

Cabinet – 18 March 2015

Award contracts for 3 Public Health Services; a) Healthy Child Programme 5-19 years, b) Adult Healthy Weight service and c) Drug and Alcohol Integrated Recovery Service

Portfolio: Councillor Robertson – Health

Related portfolios: All Portfolios

Service: Public Health

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary

1.1 On 19 March 2014 Cabinet approved the extension of various Public Health contracts (including the three services which are the subject matter of this report) by a year until 31 March 2015 in order to conduct reprocurement exercises. This report seeks Cabinet approval to award the contracts for the three services below following the conclusion of the such procurement processes:

- a) Healthy Child programme 5-19 years
- b) Adult Healthy Weight services
- c) Drug and Alcohol Integrated Recovery Service

1.2 This is a key decision based on the total value of each of the contracts and because each directly affects communities in more than two wards in the Borough of Walsall.

1.3 All three Public Health services detailed in this report will have a positive and sustained impact on the objectives and priorities set out in the Council's Corporate Plan and for the Health portfolio generally.

1.4 Cabinet Members should refer to the private session report for confidential details and commercially sensitive matters relating to the evaluation of the tenders.

2. Recommendations

Subject to consideration of information in the private session of the meeting, Cabinet will be asked to:

2.1 Award the contract for the Healthy Child Programme 5-19 years for a period of 3 years, from 7 April 2015 until 31 March 2018, with an option to extend by up to 2 years.

- 2.2 Award the contract for the Adult Weight Services for a period of 2 years, from 1 July 2015 until 31 June 2017, with an option to extend by up to 2 years.
- 2.3 Award the contract for the Integrated Drug and Alcohol Service for a period of 3 years, from 1 July 2015 until 31 March 2018, with an option to extend by up to 2 years.
- 2.4 Agree, in view of the planned implementation periods outlined in 2.1 to 2.3 above, a further extension to the current contracts is required to cover the period from 1 April 2015 until the contracts commence.
- 2.5 Delegate authority to the Director of Public Health in consultation with the Portfolio Holder to enter into new contracts to deliver the Healthy Child Programme 5-19 years service, the Integrated Drug and Alcohol and Adult Healthy Weight services by using the most appropriate procedures and to subsequently authorise the sealing of any deeds, contracts or other related documents for such services.

3. Report detail

3.1 Healthy Child Programme 5-19

- 3.1.1 An open procurement process for the commissioning of the Healthy Child Programme 5-19 years commenced on 28 October 2014. A Contract Notice was issued to alert the market to the tender in accordance with EU regulations and the Council's Contract Rules. In addition the opportunity was posted to the Council's e-tendering portal.
- 3.1.2 Tenders were sought for the delivery of the Walsall Healthy Child Programme in schools as delivered by the school nursing team in order to ensure that the needs of Walsall young people, carers and schools are met into the future.

The school nursing core offer is as follows;

- health advice to children and parents,
- support to schools around health issues in children and young people,
- promotion of emotional health and wellbeing in schools
- support at school transition,
- support to promote healthy behaviours
- safeguarding

This service will be offered to a school population of approximately 60,000 young people in 19 secondary and feeder primary schools. The contract was advertised with an initial 3 year term with an option to extend for up to a further two 12 months periods. As a consequence of potential Council's Budget reductions, the service has been offered at a reduced annual value of £1,129,000, a reduction of £100,000 based on 2014/15 contract values.

- 3.1.3 The tender evaluation model used a combination of price and technical merit/quality. As the Council was controlling the maximum value of the contract, the weighting for price was consequentially lower. The overall weightings used were Price 25% and Technical Merit/Quality 75%. Bidders were required to complete a technical questionnaire which sought to test their understanding of the service requirements as well as their capacity and capability to deliver the service in the future.

- 3.1.4 The tender was evaluated by a range of partners including senior officers from Public Health, Children's Services, Neighbourhood Services, Adult Social Care and allied professionals from Walsall's Clinical Commissioning Group and neighbouring borough partner agencies.
- 3.1.5 Given the commercially sensitive nature of the tender evaluation information, a report detailing the outcome of the evaluation appears on the private part of the agenda.

3.2 Adult Healthy Weight Services

- 3.2.1 The procurement process has been informed by national policy, local needs assessment, evidence, knowledge gained from other neighbouring procurement exercises and has been carried out in accordance with the Public Contract Regulations 2006 (as amended) and the Council's contract rules.
- 3.2.2 A comprehensive consultation process has been undertaken involving stakeholders, partner agencies and service users. The service specification subsequently designed reflects the consultation comments. The proposed changes have received support from local stakeholders including service provider agencies and service users.
- 3.2.3 It was agreed that there will be one integrated service operating through a consortium with a lead Provider delivering all the three elements of service;
- Adult Weight Management Programmes
 - Advanced Adult Weight Management Programmes
 - Adult Weight Maintenance Groups

The scope of the requirement will include the provision of a high quality integrated flexible suite of community based prevention and treatment interventions. These services will support adults living in Walsall to achieve a healthier weight. Emphasis will be placed on those patients who are at risk of developing cardiovascular disease, coronary heart disease and / or diabetes. Adults accessing any of the Walsall Weight Management programmes must have a BMI ≥ 30 (≥ 27.5 South Asian patients). As a consequence of potential budget restrictions, the contract opportunity was available at an indicative annual value of between £200,000 and £230,000.

- 3.2.4 The Council started an open procurement process for the commissioning of the Adult Healthy Weight Services in October 2014, with support from Council's procurement, finance and legal officers. Engagement was sought from suitable service providers for the provision of its Adult Weight Management Programmes to support adults living in Walsall to achieve a healthier weight.
- 3.2.5 Given the importance of building trust and relationships with service users as well as establishing an effective and efficient infrastructure in Walsall, a 2 year contract with an option to extend for 2 successive years is required

3.2.6 The evaluation model being used includes a combination of technical merit/quality and cost as detailed in the tables below.

Criteria/Sub Criteria	Weighting
Criteria - Quality	60 (Total)
Q1. Understanding of the Requirement	10%
Q2. Implementation methodology of delivery	25%
Q3. Service proposal	30%
Q 4. Quality & Governance Contract management/ Performance Measurement	15%
Q 5. Demonstration of Innovation to meet needs	12.5%
Q6. Political, Economical, Social, Technical, Legal & Environmental aspects	5%
Q7. Added Value	2.5%

Criteria – Price		40 (Total)
P1 - sub criteria	Total Contract Value	80%
P2 – sub criteria	Payment by Results	20%

3.2.7 Given the commercially sensitive nature of the tender evaluation information, a report detailing the outcome of the evaluation appears on the private part of the agenda.

3.3 Integrated Drug and Alcohol Service

3.3.1 The approval to commence the procurement of Walsall's drug and alcohol services, reflecting national policy changes to support a reduced emphasis on clinical services and a greater emphasis on recovery services, received cabinet approval in September 2014.

3.3.2 The procurement process has been informed by national policy, local needs assessment, evidence, knowledge gained from other neighbouring procurement exercises and a comprehensive consultation process involving stakeholders, partner agencies and service users. The service design has reflected the consultation comments and recognises the changing profile of drug and alcohol trends to focus more on prevention services. The proposed changes, through consultation, have received support from local partner agencies, stakeholders, service provider agencies and service users.

3.3.3 The overall aim of the service is for drug and alcohol users to achieve long term abstinence from their dependency and the associated harms of their substance abuse to themselves, their families and the communities in which they live.

The current services that are in scope for the integrated service model are:

- Training of the universal workforce to raise awareness of drug and alcohol issues and the application of basic screening tools and techniques
- Open access drug and alcohol services
- Harm reduction, blood borne virus and specialist and coordination of pharmacy needle exchange services
- Court mandated drug and alcohol treatment services
- Structured drug and alcohol services – Adult and Young People
- Prescribing services
- Primary care GP shared care services

- Alcohol and drug hospital liaison service
- Residential detoxification and residential rehabilitation assessment and placement service
- Community based detoxification

3.3.4 However, in view of the potential budget reductions, the drug and alcohol service annual contract value has been reduced by £390,000 in the first year and a further £70,000 in year 2. Given the importance of establishing an effective and efficient infrastructure, a 3 year contract with an option to extend on an annual basis for a further 2 years is proposed.

3.3.5 Tenders were evaluated on the basis of the most economically advantageous offer to the Council.

Weighted Price Criteria:

As the budget for the service was being controlled the weighting for this element is lower.

The evaluation of this section will be against information included in the pricing schedule.

Criteria	Percentage
3 Year Pricing Model	10%
Total	10 %

Weighted Service Criteria:

The evaluation of this section will be against information included in the Tender Quality Questionnaire

Criteria	Percentage
Social Value	5%
Corporate Management and Finance	10%
Service Delivery	22%
Service Management	26%
Clinical Practice	27%
Total	90 %

3.3.6 The tenders were evaluated by a range of partners including senior officers from the Public Health, Children's Services, Neighbourhood Services Adult Social Care and allied professionals from Walsall's Clinical Commissioning Group and neighbouring borough partner agencies. There was also further validation from a service user representative and a GP clinician.

3.3.7 Given the commercially sensitive nature of the tender evaluation information, a report detailing the outcome of the evaluation appears on the private part of the agenda.

4. Council Priorities

4.1 In February 2015 the Council adopted the Corporate Plan 2015-2019, 'Shaping a Fairer Future'. The plan has been informed by intelligence from the 2011 Census, Index of Deprivation 2010 and the three key thematic needs assessments: Joint Strategic Needs Assessment (JSNA); Economic Needs Assessment; and Safer Walsall Community Safety Assessment.

4.2 The Corporate Plan established the following priorities for the Council:

With fewer resources available we will concentrate on protecting the most vulnerable and reducing inequalities through:

- Support with Cost of Living
- Creating Jobs and helping people get new skills
- Improving Educational Attainment
- Helping local high streets and communities
- Promoting health and well-being
- Helping create more affordable housing

4.3 The Public Health services detailed in this report will have a positive and sustained impact on the objectives and priorities set out above, and for the Health portfolio generally, both through active engagement with Walsall residents and through partnership working.

5. Risk management

- 5.1 The risks relating to both the procurement and service implementation have been actively assessed and managed as part of the tenders.
- 5.2 Maintenance of service quality will be monitored and assured throughout the lifetime of the new contracts by reporting of achievement of key performance indicators at regular contract meetings with the providers.
- 5.3 Each procurement process has included an Equality Impact Assessment.
- 5.4 The current contracts expire on 31 March 2015, so a short extension to contracts will be required, to be approved by the Director of Public Health in consultation with the Portfolio Holder. Any additional, short term cost associated with contract extensions, would be funded through the Public Health budget and will not result in Public Health exceeding its ring fenced budget in the relevant period.

6. Financial implications

- 6.1 The total value of each of the new contracts per annum is as follows and will be funded through the Public Health ring fenced budget;
- 6.2 The current contract cost of the Healthy Child Programme 5-19 is £1,229,000 per year. The new contract cost will be £1,129,000 per year resulting in a saving of £100,000 per year.
- 6.3 The current contract cost of the Integrated Drug and Alcohol Service is £3,743,796 per year. The new contract cost is £3,353,796 (Year 1) £3,283,796 (Year 2) with subsequent years to be determined based upon Council and Public Health budgets resulting in a saving of £390,000 per year.
- 6.4 The current annual budget for this Adult Healthy Weight Management Service is £346,000. The new contract cost is £210,183 per annum resulting in a saving of £135,817 per year.

- 6.5 Financial provision for delivery of the services for up to 5 years from 1 April 2015 has been made in the Council's financial forward planning.
- 6.6 Any extensions to or granting of interim contracts will be funded through the Public Health budget and will not result in Public Health exceeding its ring fenced budget in the relevant period.

7. Legal implications

- 7.1 All new services will be evidenced by a written contract in a form approved by the Head of Legal and Democratic Services and shall be made under the Council's seal.
- 7.2 Whilst the Council has undertaken these competitive procurement processes to procure a new provider for this service, there is still an inherent risk that the Council will be acting contrary to the Public Contract Regulations 2006 (as amended) and to the EC Treaty provisions of acting in an open, fair and transparent manner by extending the existing contract in the interim for any period after 31 March 2015. However any risk to the Council of a challenge is reduced by the fact that the Council has carried out and completed a procurement process in respect of the contract.

8. Property implications

- 8.1 None identified.

9. Health and wellbeing implications

- 9.1 The Council has a statutory duty to promote the health and wellbeing of its population. Each of the public health contracts requesting approval has been designed based upon feedback from stakeholders, service users and on knowledge of effectiveness from other geographical areas to ensure that the health of the population is maximised in the most efficient manner. All procurements support the Corporate Plan priorities for the Council by ensuring that each protects the most vulnerable in Walsall and reduces health and wellbeing inequalities.
- 9.2 The Healthy Child Programme 5-19 led by and delivered by the school nursing service is available to all children resident in Walsall and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life as recommended by the Marmot Report 2010.
- 9.3 Obesity provides a significant public health threat within the UK and within Walsall. The new Adult Healthy Weight Service will ensure that all services are targeted to populations with the greatest need in order to reduce the population risk of developing a number of conditions including diabetes, heart diseases or cancer. The service remodelling has ensured that services are in settings which are accessible to vulnerable people and designed appropriately to meet need.
- 9.4 The integrated drug and alcohol service has been designed to deliver the national strategy to address drug and alcohol dependence. The new service will focus on support for people who chose abstinence and recovery as an achievable way out of dependency

thereby increasing their contribution to society and reducing the potential harm in crime, family breakdown and poverty.

10. Staffing implications

- 10.1 None identified for Council staff.

11. Equality implications

- 11.1 Following consultation with the key stakeholders listed in point 12, the appended Equality Impact Assessments (EqIA) were undertaken as summarised below. Each Equality Impact Assessment identified that no major change would be required.
- 11.2 Whole Council Budget consultation relating to the Healthy Child Programme 5-19 showed that 61% of respondents fully or partially supported the proposal to procure and invest in complimentary services. Out of 18 qualitative responses, 13 felt that there would be minimal impact to groups with protected characteristics. A concern was raised from Walsall Healthcare NHS Trust about the impact the proposed cost reductions may have on the capacity to deliver the full Healthy Child Programme 5-19 programme including safeguarding and services for Looked After Children. Through careful monitoring of the support offered around safeguarding and Looked After Children assessments in quarterly contract monitoring, it is anticipated that these concerns will be mitigated.
- 11.3 The consultation process resulted in 68% of respondents to the Healthy Weight consultation fully supporting the budget proposal with 10% having some concerns but supporting the proposal with amendments. The remaining 22% did not support the proposed budget reductions. Comments varied from: *"This service really helped me it would be a shame to cut it but it isn't essential"*, *"Too many people in Walsall are overweight you can't reduce this one"* and *"I think it is a luxury."* Providers did not think the proposal would affect people with protected characteristics.
- 11.4 The consultation process resulted in 78% of respondents fully supporting or supporting with some concerns the proposed changes to the integrated drug and alcohol service. The proposal received support from stakeholders, provider agencies and service users. A specific concern related to the safeguarding aspect of potentially extending the waiting times and the risk that service users with children would have a longer wait to get into treatment. This risk has been identified as a concern and will be closely monitored when the new service contract is implemented.

12. Consultation

- 12.1 Specific consultation was undertaken in preparation for each of the tenders between February to September 2014 and again as part of the Council's budget consultation October to December 2014.
- 12.2 Consultation was undertaken with key stakeholders including:
- Service providers
 - Service users;
 - Relevant Council directorates;
 - NHS England

- CCG
- Healthwatch Walsall
- Voluntary sector organisations
- The public

The outcomes from the consultation has been incorporated into each of the EqlAs detailed in the appendices to this report.

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Jamie Morris

Executive Director



9 March 2015

Councillor Robertson

Portfolio Holder



9 March 2015

APPENDIX A

EQIA relating to Healthy Child Programme 5-19

Equality Impact Assessment (EqIA) for Policies, Procedures and Services EqIA decision A; No major change required

Proposal name	Healthy Child Programme 5-19 (school nursing service)		
Directorate	Neighbourhoods		
Service	Public Health		
Responsible Officer	Uma Viswanathan		
EqIA Author	Esther Higdon		
Date proposal started	April 2014	Proposal commencement date (due or actual)	April 2015

1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy		
	Procedure		
	Internal service		
	External Service	Yes	reprocurement
	Other - give details		
2	What are the intended outcomes, reasons for change? (The business case)		
	<p>According to Council regulations Cabinet approval was gained 19 March 2014 Agenda item 20 "Award of Public Health contracts 2014/15" to put the Healthy Child Programme out to competitive tendering in 2014/15 to ensure that the needs of Walsall young people, their carers and schools are met into the future and to meet Council Best Value in a fair open and transparent manner</p> <p>The school nursing core offer is as follows;</p> <ul style="list-style-type: none"> • health advice to children and parents, • support to schools around health issues in children and young people, • promotion of emotional health and wellbeing in schools • support at school transition, • support to promote healthy behaviours • safeguarding <p>This quality service will be offered to a total school population of approximately 50,000 young people in 91 schools plus 28 academies to the value of £1.1 million. Service users will see no reduction in service offered and through revised negotiation of the contract through the tendering process, there will be increased access to the Healthy Child Service for young people, their parents and school staff</p> <p>As a result of this re procurement, the opportunity will be taken to make adjustments to the service model to remove barriers and to promote equality of access while also</p>		

	seeking efficiency through the procurement process		
3	Who is the proposal potential likely to affect?		
	People in Walsall	Yes / No	Detail
	All		
	Specific group/s	YES	Additional support for young people 5-19 at primary and secondary schools, their parents/carers and school staff
	Council employees		
	Other		
4	Summarise your evidence, engagement and consultation.		
	<u>National evidence</u>		
	Getting It Right for Children, Young People and Families (March 2012) consulted nationally with young people and parents around their requirements for the school nursing service and summarised;		
	Children want	Young People want	Parents want
	School nurses need to be more visible in schools.	School nurses need to be visible and well known to pupils. School nurses need to use technology such as texting and emailing.	School nurses need to be more visible in schools and to parents.
	Pupils should be introduced to their school nurse.	School nurses need to offer <i>early</i> help to support young people.	Parents should be introduced to the school nurse and the service available.
	Pupils should be told when the school nurse is available to see them.	School nursing services need to offer choice to young people in order to ensure that services are accessible and confidential.	Parents need to be advised directly about the service through letters, leaflets and clear information.
	Pupils should be told where the school nurse can be found	Young people want to be able to offer their views about the services they receive	Parents need to be told where the school nurse can be found and provided with contact details
	<u>Local Evidence</u>		
	<p>From the Youth of Walsall (YOW) survey December 2013 that gained responses from 2000 Walsall children we know;</p> <p>18% are worried about being healthy</p> <p>19.7% would like help and advice on worries and feelings from school and 4.9% from a health expert</p> <p>63% want sex and relationships taught at school with 11.3% specifying they want input on this topic from a health expert and 29.3% from school itself</p> <p>36.3% want more information about safer sex and healthy relationships</p> <p>26.2% want more information about STIs</p> <p>21.2% want more information about smoking</p> <p>19.9% want more information about alcohol</p> <p>24.3% want more information about drugs</p> <p>32.8% specified they want help and advice around drugs alcohol and smoking from</p>		

school and 12.6% from a health expert

In the consultation for the Walsall Early Help Strategy young people said that they wanted services to;

- Listen
- Build trust and earn respect
- Maintain consistent support
- To recognise the young persons' priorities
- Work in the young person's time
- Be flexible
- Recognise that one size does not fit all
- Make it fun

http://inside.walsall.gov.uk/staging/mprint/early_help_strategy_final.pdf

In order to prepare for this tendering activity, consultation has been undertaken with stakeholders at meetings and through The Staffroom school website which is accessed by governors, Heads and teachers. All comments received have been taken into account in preparation of the specification. Young person views were gathered during the 2014 summer holidays at youth clubs and youth forums through the Walsall Active Involvement Coordinator

From this survey;

9-11 year olds in Walsall said they wanted the school nurse to offer support around

- Relationships
- Healthy living support
- Bullying
- Anxiety and depression
- Family issues

through 1:1 drop ins and appointments

Young people 11 – 19 said they wanted the school nurse to offer support around

- Alcohol and drugs including smoking
- Pregnancy and sexual health
- How to access other health services eg. GP
- Support for pupils with long term needs through appointments, 1:1 drop ins and email

All identified the need for the school nurse to raise their profile in the school

8.12.14

Whole Council Budget consultation showed that 50% fully support the proposal and 39% do not support. Out of 18 qualitative responses, 13 felt that there would be minimal impact to respondents. 5 felt that the service should not be reduced

Protected characteristic - Age

In a qualitative response from the provider of this service, it was felt that there were concerns regarding the impact that the proposed reductions will have on the capacity to deliver the full HCP 5-19 programme. In particular there are concerns regarding the impact on safeguarding and LAC assessments and reduced opportunities to deliver the preventative agenda. Work to mitigate these concerns are listed in the action plan below

5	How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.			
	Characteristic	Affect	Reason	Action needed Y or N
	Age	Positive	Emphasis on increased engagement in schools and other youth focussed forums with young people. Increased support for universal support around healthy lifestyles	N
		Negative	Concerns regarding the impact on safeguarding and LAC assessments and reduced opportunities to deliver the preventative agenda.	Y
	Disability	Positive	Increased support for children and young people with long term conditions to ensure quality support in schools	N
	Gender reassignment	Neutral	No foreseen impact	N
	Marriage and civil partnership	N/A		
	Pregnancy and maternity	Positive	Increased support for young teenage parents from the school nursing service.	N
			Increased support for relationship and sex education in schools to reduce teenage pregnancy	
	Race	Neutral	No foreseen impact	N
	Religion or belief	Neutral	No foreseen impact	N
	Sex	Neutral	No foreseen impact	N
	Sexual orientation	Neutral	No foreseen impact	N
	Other (give detail)			
	Further information	Our local survey of young people in the summer of 2014 found that young people wanted school nurses to raise their profile in schools and 60% were not aware of having a school nurse. The specification has therefore emphasised the importance of raising the profile of the school nurse in the school with children and school staff and with parents through parent's evenings and letters home. The specification also requires nurses to offer drop ins in schools and highlight their availability The need for school nurses to offer support around relationships and mental health as well as sexual health was also identified. These issues have been prioritised within the specification as well as ensuring that school nurses support school staff to offer quality lessons		

6	Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.	(Delete one) No
	No	
7	Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)	
	A	No major change required
	B	Adjustments needed to remove barriers or to better promote equality
	C	Continue despite possible adverse impact
	D	Stop and rethink your proposal

Now complete the action and monitoring plan on the next page

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome
1.10.14	Monitor for unforeseen impacts within quarterly contract monitoring. User feedback reported and actions noted – expectation is within specification that user feedback will inform service development	Esther Higdon	2015	Service meeting needs of users
1.10.14	Ensure within the tender procurement process that the full targeted and universal HCP 5-19 programme will be offered with no impact on the service and monitor through quarterly contract monitoring	Esther Higdon	2015	Service meeting the needs of users
1.10.14	Concerns will be addressed through close service monitoring and early intervention service developments	Esther Higdon	2015	Service meeting the needs of users
22.12.14	To incentivise the support offered around safeguarding and LAC assessments within the procurement process and monitor through quarterly contract monitoring	Esther Higdon	2015	Service meeting the needs of vulnerable users

Update to EqlA	
Date	Detail
22/12/2014	Update following Equality and Diversity Advisor comments received 18/12/2014.

Appendix B

EqlA relating to Adult Healthy Weight Programme

Equality Impact Assessment (EqIA) for Policies, Procedures and Services - Adult Healthy Weight Programme

EqlA decision A; No major change required

Proposal name	Remodelling Adult Healthy Weight Programme		
Directorate	Public Health		
Service	Adult Healthy Weight Programme		
Responsible Officer	Barbara Watt		
EqlA Author	Angela Aitken		
Date proposal started	14 th October 2014	Proposal commencement due date	1st April 2015

1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy	No	
	Procedure	No	
	Internal service	No	
	External Service	Yes	Revision
	Other - give details This is a remodelling of the Adult weight management service		
2	What are the intended outcomes, reasons for change? (The business case)		
	<p>The Adult Healthy Weight Services help people to maintain a healthy weight through lifestyle support. There is a need to reduce investment in adult weight management programmes.</p> <p>The Council wishes to continue to invest in Weight Management Services for Walsall adults. There are almost 272,200 people living in Walsall of which 70% are estimated to be overweight or obese.</p> <p>Currently, the 2014/15 spend on the weight management treatment services commissioned by Public health was £315,000. In 2015/16 the indicative budget will be between £200,000 and £250,000. The difference will be used within weight management prevention services. The remaining budget will be between £200,000 and £250,000. Public Health would like to increase opportunities to support more adults to lose weight within this budget. For this reason we will need to do things differently. We would like to hear from all key stakeholders including:</p> <ul style="list-style-type: none"><input type="checkbox"/> People who have previously used Weight Management Services<input type="checkbox"/> People who may want to use Weight Management Services in the future<input type="checkbox"/> Service user representatives		

- ☐ Service providers.

This would mean decommissioning specialist weight management services which currently do not provide value for money.

The impact on residents who are very overweight and have not been able to lose weight though less intensive programmes would be limited. Remodelling the service through procurement should enable us to provide a service to the same number of patients (albeit at a lower level of intervention) within the reduced financial envelope.

As the service is being remodelled service availability for adults would continue, although there would be reduced access to more intensive programmes, there will be increased access to new less intensive services. There will also be increased targeting of services to populations which the greatest needs, which would help to mitigate some of the risks.

3 Who is the proposal potential likely to affect?

People in Walsall	Yes / No	Detail
All	No	
Specific group/s	Yes	Adults over 16 years accessing any of the Walsall Weight Management Programmes with a BMI ≥ 30 (≥ 27.5 South Asian patients). People at the greatest risk and least likely to access services weight management services include: <ul style="list-style-type: none"> • The most economically deprived • Black and African Caribbean communities • South Asian Communities And least likely to access early intervention weight management services locally also include men.
Council employees	Yes	If accessing Adult Weight Management Services
Other	No	

4 Summarise your evidence, engagement and consultation.

Obesity provides a significant Public Health Threat within the UK. People who are overweight and very overweight are at an increased risk of developing a number of conditions including: diabetes and vascular diseases, sleep apnea, dyslipidemia, hypertension, cancer and stroke (DH, 2014), resulting in increased morbidity and shorter life expectancy (Kopelman, 2000). There is a correlation between the increase in BMI and the reduction of life expectancy. The life expectancy of people with a BMI over 40 is likely to be reduced by between 8 and 10 years. (Prospective Studies Collaboration, 2009). In 2011 there were 269,500 people living in Walsall and according to the Walsall JSNA 2013, it is estimated that by 2015 more than 28% of Women and 36% of men will be clinically obese in Walsall (Walsall MBC, 2013). The highest prevalence is amongst those of lower socioeconomic groups (Public Health England, 2014), black and African Caribbean and South Asian Communities (Gatineau and Mathrani, 2011).

Targeting services to populations with the greatest need is the priority. Remodelling will ensure services are in settings which are accessible to local people and a designed appropriately to meet their needs.

Including service providers, consultation and engagement has been occurring with :

- Legal and procurement teams
- Public Health Colleagues
- Current and potential providers invited to attend a market open day
- HealthWatch Walsall is leading the consultation of local people voluntary sector and service users
- Briefing paper and Survey monkey developed and issued
- The local authority has developed a press release which is to be issued on receipt of authorisation

The Public Health team have sent out a booklet to all known stakeholder, interest groups and service providers setting out which services are proposed to have a reduced budget in 2015/16 and the alternative services the subsequent funds will be invested in as part of the “transformation” fund. In addition, where meetings schedules have allowed Public Health representatives have presented the proposed budget reductions and transformation fund proposals to local professional groups and stakeholder groups e.g. Local Medical Council and Health Watch.

We have received 87 responses for Public Health overall. 31 responses were for the Adult Healthy Weight Service. 21(68%) of whom fully support the budget proposal, 3 (10%) have some concerns but support with amendments and the remaining 7 (23%) do not support the proposed budget reductions. Comments varied from: *“This service really helped me it would be a shame to cut it but it isn’t essential”, “Too many people in Walsall are overweight you can’t reduce this one”* and *“I think it is a luxury.”*

The consultation on the Remodelling of Adult Healthy Weight / Physical Activity Services needs to be seen in the context of the consultation which has taken place with service users, stakeholders and provider agencies as part of the plan to retendering the service contracts.

Public Health worked in partnership with HealthWatch Walsall to consult on the proposed new model of delivery. The provider agencies that will be directly affected by the proposed cuts have all had the opportunity to have their say;

- Jhoots Pharmacy.
- Walsall Heart care
- Walsall Healthcare Trust;
 - Specialist Weight management
 - Community Dieticians
 - Lifestyle services
- Slimming World
- Weight Watchers
- Nutra Tech

Providers did not think the proposal would affect people with protected characteristics.

A Survey Monkey consultation aimed at both providers, the general public and service users was sent out to all providers of WMSs funded through PH, local groups , HWW stakeholders, members, supporters and local organisations throughout the borough via email on 29th September 14 ,3rd October 14 , 10th October 14 and 17th October 14 (over 1000 recipients).

All providers were asked to help distribute a paper survey to all service users. These

were distributed week beginning 21st October 2014. Provider organisations provided service users with a pre-paid envelope to return completed questions directly to Health Watch Walsall as an alternative to the online questionnaires if required. The survey was also advertised through the HealthWatch Walsall website and accessible on the website from 17th October until the 10th November 2014.
47 responses were received

Of the responders: 6 (12.5%) were service users; 16 (33.3%) were members of the public, 24 (50%) represented a provider organisation and 2 (4.2%) were a member of a patient representative group. 17 respondents commented on whether they agreed or disagreed with the proposed model, of which; 6 (35%) agreed, 3 (17.6%) disagreed 8 (47%) didn't know.

15 people stated their demographics 8 (53.3%) were female, 6 (40%) were male and 1 (6.7%) preferred not to say. Age groups of respondents ranged from 25 years to 74 years. 9(60%) of responders were white, 1 (6.7%) were mixed white and Black African, 2 (13.3%) were Asian Indian British, 1 (6.7%) were from an other ethnicity and 1 (6.7%) preferred not to say. 14 (93%) did not consider themselves as having a long standing illness or disability, 1 (6.3%) of respondents stated that they had a learning disability, 7 (46.7%) preferred not to state and, 7 (46.7%) stated other.

When asked about religion 6 (40%) of respondents stated that they are Christian, 1 (6.7%) Hindu, 1 (6.7%) Muslim, 1 (6.7%) Sikh, 1 (6.7%) No religion and 4 (26.7%) preferred not to say

When asked about sexual orientation 9 (60%) stated they are Heterosexual, 1 stated that he was a gay male and 5 (33.3%) preferred not to say.

11(73.3%) responders stated that their gender identity was the same as at birth 1 (6.7%) stated not and 3 (20%) preferred not to say

Comments included "On paper it sounds like very sensible way to make the envelope go further and "that this could impact on the available budget for treating patients".

Specifically to gather additional feedback for the proposed remodelling and proposed reduction in service budget, the following three focus groups were convened during the week beginning 17th November targeted and reached 39 people who are 'seldom heard' as follows;

Walsall Black Sisters - 4 people were consulted were between the age of 25 and 54 3 (75%) were Men 2 (50%) were Caribbean and white dual heritage and 1 (25%) of black African Caribbean background. All agreed with the proposed change

AAINA – Women's Centre -10 women were between the age of 25 and 54, Asian or Asian British Bangladeshi. All were Muslim, heterosexual, and 2 considered themselves to have a long-term condition. All agreed with the proposed change

Mend It – Birchills25 women were consulted who were between the ages of 25 years and 74 years. 5 (20%) were white, 11 (44%) were Asian or Asian British Pakistani, 2 (8%) were Asian or Asian British Indian, 2 (8%) Asian or Asian British Bangladeshi, 3 (12%) Black or Black British Caribbean, 1 (4%) Black or Black British African and 1 (4%) Chinese British. When asked about religion 2 of respondents stated that they were Hindu, 5 (20%) stated they were Sikh. All were, heterosexual. All agreed with the

proposed change.

In addition an independent consultant on behalf of Public Health has held a series of focus groups to capture the views of service users across a cluster of related Public Health services where cuts are proposed. Adult Healthy Weight Services were clustered with Health Trainers and Healthy Workplace Services.

The focus group took place at Darlaston Health Centre and targeted users of the Health Trainers service. It comprised of eight participants: six women and two men. One woman had learning difficulties and was accompanied by her mum. All were white, ages between 22 and 67. Discussion was recorded and lasted over two hours.

All in the group had or previously had, serious health problems primarily as a result of being overweight (all in group had diabetes; two had heart conditions; two women had ongoing depression). Key findings:

- Relationships and establishment of trust between Health Trainers and those signing up to the service crucial in enabling people to maintain healthier behaviour and lifestyles; the mix between formal and informal support works well (mentoring; encouragement to meet target weight loss; group/peer support in meet-ups)
- All said that 'traditional' efforts to improve health had failed; most had spent years dieting but found process not successful when undertaken alone - group support considered vital. One man had lost over 3 stone since joining the group.
- Most of the group stated that they would be willing to pay for services (they were a group that were used to paying for slimming clubs); they also suggested that the Service could keep monies 'in-house' which are currently used to pay for external used for vouchers.
- The group understand the economic context and the overlap between local government and a local health service. They also recognise that Walsall has a significant problem in terms of the levels of obesity which, if left unchecked, will go on to develop into more complex (and more expensive to deal with) conditions such as diabetes, heart conditions and severe mental health problems.

There was no indication from people with protected characteristics that the proposal would cause adverse impact.

5	How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.			
	Characteristic	Effect	Reason	Action needed Y or N
	Age	neutral	Age people over the age of 16 with a BMI of ≥ 30 (≥ 27.5 South Asian patients) will still be able to access the service.	N
	Disability	Neutral	No foreseen impact	N
	Gender reassignment	neutral	No foreseen impact	N
	Marriage and civil partnership	neutral	No foreseen impact	N
	Pregnancy and	neutral	No foreseen impact	N

	maternity			
	Race	positive	Targeting populations to access the service	N
	Religion or belief	neutral	No foreseen impact	N
	Sex	positive	Specifically targeting men to access the service	N
	Sexual orientation	neutral	No foreseen impact	N
	Other (give detail)	neutral		N
	Further information	<p>It is intended that the remodelling of the serviced will improve service access by people of the following protected characteristics:</p> <ul style="list-style-type: none"> • Race • Sex • Disability <p>There are no other predicted impacts on people of other predicted characteristics</p>		
6	Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details below.			(Delete one) No
7	Which justifiable action does the evidence; engagement and consultation suggest you take? (Bold which one applies)			
	A	No major change required		
	B	Adjustments needed to remove barriers or to better promote equality		
	C	Continue despite possible adverse impact		
	D	Stop and rethink your proposal		

Now complete the action and monitoring plan on the next page

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome
1/07/15	Monitor proportion of people accessing the AWMS to lose weight	Provider & Commissioning lead	1/07/14	Increase positive effect expected
1/10/15	Monitor proportion of people accessing the AWMS to lose weight	Provider & Commissioning lead	1/07/14	Increase positive effect expected

Update to EqIA	
Date	Detail
22/12/2014	Update following Equality and Diversity Advisor comments received 18/12/2014.

Appendix C

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	PH2 Substance Misuse Treatment Services: Re-tendering Project		
Directorate	Neighbourhoods		
Service	Public Health		
Responsible Officer	Adrian Roche		
EqIA Author	Patrick Duffy		
Date proposal started	01-09-2013	Proposal commencement date (due or actual)	01-04-2015

1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy	No	
	Procedure	No	
	Internal service	No	
	External Service	Yes	Revision
	Other - give details		
2	What are the intended outcomes, reasons for change? (The business case)		
	<p>The 2010 drug strategy 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life' set out the Home Office and Department of Health approach to tackling drug misuse and addressing alcohol dependence, both of which are key causes of societal harm, including crime, family breakdown and poverty.</p> <p>The strategy outlined a shift in policy emphasis away from focusing primarily on reducing the harms caused by drug misuse and engagement in drug treatment, to offering more support for people who choose recovery as an achievable way out of dependency; enabling local communities to support more individuals to become free of their dependence and contribute to society.</p> <p>This project proposes to draw together work undertaken by Public Health Walsall Substance Misuse Commissioners, to re-design specifications and procure drug & alcohol treatment services across open access, and structured interventions to reflect the strategic direction of one commissioned integrated substance misuse treatment, and recovery system for substance misusing adults, young people and their families.</p> <p>The service will continue to be delivered from a town centre location, as at present, and the young people's service will remain separate from the adult delivery location.</p> <p>Currently provision is delivered through four main agencies. For 18yrs+: Dudley Walsall Mental HealthTrust, Addaction, and Walsall Healthcare Trust. For 10-19yrs: Cri/T3. Based on what is known about the prevalence of substance misuse in the Walsall Borough the needs of customers have been met whilst there has been an increase of the number of people in treatment over a five year period.</p> <p>Finally, it is intended where budget restraints allow, to extend access to structured alcohol treatment in a manner that will reflect the integrated aspect of the service. The most</p>		

	recent Needs Assessment suggests that there may be unmet need in this area and the aim is to enhance the alcohol treatment delivery without reducing the effectiveness of the drug treatment system.		
3	Who is the proposal potential likely to affect?		
	People in Walsall	Yes / No	Detail
	All		
	Specific group/s	Yes	Those citizens of Walsall, young people and adults, who enter drug and/or alcohol treatment.
	Council employees		
	Other		
4	Summarise your evidence, engagement and consultation.		
	<p>The driver for changing the way in which the service is delivered comes from the change in direction of government policy outlined in the answer to number 2. To meet this national guidance at the local level, there has been an update of the Substance Misuse Needs Assessment carried out to supply the most up to date evidence in support of this procurement process. Public Health Walsall has collected evidence from the National Drug Treatment Monitoring System and national reports from Public Health England. Locally data is analysed from DirWEB the Home Office Drug Intervention Programme database and the local treatment intelligence system HALO. Analysis of HALO allows us to understand the treatment cohort to identify groups with protected characteristics such as pregnant drug mis-users. The Public Health drug & alcohol commissioners work closely with a range of local partner agencies to supplement this factual information with more informal anecdotal information.</p> <p>As part of the procurement exercise, we have shared our plans with existing providers of services and with other stakeholders, including police, housing agencies and other departments within the local authority upon whom this may impact. The changes mostly involve a move from a largely clinical model, using substitute medication, to a system that is more focused on psycho-social interventions and seeks to deliver a greater degree of abstinence based recovery.</p> <p>It was formally noted as an outcome of this consultation with key stakeholders that they agreed with the proposed changes and suggested that we continue with the procurement exercise, go to the market and see who comes forward.</p> <p>We also consulted with 128 service users, our customers, and asked them to respond to the proposed changes. They told us:</p> <p>1: Over 75% of respondents mostly valued information, support and advice above other services, while 30% said that their medication / prescription was the most valuable service received.</p> <p>2: Most service users appeared happy with the service they received and there were not that many suggestions for additional services required. Of those who did suggest an additional service, the most popular was for group work (9% of all respondents), while 5% of respondents requested more flexible opening times e.g. in the evening or out of hours telephone support.</p> <p>3: When questioned whether the young people's drug and alcohol treatment service should be extended to those aged 25 years, 58% of respondents agreed that the proposal would be advantageous. Only 4% disagreed, while 6% were undecided.</p>		

4: Service users were asked if creating an integrated drug and alcohol treatment service in Walsall was a good idea. Of those who responded, 45% agreed it would be advantageous, while 7% thought it would be a disadvantage. There was no confirmation either way from the remaining 48%.

5: Most service users questioned (56%) would be happy to be involved in future decision making process. There were no negative responses to this question.

6: When invited to provide additional comments, there were very few responses. Of all respondents, 2% would like further support with employment skills.

The new service specification also provides a requirement to collect and to provide the local authority commissioners with regular client feedback.

Consultation on the savings to be made from the Public Health budget in 2015/16 and in 2016/17.

In addition to the consultation on the re-tendering of the service, detailed above, we also consulted the general public on the savings as outlined in the Public health transformation Fund. The savings from the Remodelling of Drug and alcohol Treatment Services (PH2) included £390,141 in 2015/16 and a further £70,000 in 2016/17 making a total of £460,141. This was explained in the Draft Budget Proposals booklet, ***Have Your Say***, and the summary of the responses is outlined below:

Fully Support	Support with concerns / amendments	Do not support	Base number
15 (56%)	6 (22%)	6 (22%)	27 (100%)

One specific comment raised a concern in relation to the safeguarding aspect of potentially extending the waiting times and the risk that service users with children would have a longer wait to get into treatment. This risk has been identified as a concern and we will monitor the progress of the contracted provider of the service in this area.

5 How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.

Characteristic	Affect	Reason	Action needed Y or N
Age	Positive	Positive development of a more preventative treatment service for those under 25yrs to prevent progression to opiate & crack use	N
Disability	Positive	The single entry assessment and screening point, offers positive impact for clients who have mental health issues, learning difficulties and access issues.	N
Gender reassignment	Neutral	No foreseen adverse impact	N
Marriage and civil partnership	Neutral	No foreseen adverse impact	N
Pregnancy and maternity	Positive	Substance misuse has significant impact on pregnancy and the unborn child. The treatment service specifies a referral pathway with hospital	N

			midwifery services and which will be further enhanced within the proposed service.	
	Race	Neutral	No foreseen adverse impact	N
	Religion or belief	Neutral	No foreseen adverse impact	N
	Sex	Positive	Male steroid using clients accessing existing needle exchange programme will be screened and where appropriate referred into treatment.	N
	Sexual orientation	Positive	Impact of emerging stimulant and psycho-active substances will be monitored under the remit of the new service.	N
	Other (give detail)			
	Further information	There is an open access service available which is tasked with extending the range of referrals and is focused on the issues of concern raised above.		
6	Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.			(Delete one) No
7	Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)			
	A	No major change required		
	B	Adjustments needed to remove barriers or to better promote equality		
	C	Continue despite possible adverse impact		
	D	Stop and rethink your proposal		

Now complete the action and monitoring plan on the next page

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome
August 2014	Revise Substance Misuse Treatment service to deliver an increased level of successful completions based on a recovery model and in line with government policy.	Adrian Roche	31/08/2014	Specification that meets the needs of adults and young people who use the service and which also adheres to the national evidence based best practice.
September 2014	Re-procure revised service by opening invitation to interested providers to submit tenders for same.	Adrian Roche WMBC Procurement Team	December 2014	Successful provider applicant identified.
April 2015	Provider in place and working to deliver specified revised service.	Adrian Roche		Implications for protected characteristic groups of service users is subject to ongoing monitoring and will part of the quarterly performance review with the provider.

Update to EqIA	
Date	Detail
23/12/2014	Update following Equality and Diversity Advisor comments received 18/12/2014.