

Cabinet – 24 July 2013

Public Health allocation: contracts and procurement 2013/2014

Portfolio: Councillor Zahid Ali

Related portfolios: Councillor R Andrew, Councillor McCracken

Service: Public Health

Wards: All wards

Key decision: No

Forward plan: No

1. Summary

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

2. Recommendations

- 2.1 That Cabinet note the current 2013/2014 expenditure on commissioned Public Health Services set out in **Appendix A**.
- 2.2 That Cabinet approve the proposals for spending the unallocated ring-fenced Public Health allocation set out in **Appendix A**.
- 2.3 That Cabinet approve the procurement priorities for 13/14:
 - 'stop smoking' services and
 - drug and alcohol misuse treatment servicesas more particularly set out in paragraph 3.7 of this Report).
- 2.4 That Cabinet delegate authority to the Executive Director of Neighbourhood Services, in consultation with the Portfolio Holder for Public Health, to vary or enter into contracts for the Public Health services set out in recommendations 2.2 and 2.3 by using the most appropriate procedures and to subsequently sign or authorise the sealing of any deeds, contracts and other related documents in relation to such services.

3. Report detail

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

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

Current contracts

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

- The Public Health Outcomes Framework

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

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

Figure 1: The commissioning processes followed by Public Health Commissioners



Priorities for spending the unallocated grant in 13/14

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

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

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

Procurement priorities in 2013/2014

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

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

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

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

These services have been prioritised in year 1 because:

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

4. Council priorities

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

5. Risk management

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

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

6. Financial implications

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

7. Legal implications

7.1 The proposals set out in this Report take into account the Council's responsibilities for Public Health as set out in the Health and Social Care Act 2012, the associate guidance and the conditions of the Public Health grant made to the Council for 2013/2014, as set out in LAC (DH)(2013)1. The Council's Legal Services have not been asked to consider or advise about such Council responsibilities or the governing legislation, relevant guidance and grant conditions.

7.2 All contractual arrangements must be procured in compliance with the Public Contracts Regulations 2006 (as amended), if applicable; and with the Council's Contract Rules. The Council's Legal Services team will work with the Procurement team and Public Health Commissioners to develop new contracts and review existing arrangements.

8. Property implications

8.1 There are no property implications in these proposals.

9. Health and wellbeing implications

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

10. Staffing implications

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

11. Equality implications

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

12. Consultation

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

Background papers

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

Author

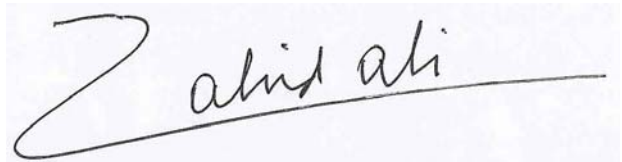
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16 July 2013

Councillor Ali
Portfolio Holder



16 July 2013

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

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

Appendix B

Categories for reporting local authority public health spend

Prescribed functions:

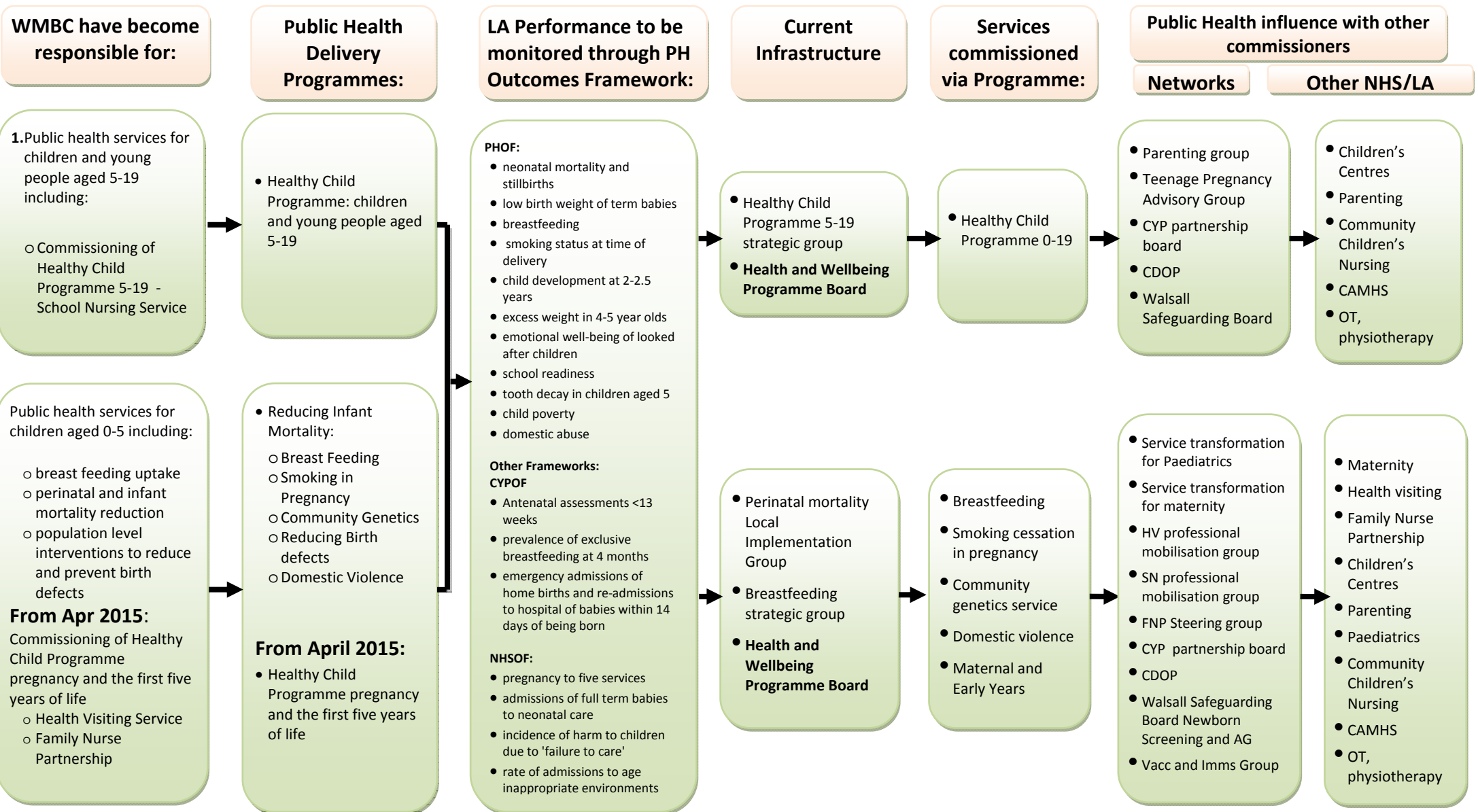
- 1) Sexual health services - STI testing and treatment
- 2) Sexual health services – Contraception
- 3) NHS Health Check programme
- 4) Local authority role in health protection
- 5) Public health advice
- 6) National Child Measurement Programme

Non-prescribed functions:

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

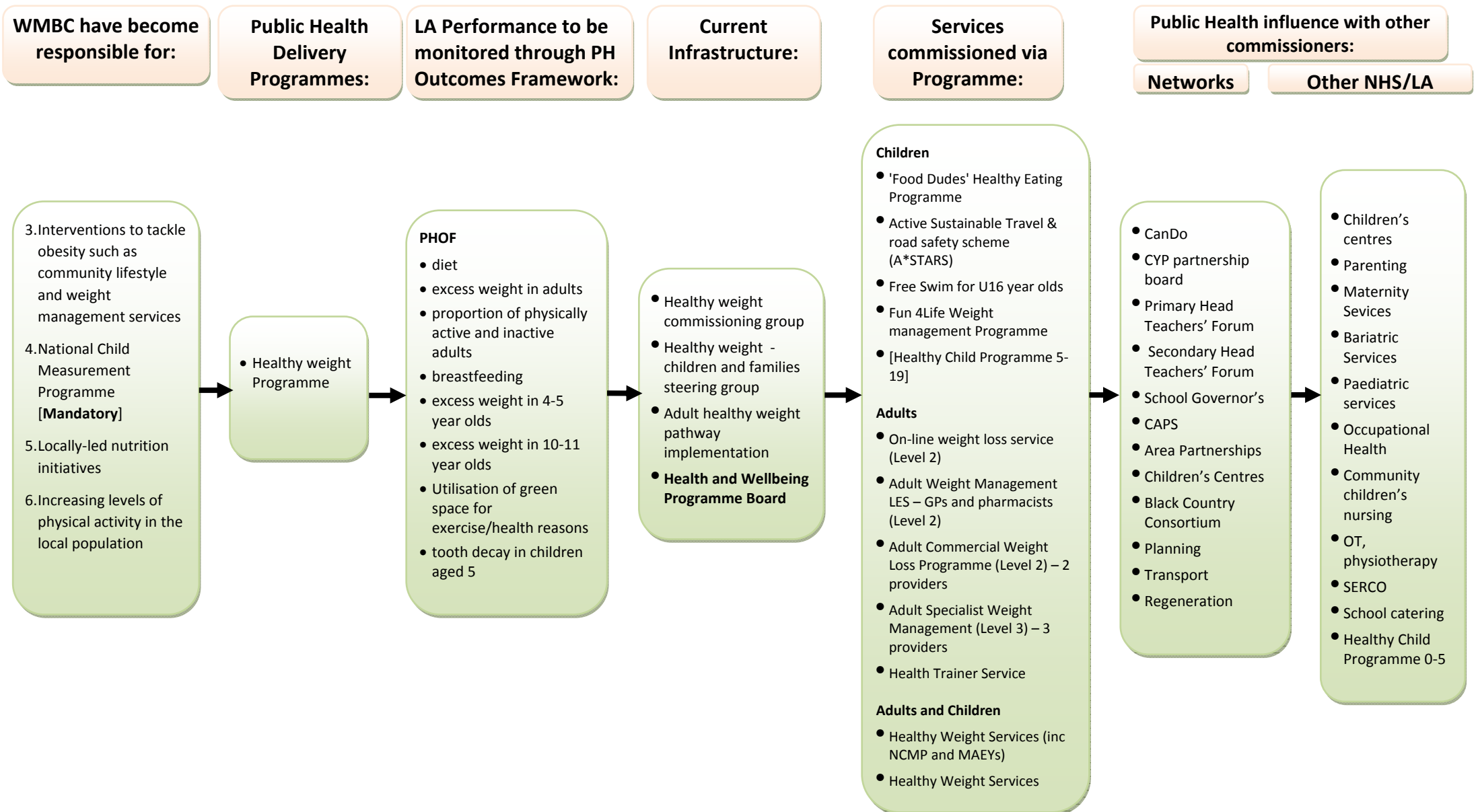
A: Children and Young People

- 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



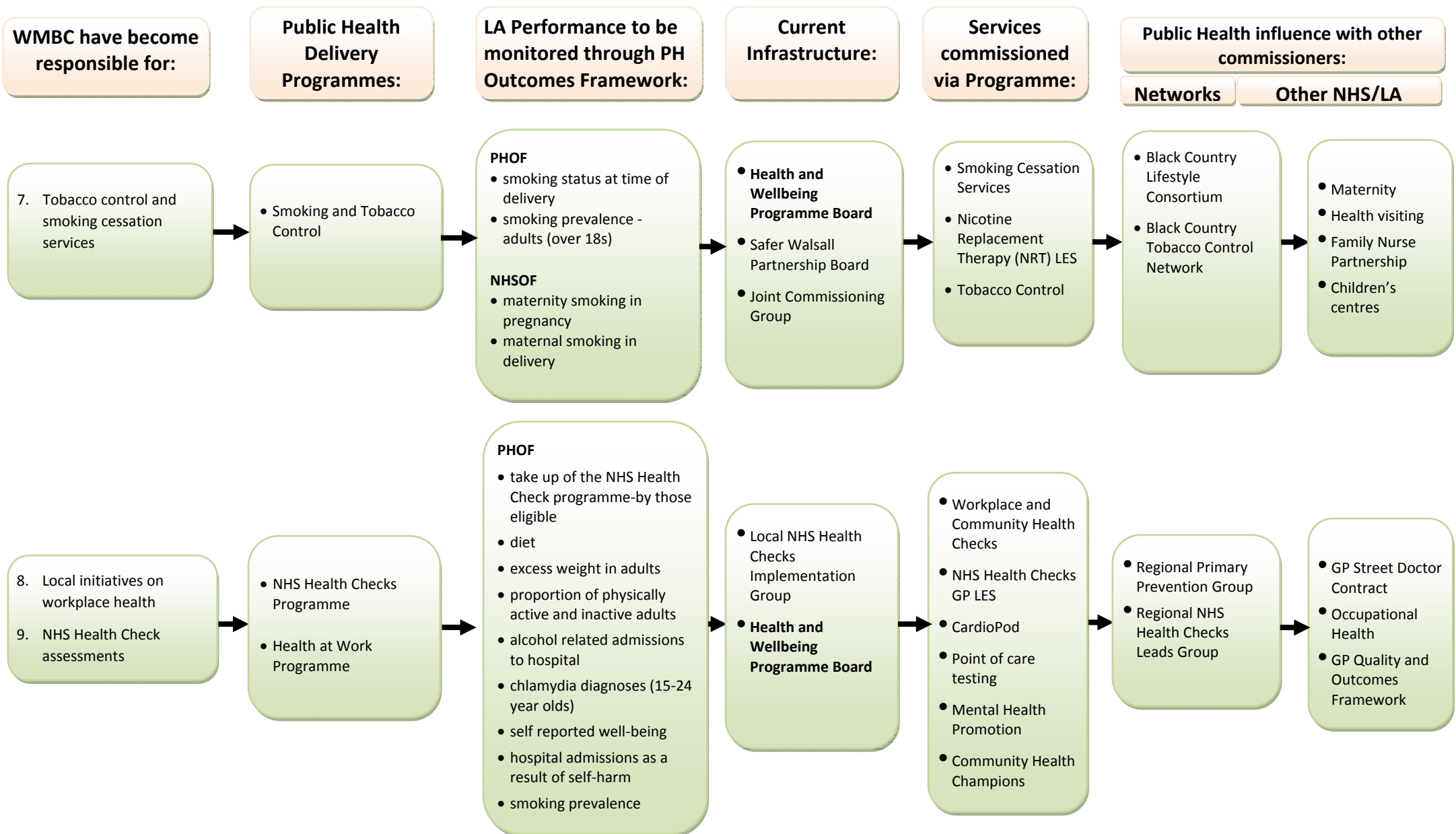
B: Improving Health

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



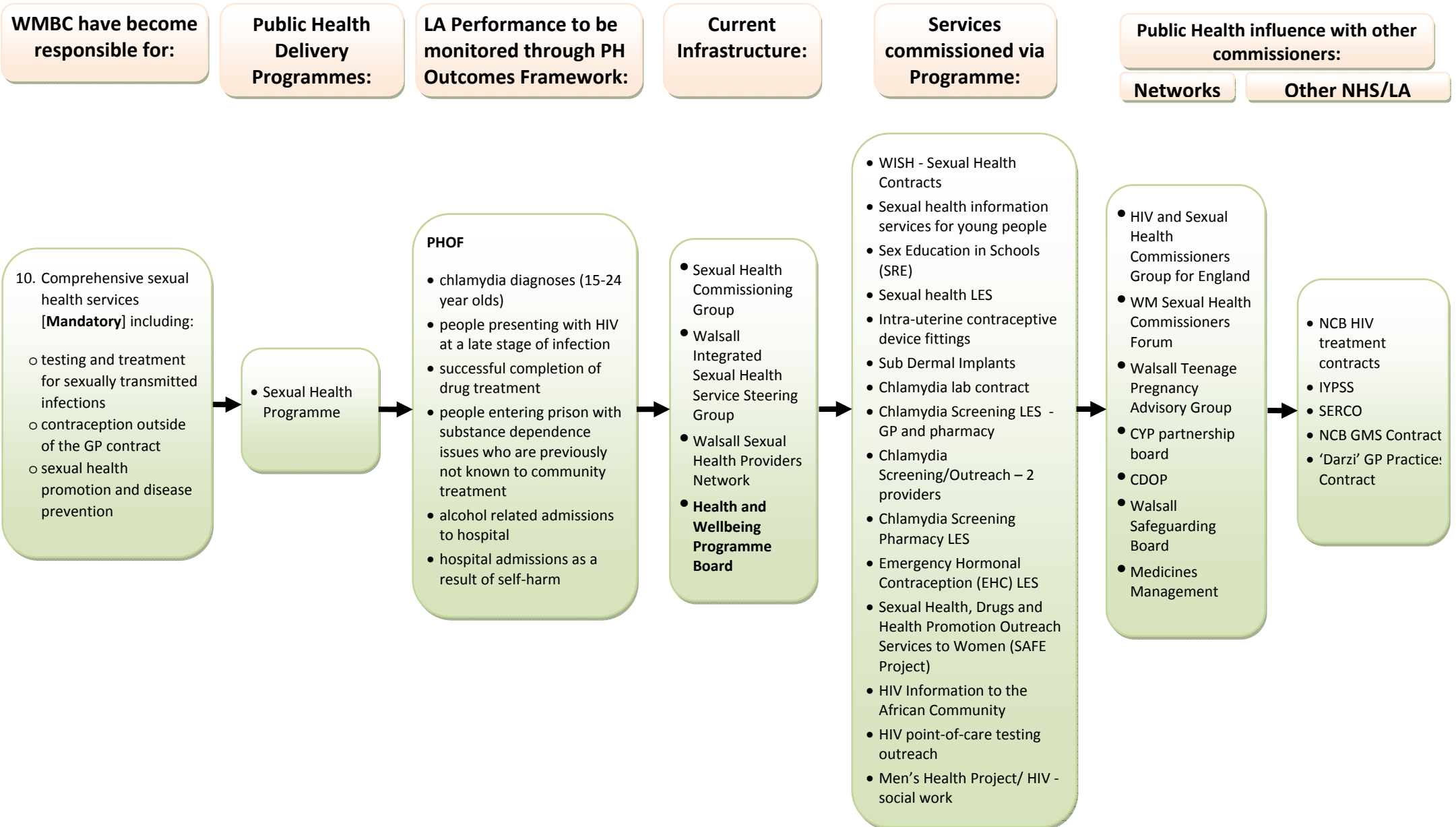
B: Improving Health (contd.)

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



B: Improving Health (contd.)

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

WMBC have become responsible for:

Public Health Delivery Programmes:

LA Performance to be monitored through PH Outcomes Framework:

Current Infrastructure:

Services commissioned via Programme:

Public Health influence with other commissioners:

Networks

Other NHS/LA

11. Alcohol and drug misuse services

• Substance Misuse Programme

PHOF

- 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
- domestic abuse
- violent crime
- re-offending

• **Health and Wellbeing Programme Board**

• Safer Walsall Borough Partnership

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

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

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

C: Prevention of Disease

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

