HEALTH
SCRUTINY AND PERFORMANCE PANEL

Agenda Item No. 9

DATE: 18 DECEMBER 2012

TRANSITION OF PUBLIC HEALTH CONTRACTS

Ward(s) All

Portfolio:
Councillor Bird – Leader of the Council

1. Executive Summary

1.1 Members will be aware that the Council takes on new Public Health responsibilities from 1 April 2013. A significant proportion of the service is currently delivered through a range of contracted providers. Given the number and scope of contracts currently in place, and the timescale for transition, it will not be possible or appropriate to undertake competitive procurement procedures in every case. Delegated Authority, in conjunction with the Leader of the Council, has been granted by Cabinet to enable new agreements to be put in place that will ensure continuity of service.

1.2 This report informs the Health Scrutiny and Performance Panel of the work that is being undertaken:

- To ensure that the Public Health function has sufficient contracts to fulfil its function
- To confirm that initial service reviews have been undertaken to ensure that the services are fit for purpose
- To clarify those Public Health existing functions that will transfer to the Council and those that will become the responsibility of the NHS Commissioning Board.

2. Recommendations

2.1 Members are recommended to note the contents of the report and the progress made in ensuring that the Council has compliant value for money contracts to facilitate the provision of Public Health services following the transfer of responsibility for the Public Health function to the Council.

3. Report detail

3.1 Cabinet received a report on the 12 September 2012 which detailed the Council's initial approach to the transfer of contracts that are required to continue the provision of Public Health services following the transfer of the Public Health function from NHS Walsall to Walsall Council on 1 April 2013.

3.2 The resolution made was:

That members note, in order to protect the council's financial interests, it is assumed that all public health costs will need to be managed within the ring fenced funding that is allocated by the Department of Health.

That authority be delegated to the Executive Director for Neighbourhoods, in consultation with the Leader of the Council, the portfolio holder for Social Care and the Executive Director for Social Care and Inclusion, to enter into contractual arrangements for public health services using the most appropriate commissioning and procurement

procedures and that the report be referred to the Shadow Health and Wellbeing Board for their comments.

3.3 In conjunction with public health commissioners, a set of procurement principles have been agreed by the Public Health Transition Board and these are shown in **Appendix A**.

3.4 Since that report a considerable amount of work has been undertaken to confirm the scope of the contracts that are required to continue to provide the existing level of public health provision within the borough for the health and benefit of the residents. The programme is being monitored by the Public Health Transition Board, which is chaired by the Executive Director for Neighbourhood Services.

3.5 At the Public Health Transition Board on the 12 October 2012 it was agreed that review meetings with NHS Walsall Commissioners would be carried out and documented to determine the scope and effectiveness of the existing contracts to establish a draft strategy for the future commissioning of these services from 1st April 2013 and beyond. These reviews are using the standard procurement scoring matrix (**Appendix B**) to determine the relative priority for tendering/retendering these contracts and manage the allocation of resources.

3.4 The Public Health Transition Board has agreed the following overall strategy for the migration of the existing Public Health contracts based on the parameters below:

- Consider the use of an appropriate Council contract for the provision of the existing services rather than being an associate to the CCG block contract. It is believed that this approach will give the Council greater flexibility and visibility over the operation of the contracts and ensure that the risk to the Council is minimised.
- Where applicable negotiate with providers the move from block contracts to ones that are outcome and activity based where this will deliver improved value for money.
- Reviews will obtain detailed financial information to provide greater clarity on provider's cost base to assist in the value for money assessment.
- Where possible ensure that there are caps on activity in place to reduce the risk to the Council of a potential overspend due to increased activity.
- Manage overall costs to allow the Council the flexibility to meet changing need or demand within resource allocation.
- Where the reviews indicate that there is significant scope for a competitive process to deliver additional value then these contracts will be highlighted for re-tendering in 2013/14, other contracts will be programmed for retendering in 2014/15 and 2015/16 dependent upon need.

These parameters are constantly being reviewed to ensure that the contracts that the Council will be responsible for provide; the outcomes required, demonstrate value for money, control of costs and a minimisation of risks as further information is provided from bodies such as the Department of Health and Public Health England.

3.6 Broadly speaking, the Health and Social Care Act 2012 gives responsibility for health protection to the Secretary of State and health improvement to upper tier and unitary local authorities. The Government has also published the refreshed Public Health Outcomes Framework as guidance to which local authorities must have regard; the four domains & their respective outcomes and the range of indicators are included in **Appendix C**. The Government has mandated a small number of steps and services for local government, as follows:

- steps to be taken to protect the health of the local population
- ensuring NHS commissioners receive the public health advice they need
- appropriate access to sexual health services
- the National Child Measurement Programme
- NHS Health Check assessment.

3.7 A proportion of the current Public Health function is not being transferred to the Council and instead is being transferred to the NHS Commissioning Board (NHS CB), those areas transferring to the NHS CB are shown in **Appendix D**.

3.8 The Public Health team have reviewed their existing service provision and have mapped these services to the Walsall Joint Strategic Needs Assessment 2012, Towards a Strategy for Health and Well-being for the people of Walsall, to show the relationship between the contracts and the Public Health Outcomes Framework. These are included as **Appendix E.**

3.9 The provision of Public Health services has been split into the following categories with the relevant level of budget:

Category	No. of Existing Contracts	No. of Existing Suppliers	2012/13 Budget
Alcohol	5	5	£524,590
Children 5-19	1	1	£1,104,962
Drugs Misuse	18	16	£3,363,520
Infection Control	1	1	£330,194
Health Improvement and Wellbeing	10	5	£960,599
NHS Health Checks	4	4	£190,580
Nutrition, Obesity and Physical Activity	17	11	£1,656,600
Sexual Health	17	10	£2,837,809
Tobacco Control	3	11	£964,000
Total	**76**	**36**	**£11,932,854**

3.10 All existing providers were written to on the 8 November to inform them that the responsibility for the Public Health function would be transferred to the Council from 1 April 2013 and that their contracts would be reviewed as part of the transfer process.

3.11 Commissioning decisions for 2013/14 onwards have not yet been finalised and the Council is not yet aware of the financial settlement that will apply to Public Health. It is likely that, at least in the short term, the Department of Health could impose conditions on the grant allocation which may limit the Council's flexibility.

3.12 Therefore no final decisions have been made on the scope of Public Health provision but the present assumption is that all the existing service provisions will continue beyond 1 April 2013 under the delegations agreed at 12 September Cabinet meeting. Many of the existing contracts are undergoing their normal annual reviews and contract variations that improve

value for money will be incorporated in next year's services. During 2013/14 some contracts will be tendered, further work will be undertaken for others to deliver further value for money improvements and the ongoing procurement plan will be refined. The Transition Board will receive updates at each meeting highlighting any contracts where issues have been identified.

3.13 The work plan for the programme up to the 31 March 2013 is as follows:

- December/January – Hold initial meetings with existing providers to discuss possible efficiencies and the form of contract
- December/January – Analyse the financial settlement provided to the Council for the provision of the Public Health function to determine affordability.
- January/February/March – Carry out final contract negotiations with existing providers and ensure that appropriate contracts are signed to ensure that the Council is able to provide Public Health services from 1 April 2013.
- January/February/March – Develop a procurement plan for the tendering of Public Health contracts over the next three years to ensure that the Council complies with the Public Contracts Regulations 2006 (as amended) & the Council's Contract Rules and ensure that there are sufficient resources available to undertake this work.

4. Council priorities

4.1 Public Health services are a key contributor to the Council's priority to improve the health and wellbeing of the residents living in the borough.

4.2 This report is relevant to a number of related portfolios as a number of public health services are provided to older people, children and seek to encourage residents to have more active lifestyles.

5. Risk management

5.1 The transition of contracts to ensure continuity of service and the availability of sufficient funding to support them represent two significant risks in the overall Public Health transition programme. These risks have been identified within the programme risk register and are regularly reviewed and actively managed. Further action may be required under urgency to safeguard the Council's interest.

6. Financial implications

6.1 The basis for allocating funding to local authorities via a ring fenced grant in future years has not yet been finalised, and given the current uncertainty, there is a risk that there may be pressure on available resources. To protect the council's financial interests all public health costs, both contractual and non contractual, will need to be managed within the funding that is allocated (this will include costs associated with any requirement for additional resources within procurement as set out in paragraph 9.1 of this report).

7. Legal implications

7.1 All new contractual arrangements must comply with the Public Contracts Regulations 2006 (as amended) and the Council's Contract Rules. There will be a significant amount of Legal input in the development of new contracts and review of existing arrangements to determine the Council's ability to continue to access them.

7.2 For the current period (2012/2013) the NHS requires use of the 2012/13 NHS Standard Contract for all acute hospital, ambulance, community and mental health and learning disability services. As mentioned in paragraph 3.5 the Council has the option to use any form of contract it wishes for services for which it will be responsible from 1 April 2013 onwards, however the Department of Health is drafting a specific Public Health form of contract. It is proposed that this is the form of contract that shall be used by the Council where the decision is taken to contract directly with NHS providers.

8. Property implications

8.1 None as a direct consequence of this report

9. Staffing implications

9.1 The procurement and subsequent contract management of the public health contracts is an additional function to the Council. The existing procurement activity within the PCT has largely been exempt and focused in the main on the negotiation of contracts with NHS bodies and ongoing contract management rather than the conduct of a large number of competitive procurement exercises. It is envisaged that once contracts are transferred to the council, there will be an increase in the latter and additional staffing will therefore be needed to undertake the planned procurement activity and the management of the new and inherited contracts which are awarded. There are no procurement and contract staff identified to transfer from the PCT to the Council.

10. Equality implications

10.1 Consideration of equality issues is fully integrated into the procurement decision making process. All contracts will as a minimum, include conditions which:

- Prohibit the contractor from unlawfully discriminating under the Equality Act
- Require them to take all reasonable steps to ensure that staff, suppliers and subcontractors meet their obligations under the Equality Act.

11. Consultation

11.1 Council Legal and Finance officers as well as Public Health Finance and Commissioning have been consulted in the preparation of this report.

Background papers
Transition of Public Health Contracts - Report to Cabinet – 12 September 2012

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Appendix A

PROCUREMENT PRINCIPLES - PUBLIC HEALTH CONTRACTS

The following is a list of principles agreed between Walsall Council and Walsall PCT and will be adopted in relation to all existing public health contracts or contracts with public health elements; and the procurement of all new public health contracts or renewal of any such contracts during the transition year April 2012 – March 2013, **and** which will become the responsibility of Walsall Council as at 1 April 2013.
(It is not intended to be an exhaustive list and will be amended or added to with prior agreement from both parties).

1. *In order that the optimum future procurement arrangements can be determined for each contract the current arrangements will be identified. This will include identifying whether each contract has been subject to competitive tendering and/or whether any value for money criteria has been applied, and whether a robust service specification is available.*

2. *Director of Public Health to identify "which contracts are required" post 2013*
   - *2.1. NHS to convert existing SLA arrangements to full NHS contracts (unless agreed otherwise between both organisations)*
   - *2.2. NHS to update all full contract dates to 31/03/13 (subject to agreement of the optimum procurement action as per principle 3)*
   - *2.3. NHS will provide WMBC with specifications for existing contracts (to ensure best continuity of service post transition in April 2013)*

3. *It is recognised that contracts cannot be novated unless a formal contract is in place at the time of transfer (1st April 2013). Once the contract has been agreed as needed by DPH, agree how each contract will be treated (extended, associated, novated, fresh procurement) and its relative priority within the procurement workstream. Key options include:*
   a) PCT to extend contract beyond 31/03/13
   b) PCT to undertake procurement exercise to award new contract to be effective on or before 01/04/13 or
   c) WMBC, subject to the availability of resources, conduct procurement exercise to award new contract to be effective on or before 01/04/13,
   Other actions may be taken subject to mutual agreement between both parties.

4. *Both parties to mutually agree and understand the risk and liabilities associated with each contract and this may impact on the procurement action (as per principle 3) to be applied.*

5. *Where the PCT is currently an Associate Commissioner for a contract on a multilateral basis (i.e. contract awarded by an external body), it will be investigated whether the Local Authority can become an Associate Commissioner and this will be considered as an option alongside the other procurement options set out in Principle 3.*

6. *Where public health services form part of the Acute and Community Contract currently held by the PCT with Walsall Healthcare NHS Trust it will be investigated if the Local Authority can become an Associate Commissioner to this contract in respect of these services and this will be considered as an option alongside the other procurement options set out in Principle 3.*

7. *The current NHS principle that Lead and Associate Commissioner roles will be applied on a mutually beneficial basis without any administrative charge being made will be applied wherever possible (in line with existing arrangements).*

8. *During the duration of transition planning the PCT's Assistant Director of Contracting and Procurement and the Local Authority's Head of Procurement will be the respective professional leads and will work in partnership to determine the optimum procurement route for each service in consultation with the DPH, and at all times they will apply best public procurement principles and practice in accordance with legislation and governance arrangements.*

9. *Where pressure of procurement resource is evident, all parties to prioritise procurement workload.*

Appendix B

Standard procurement prioritisation scoring matrix

	Procurement Prioritisation Questions	**Dropdown Answer List**	**Score**
1	Have project management and governance arrangements been put in place, if not what date are you proposing to have them in place?		
		Yes	10
2	Does this service have a current contract?	Yes	5
3	What is the current or projected contract value?	£1m+	12
4	What is the potential for saving if the service is tendered?	Low	2
5	When was the contract last tendered or fundamentally reviewed?	Never	10
6	Is the contract review required in respect of legislative/statutory changes?	No	5
7	What is the strategic relevance of the service to the Public Health Outcomes Framework/JSNA/Council?	Medium	5
8	What is the risk to the Public Health Service/Council if the service is not tendered/fundamentally reviewed?	Medium	5
9	What is the risk to the service users if the service is not tendered/fundamentally reviewed?	High	10
10	Have there been any complaints or adverse reports in respect of this service?	Yes	10
11	What is the severity of any complaints or adverse reports?	Low	2
		SCORE	**76**

EXAMPLE

Each of the answers on the dropdown answer list has a different score dependant upon the risk to the Council and the probability of being able to deliver savings, as follows:

Question						
1	Yes = 10	No = 5				
2	Yes = 5	No = 10				
3	0 - £50k = 2	£50k -100k = 4	£100k -250k = 6	£250k -500k = 8	£500k-1M = 10	£1M+ = 12
4	Low = 2	Medium = 5	High = 10			
5	Never = 10	More than 10 yrs = 8	More than 5 yrs = 6	More than 3 yrs = 4	More than 1 yr = 2	
6	Yes = 10	No = 5				
7	Low = 2	Medium = 5	High = 10			
8	Low = 2	Medium = 5	High = 10			
9	Low = 2	Medium = 5	High = 10			
10	Yes = 10	No = 5				
11	Low = 2	Medium = 5	High = 10			

The maximum score possible is 112 and the minimum score is 27. The relative weighting of the individual factors can be adjusted to give particular emphasis to a factor.

The application of this matrix to the future procurement of Public Health contracts will allow a relative position to be determined between all the contracts that are transferred.

Public Health Outcomes Framework

OUTCOMES

Vision: To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest

Outcome 1: Increased healthy life expectancy *Taking account of the health quality as well as the length of life* (Note: This measure uses a self-reported health assessment, applied to life expectancy.)

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities *Through greater improvements in more disadvantaged communities*

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area

DOMAIN 1:	DOMAIN 2:	DOMAIN 3:	DOMAIN 4:
Improving the wider determinants of health	Health improvement	Health protection	Healthcare public health and preventing premature mortality
Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities	Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities	Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Public Health Outcomes Framework 2013–2016

At a glance (Autumn 2012)

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.

** Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or identification

1

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

1.1 Children in poverty
1.2 School readiness (Placeholder)
1.3 Pupil absence
1.4 First time entrants to the youth justice system
1.5 16-18 year olds not in education, employment or training
1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation† (ASCOF 1G and 1H)
1.7 People in prison who have a mental illness or a significant mental illness (Placeholder)
1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services *(i-NHSOF 2.2) ††(ii-ASCOF 1E) **(iii-NHSOF 2.5) †† (iii-ASCOF 1F)
1.9 Sickness absence rate
1.10 Killed and seriously injured casualties on England's roads
1.11 Domestic abuse (Placeholder)
1.12 Violent crime (including sexual violence)
1.13 Re-offending levels
1.14 The percentage of the population affected by noise
1.15 Statutory homelessness
1.16 Utilisation of outdoor space for exercise/health reasons
1.17 Fuel poverty (Placeholder)
1.18 Social isolation (Placeholder) † (ASCOF 1I)
1.19 Older people's perception of community safety (Placeholder) †† (ASCOF 4A)

2

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

2.1 Low birth weight of term babies
2.2 Breastfeeding
2.3 Smoking status at time of delivery
2.4 Under 18 conceptions
2.5 Child development at 2-2½ years (Placeholder)
2.6 Excess weight in 4-5 and 10-11 year olds
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s
2.8 Emotional well-being of looked after children
2.9 Smoking prevalence – 15 year olds (Placeholder)
2.10 Self-harm (Placeholder)
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Successful completion of drug treatment
2.16 People entering prison with substance dependence issues who are previously not known to community treatment
2.17 Recorded diabetes
2.18 Alcohol-related admissions to hospital (Placeholder)
2.19 Cancer diagnosed at stage 1 and 2
2.20 Cancer screening coverage
2.21 Access to non-cancer screening programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

3.1 Fraction of mortality attributable to particulate air pollution
3.2 Chlamydia diagnoses (15-24 year olds)
3.3 Population vaccination coverage
3.4 People presenting with HIV at a late stage of infection
3.5 Treatment completion for Tuberculosis (TB)
3.6 Public sector organisations with a board approved sustainable development management plan
3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

4.1 Infant mortality* (NHSOF 1.6i)
4.2 Tooth decay in children aged 5
4.3 Mortality rate from causes considered preventable** (NHSOF 1a)
4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)
4.5 Under 75 mortality rate from cancer* (NHSOF 1.4i)
4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3)
4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)
4.8 Mortality rate from infectious and parasitic diseases
4.9 Excess under 75 mortality rate in adults with serious mental illness*(NHSOF 1.5)
4.10 Suicide rate
4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b)
4.12 Preventable sight loss
4.13 Health-related quality of life for older people (Placeholder)
4.14 Hip fractures in people aged 65 and over
4.15 Excess winter deaths
4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.6i)

Appendix D

Functions Transferring the NHS CB

Programme category or programme Services

1. Immunisation programmes

- Neonatal Hepatitis B immunisation programme
- Neonatal BCG immunisation programme
- Respiratory syncytial virus (RSV) immunisation programme
- Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib
- Meningitis C (MenC) immunisation programme
- Hib/MenC immunisation programme
- Pneumococcal immunisation programme
- DTaP/IPV and dTaP/IPV immunisation programme
- Measles, mumps and rubella (MMR) immunisation programme
- Human papillomavirus (HPV) immunisation programme
- Td/IPV (teenage booster) immunisation programme
- Seasonal influenza immunisation programme

Planned new immunisation programmes for:

- rotavirus
- shingles
- seasonal influenza (partial implementation of the extension of the programme to children)

2. Screening programmes

- NHS Infectious Diseases in Pregnancy Screening Programme
- NHS Down's Syndrome Screening (Trisomy 21) Programme
- NHS Fetal Anomaly Screening Programme
- NHS Sickle Cell and Thalassaemia Screening Programme
- NHS Newborn Blood Spot Screening Programme
- Newborn Hearing Screening Programme
- NHS Newborn and Infant Physical Examination Screening Programme
- NHS Diabetic Eye Screening Programme
- NHS Abdominal Aortic Aneurysm Screening Programme

3. Cancer screening programmes

- Breast Screening Programme
- Cervical Screening
- Bowel Cancer Screening Programme

4. Children's public health services (from pregnancy to age 5)

- Healthy Child Programme and Health Visiting (universal offer)
- Family Nurse Partnership (nationally supported targeted offer)
- Child Health Information Systems
- Child Health Information Systems

5. Public health care for people in prison and other places of detention

- Public health services for people in prison and other places of detention, including those held in the Young People's Secure Estate

6. Sexual assault services

- Sexual assault referral services

Overview of Public Health Programmes and Contracts

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 will become responsible for:

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

- Commissioning of Healthy Child Programme 5-19 - School Nursing Service

2. Public health services for children aged 0-5 including:

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

From Apr 2015: Commissioning of Healthy Child Programme pregnancy and the first five years of life

- Health Visiting Service

Public Health Delivery Programmes:

- Healthy Child Programme: children and young people aged 5-19

- Reducing Infant Mortality:
  - Breast Feeding
  - Smoking in Pregnancy
  - Community Genetics
  - Reducing Birth defects
  - 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:

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

Current Infrastructure

- Healthy Child Programme 5-19 strategic group
- **Health and Wellbeing Programme Board**

- Perinatal mortality Local Implementation Group
- Breastfeeding strategic group
- **Health and Wellbeing Programme Board**

Services commissioned via Programme:

- Healthy Child Programme 0-19

- Breastfeeding
- Smoking cessation in pregnancy
- Community genetics service
- Domestic violence
- Maternal and Early Years

Public Health influence with other commissioners

Networks

- Parenting group
- Teenage Pregnancy Advisory Group
- CYP partnership board
- CDOP
- Walsall Safeguarding Board

- 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

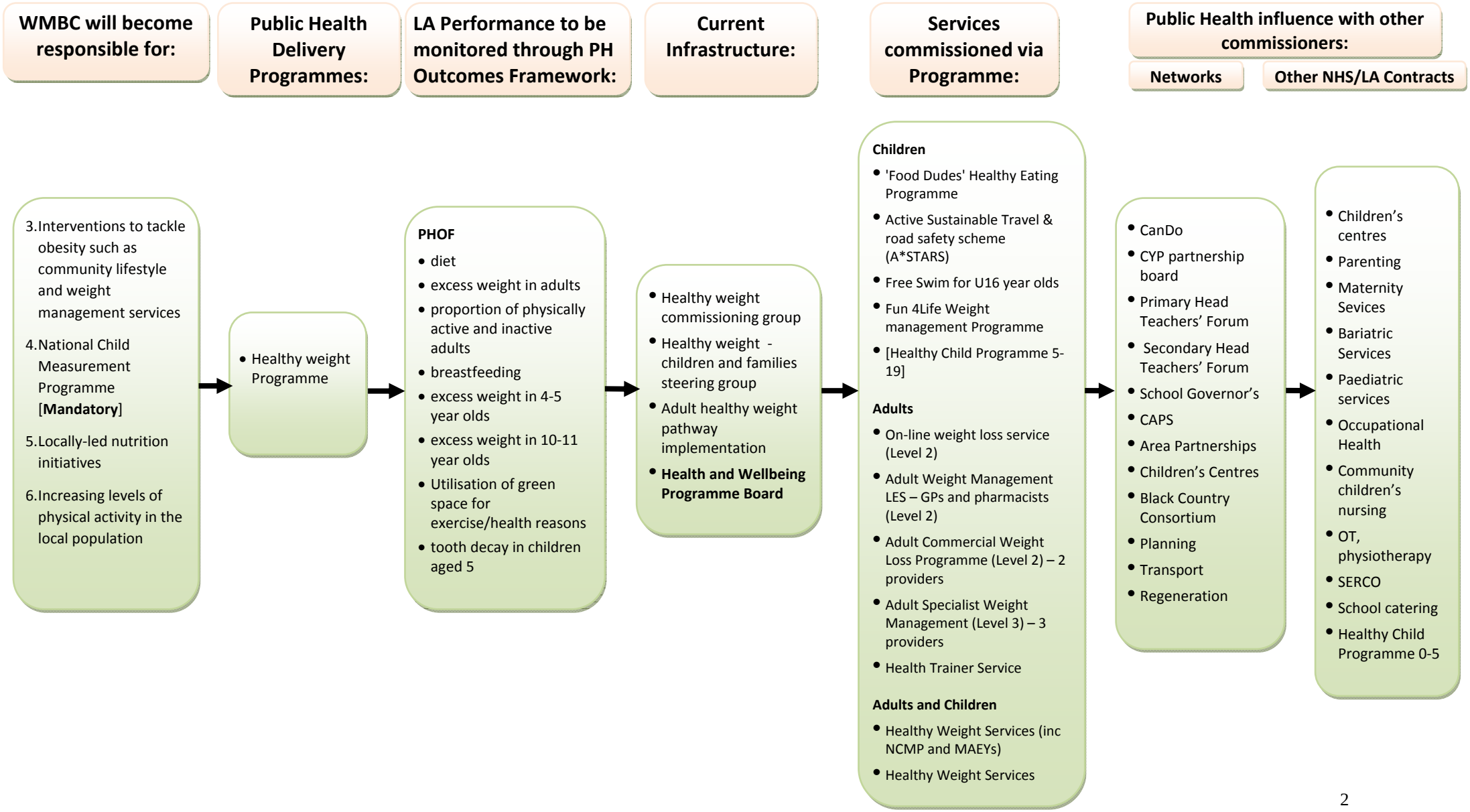
Other NHS/LA Contracts

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

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

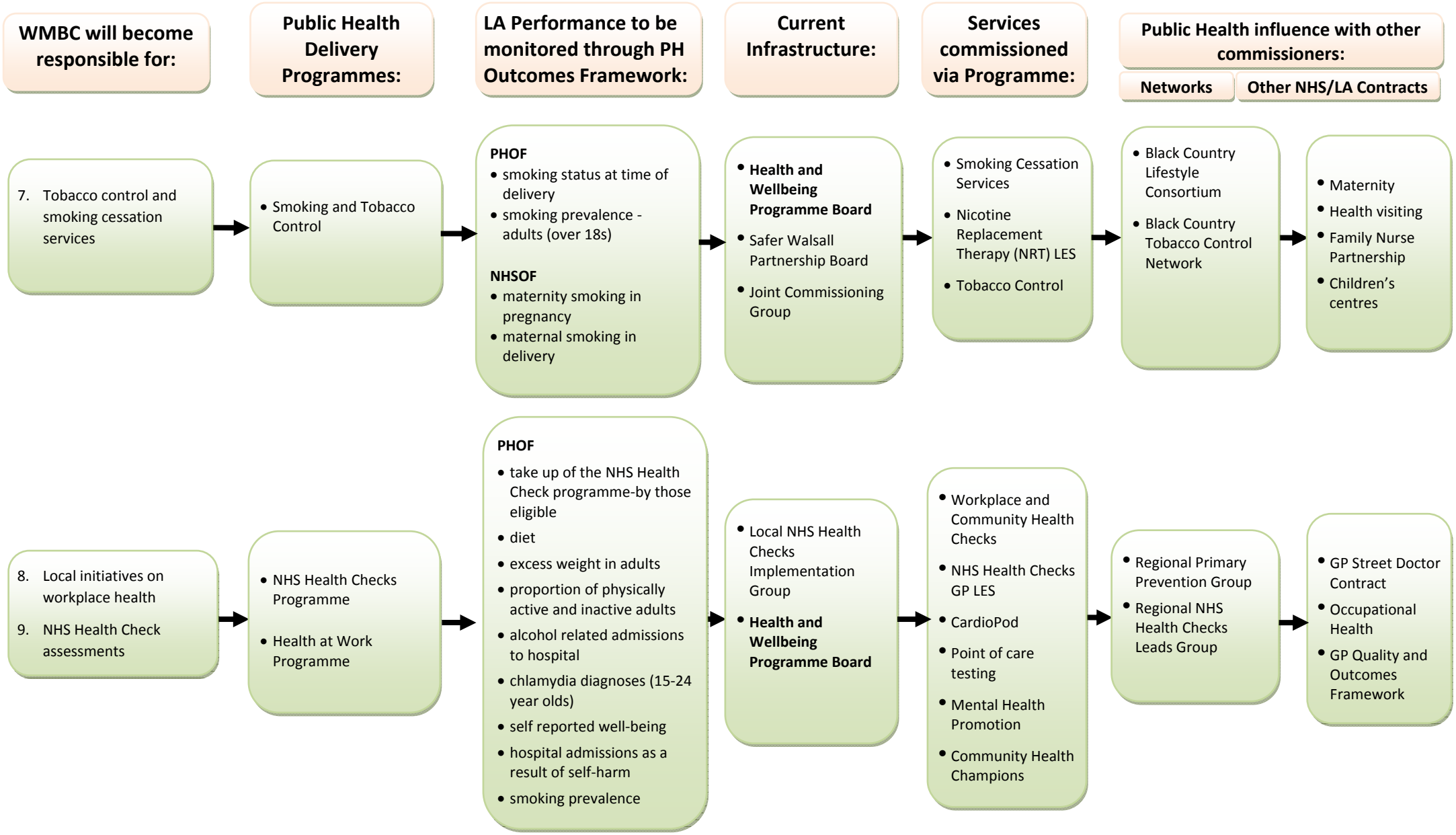
B: Improving Health

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



B: Improving Health (contd.)

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



B: Improving Health (contd.)

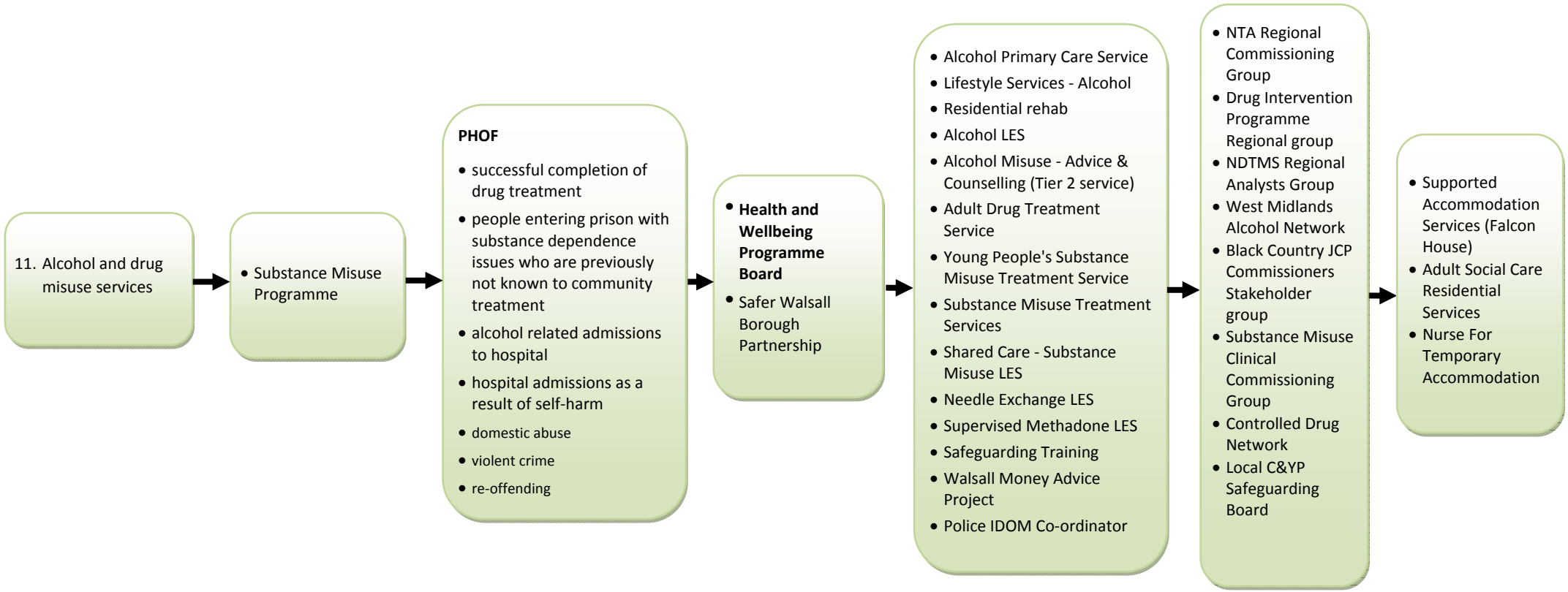
JSNA Chapter 6: Improving health and wellbeing through healthy lifestyles - making healthier choices easier

WMBC will 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 Contracts
10. Comprehensive sexual health services [**Mandatory**] including: o testing and treatment for sexually transmitted infections o contraception outside of the GP contract o sexual health promotion and disease prevention	• Sexual Health Programme	**PHOF** • chlamydia diagnoses (15-24 year olds) • 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 • Medicines Management	• 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 will 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 Contracts



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 will become 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, outbreaks and emergencies
16. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes

Public Health Delivery Programmes:

- Disease and injury prevention programmes
- Dental Health Programme
- Health Protection Programme

LA Performance to be monitored through PH Outcomes Framework:

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

Current Infrastructure:

- Clinical Reference Groups for:
  - o CVD
  - o Cancer and EOL
  - o Diabetes
  - o 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

Services commissioned via Programme:

- 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

Public Health influence with other commissioners:

Networks

- Black Country Cardiovascular Network
- Diabetic Retinopathy Screening Network
- Regional Cancer Network
- NCB
- PHE
- Walsall CCG
- WM Renal Network
- WM Specialised Commissioning

- Local Health Resilience Forum
- Regional Vacc and Imms Grp
- BC TB Network
- NCB
- PHE
- Walsall CCG

Other NHS/LA Contracts

- Influenza vaccination LES
- 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