about their sexual health, reproductive health and HIV, and to develop safe healthy, enjoyable and consensual relationships</p> <p>The Walsall Sexual Health Needs Assessment indicates the following : The impact of STIs remain greatest in young people aged 15 -24; and certain minority ethnic groups; men who have sex with men (MSM). HIV</p>	<p>Population level improvement in Sexual Health, Reproductive Health and HIV</p> <p>Delivery and evaluation of targeted work to address inequalities in sexual health with a focus on key populations including outreach services where appropriate to meet the needs of these groups</p> <p>Prioritise the delivery of high quality relationships and sex education in schools or other education or young people's settings in line with current legislation, to support young people to make informed choices</p> <p>Implementation of evidenced based interventions and new models of service delivery which are flexed to meet the needs of key groups</p> <p>Maintain a focus on primary prevention with specialist services working to support primary care services and the voluntary sector</p>	<p>Avoid/reduce adverse consequences of sexual health, reproductive health & HIV, including sexually transmitted infections and unplanned pregnancies</p> <p>Sexual Health Training: Improve ability of front line professionals to discuss sexual reproductive health & HIV to reduce stigma & discrimination & address barriers to access</p> <p>Reduced levels of Teenage Pregnancies</p> <p>Improvements in the wider safeguarding system leading to a reduced level in:</p> <ul style="list-style-type: none"> • CSE • Domestic abuse • Coercive relationships 	<p>Offer system leadership and governance that is principled, transparent, and accountable</p> <p>A mandated programme. Informed by evidence and population need, considering inequalities and cost effectiveness</p> <p>Building individual and community resilience</p> <p>Delivering safe and effective services</p> <p>Promoting equity by identifying and addressing inequalities in access and uptake in key population</p>

The Service	Investment in 2019/20	Strategic Direction of programme	What will be different?	Improvement in outcomes expected	Links to Walsall Plan And Walsall Corporate Plan
		<p>continues to be concentrated among MSM and black African men and women</p> <p>Sexual violence and exploitation can happen at any age but being forced to have sex against your will is more common at a younger age</p> <p>Children and young people need to be equipped with the information and skills to develop healthy and enjoyable relationships as they grow up</p> <p>Many women will spend up to 30 years of their life needing to avert an unplanned pregnancy People experiencing poverty or social exclusion are disproportionately affected by sexual ill health The Walsall Integrated Sexual Health Contract is subject to a 12 month extension</p>		<p>Effective workforce competent to respond to issues safely</p> <p>Increased access to e - healthcare self-testing & self - management techniques</p> <p>Promote access to primary prevention including condoms, and effective contraception , the delivery of vaccinations (HPV, Improved uptake of Hep A, B &C, including prevention and health promotion approaches</p>	
Integrated Drug and Alcohol service for adults and young people	£3,080,296	<p>Provision of an open access community drug and alcohol treatment service offering evidence based clinical and Psychosocial Drug and Alcohol interventions</p> <p>Residential detoxification and residential rehabilitation services</p> <p>Optimise the engagement of the 2000 dependent opiate and crack cocaine users and</p>	<p>Prioritising reducing drug related death by addressing risky injecting behaviours related to HIV, Hepatitis B&C</p> <p>Supporting “Strengthening Families” developments</p> <p>Embed drug and alcohol screening (DUST) into health and social care practice</p> <p>Implement the Family Drug and Alcohol Court services to offer treatment to support families remaining together. Offer specialist support to MASH, CIN and CPP processes</p>	<p>Reduce drug related deaths</p> <p>Reduced injecting concentrating on risky (groin and neck) injecting</p> <p>Increased Heb B vaccinations and Hep C treatment engagement and completion</p>	<p>Offer professional leadership to a critical cross cutting programme of work in a transparent and ethical manner</p> <p>Effective use of the available budget to deliver evidenced based interventions</p> <p>Support vulnerable adults Safeguard children and young people</p>

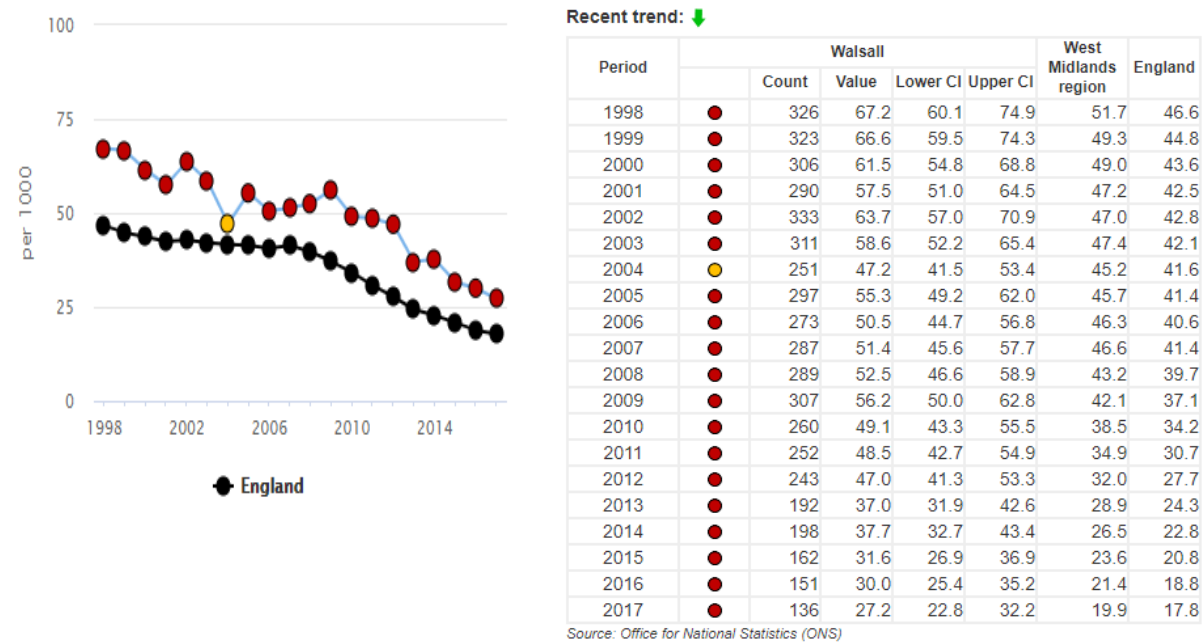
The Service	Investment in 2019/20	Strategic Direction of programme	What will be different?	Improvement in outcomes expected	Links to Walsall Plan And Walsall Corporate Plan
		<p>3,400 alcohol dependent residents in Walsall into stabilisation treatment to support recovery</p> <p>Coordinate drug and alcohol care between primary and secondary care providers (GPs, Pharmacists and Manor Hospital)</p> <p>Prioritising their safeguarding and their families</p> <p>Contribute to community safety by offering court mandated treatment orders</p>	Continue to offer treatment engagement at critical stages of arrest, at court, community sentence and prison release stages		<p>Support safe, resilient and cohesive communities</p> <p>Improve resident's economic and social independence to make a positive citizen's contribution</p>
Homelessness	<p>£100,000 Rough Sleepers Initiative Grant</p> <p>£174,000 non-recurrent</p>	<p>Support Homelessness Strategy</p> <p>Reduce rough sleeping and homelessness</p> <p>Implement, contribute and inform West Midlands Combined Authority (WMCA) Homelessness Strategy</p> <p>Implement WMCA Housing First Programme</p> <p>Implement Ministry of Housing Communities and Local Government Rough Sleeper Initiative</p>	<p>Extended opening of the winter Night Shelter</p> <p>Reduced rough sleeping</p> <p>Reduced crisis demand on health and social care services</p> <p>Development of health specialist support service capacity to meet the needs of the homeless</p> <p>Street outreach services</p> <p>Fast track entry into drug and alcohol services</p> <p>Reduced risky injecting behaviours</p> <p>Improve access to infection control and blood borne virus services</p>	<p>Earlier engagement with street homeless rough sleepers</p> <p>Sustained tenancies</p> <p>Improved health, social and personal citizenship</p> <p>Reduced offending</p> <p>Reduced costs to health, social care and public services</p>	<p>Walsall Plan and HWBB Strategy priority to support the most vulnerable</p> <p>Safer Walsall partnership priority to address Homelessness</p>

Appendix 1

Here are some examples of where public health outcomes have improved and some that remain a challenge:

Improved:

- Reduction in teenage pregnancy



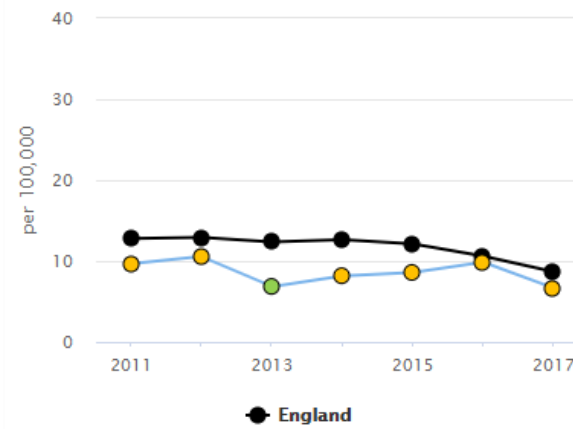
A continuing downward trend for teenage pregnancy rates in Walsall is positive with the addition of a narrowing gap between local and national rates also

- HIV diagnosis rate (per 100,000 aged 15+)

Recent trend: ➡

Period	Walsall					West Midlands region	England
		Count	Value	Lower CI	Upper CI		
2011	●	21	9.7	6.0	14.8	9.4	12.8
2012	●	23	10.6	6.7	15.8	8.6	12.9
2013	●	15	6.9	3.8	11.3	8.3	12.4
2014	●	18	8.2	4.8	12.9	9.5	12.6
2015	●	19	8.6	5.2	13.4	10.0	12.1
2016	●	22	9.9	6.2	14.9	8.9	10.6
2017	●	15	6.7	3.7	11.0	6.8	8.7

Source: Public Health England



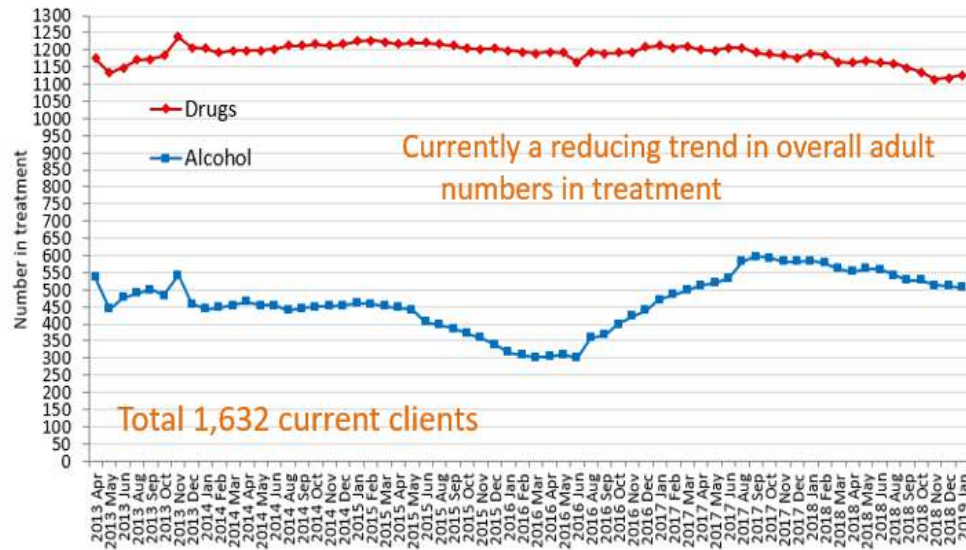
Rates for HIV diagnosis have generally seen a downward trend and are lower than national rates

- Access to drug and alcohol services

Number of adults receiving structured drug or alcohol treatment in Walsall

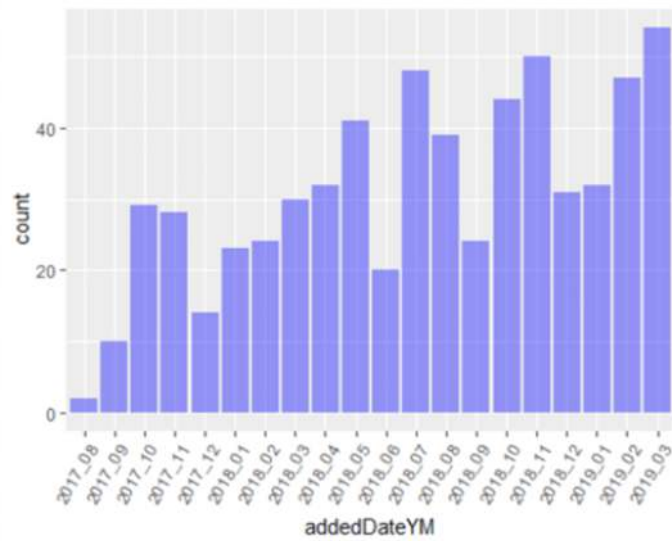
Each point on the chart represents the number in treatment over the previous 12 months

Source: National Drug Treatment Monitoring System



Adults receiving drug treatment is consistent in Walsall and is much higher than those receiving treatment for alcohol

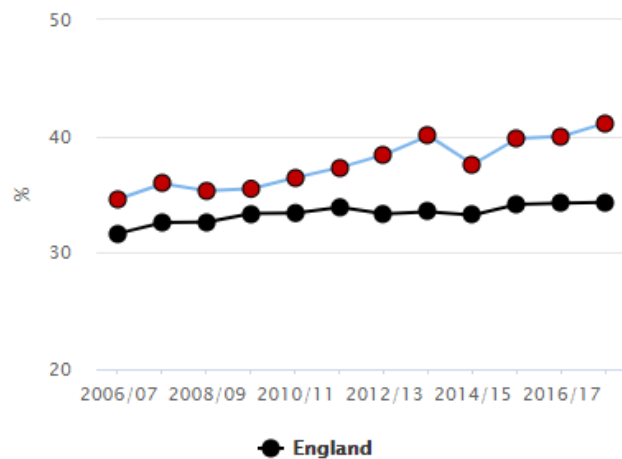
- Access to the Making Connections Walsall service



There have been 622 clients since Aug 2017 and 75% (n=464) since Apr 2018. There have been 602 assessments completed with 753 goals and 3,584 contacts.

Remains a Challenge:

- Childhood obesity (Year 6 pupils)



Recent trend: ↑

Period	Walsall				West Midlands region	England
	Count	Value	Lower CI	Upper CI		
2006/07	896	34.6%	32.8%	36.5%	*	31.7%
2007/08	1,085	35.9%	34.2%	37.7%	34.1%	32.6%
2008/09	1,100	35.3%	33.6%	37.0%	34.3%	32.6%
2009/10	1,078	35.5%	33.8%	37.2%	35.4%	33.4%
2010/11	1,141	36.5%	34.8%	38.2%	35.2%	33.4%
2011/12	1,115	37.3%	35.6%	39.1%	36.3%	33.9%
2012/13	1,169	38.4%	36.7%	40.2%	35.5%	33.3%
2013/14	1,259	40.0%	38.3%	41.8%	35.9%	33.5%
2014/15	1,209	37.6%	35.9%	39.3%	35.8%	33.2%
2015/16	1,299	39.8%	38.1%	41.5%	36.6%	34.2%
2016/17	1,407	40.0%	38.4%	41.6%	37.1%	34.2%
2017/18	1,427	41.1%	39.5%	42.8%	37.1%	34.3%

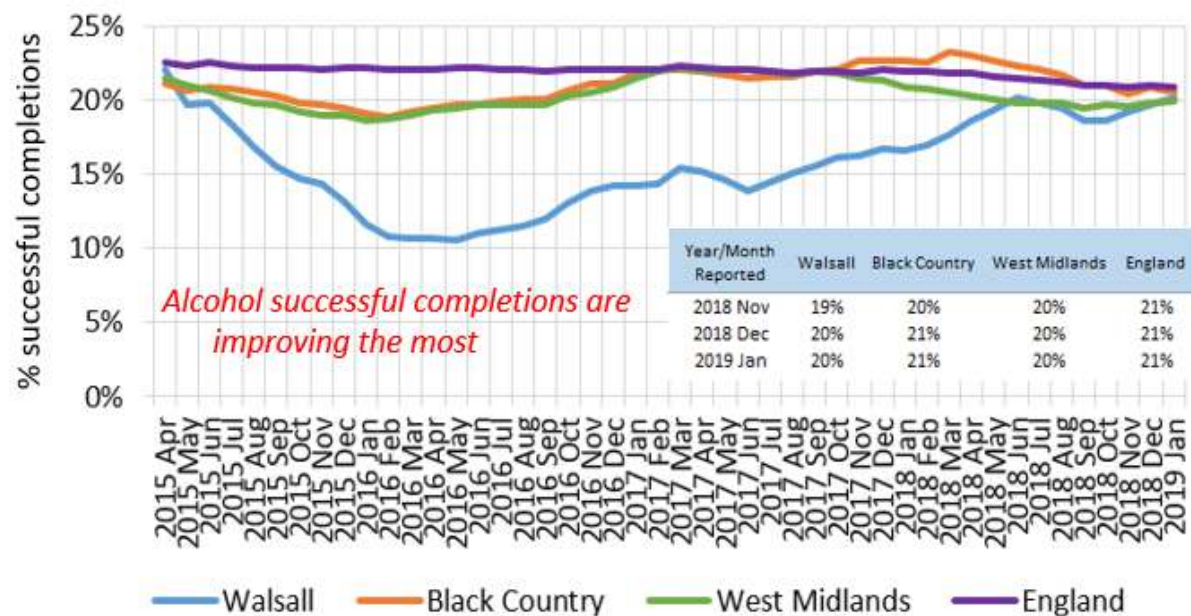
Source: NHS Digital, National Child Measurement Programme

Obesity amongst year 6 children is more prominent in comparison to children in reception. Trends for Walsall are increasing with a widening gap compared to nationally

- Recovery from drug and alcohol dependency

Successful Completions for All Substance (each point is a 12 month rolling value - July is estimated)

Source: NDTMS



For all substances (drugs and alcohol), successful completion trends are increasing and are on par with the region. The gap has been narrowed when compared with the Black Country and England