



# Health and Wellbeing Board

## 7 May 2014

<b>Report Title</b>	Public Health Delivery Board: Chairs Update	
<b>Cabinet Member with Lead Responsibility</b>	Councillor Sandra Samuels Health and Wellbeing	
<b>Wards Affected</b>	All	
<b>Accountable Strategic Director</b>	Sarah Norman, Community	
<b>Originating service</b>	Community / Public Health	
<b>Accountable officer(s)</b>	Ros Jervis Tel Email	Director of Public Health 01902 551372 ros.jervis@wolverhampton.gov.uk

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### Recommendation(s) for action or decision:

That the Health and Wellbeing Board (HWBB) notes the progress of the key work streams of the Public Health Delivery Board (PHDB) work programme for 2013/14.

## **1.0 Purpose**

- 1.1 To inform the HWBB of the current work of the PHDB and in particular matters arising from its meeting of 8 April 2014.

## **2.0 Background**

- 2.1 A key focus of the April meeting was to explore links between Public Health and the Voluntary Sector. Ian Darch, Chief Executive of Wolverhampton Voluntary Sector Council, presented a paper on the voluntary sector services. The Better Care Fund was discussed as a potential vehicle for integrated working between the voluntary sector community and health & social care in order to achieve better health outcomes of the people of Wolverhampton. There was a request from the VSC to public health in terms of how may be able to facilitate an agile/flexible approach by the VSC and how could we best support action within primary care in relation to social prescribing. These initial discussions will require further work and investigation however this paper generated a lot of positive discussion.
- 2.2 One of the Transformation Fund projects is to strengthen the voluntary sector council to specifically develop a model to engage the statutory sector and communities and focus on one particular theme or issue. Particular examples of issues to address are establishing and maintaining a healthy weight and building the capacity for Wolverhampton Clinical Commissioning Group to test community commissioning. The areas which will be targeted as part of this pilot are two of our most deprived wards, Health Town and Bilston East.

## **3.0 Joint Health and Wellbeing Strategy**

- 3.1 The wider determinants priority of the Joint Health and Wellbeing Strategy highlights two key areas of work to illustrate both the scope and the scale of the partnership working. These co-ordinated partnerships are required to improve health and reduce health inequalities across the wider determinants of health in the following areas:
- obesity
  - the prevention of looked after children
- 3.2 An update paper on the Wider Determinants priority is being presented to the HWBB as a separate agenda item providing further details including the work being done on the prevention of looked after children. This paper will also provide details of the establishment of a healthier places team alongside other related initiatives.
- 3.3 Obesity is the theme of the Annual Report of the Director of Public Health 2013/14 and represents a 'call to action' for all partners to address this area of local concern. This report will be the subject of a paper which will be presented to the Health and Wellbeing Board in July 2014.

#### **4.0 The Public Health Delivery Board Work Programme**

4.1 A review of the defined Public Health work streams within this year's (2013/14) work programme was undertaken as usual with consideration of how this may be affected as the work programme is adapted to address the priorities identified for 2014/15. The final Public Health Business Plan 2014/15 will be presented to next Public Health Delivery Board on the 10 June 2014.

4.2 The PHDB received update papers in relation to the following key work streams for 2013/14:

#### **4.3 Transformation Work Stream**

4.3.1 The panel overseeing the Transformation Fund have selected five projects for funding in round two. One project the panel recommended for funding was above £100,000 threshold. The process approved by the Health & wellbeing Board in September 2013 requires all projects over the £100,000 threshold receive ratification from the Health and Wellbeing Board (or Chair delegate). This project has now been ratified by Councillor Sandra Samuels, Cabinet Member of the Health & Wellbeing Board. A full report of all projects supported in both rounds will be presented to next Public Health Delivery Board on the 10 June 2014.

#### **4.4 Health Protection Work Stream**

4.4.1 The Director of Operations of the NHS England Area Team and Co-Chair of the Local Health Resilience Partnership asked the Health Protection Forum to undertake a process with key partners to establish local arrangements for dealing with incidents and outbreaks. An initial template was completed by key local stakeholders which were subject to discussion and challenge at the Forum meeting, during which local partners and Public Health England (PHE) reached agreement on local processes.

4.4.2 It was agreed that a Wolverhampton Concept of Operations (CONOPS) would be developed and a draft presented at the next Forum meeting. A draft Memorandum of Understanding for managing incidents and outbreaks across the Area Team footprint of Birmingham, Solihull and Black Country has also been circulated for comments. Wolverhampton submitted a detailed commentary, which was formally acknowledged.

4.4.3 Wolverhampton CCG and Public Health are leading on the development of a Black Country Emergency Preparedness Resilience and Response service. An initial options appraisal paper has been developed for consideration by the four Black Country CCGs and Walsall, Sandwell and Wolverhampton Public Health departments.

4.4.4 A national consultation has been launched on the development of services to tackle options for the delivery of Tuberculosis (TB) services. The consultation is pertinent to Wolverhampton as it is recognised that rates in urban areas of the West Midlands are

challenging. The strategy recognises the need to ensure new entrants are screened for TB as a priority. There are also proposals to consider the optimum arrangements for commissioning TB services. Wolverhampton public health will be coordinating a multi-agency response to the strategy.

#### **4.5 Public Health Commissioning Work Stream**

4.5.1 This update confirmed that all current contracts have either been extended into 2014/15 or completed as per contract agreement.

4.5.2 Service reviews for four service areas are planned for 2014/15:

- school nursing
- healthy lifestyles
- TB services and
- Substance misuse.

The aim will be to ascertain quality and performance outcomes and cost effectiveness. This may initiate some procurement activity commencing in 2014/15 where revised specifications and rebased services have been agreed. Any new service contracts would commence in 2015/16.

#### **4.6 Sexual Health Review**

4.6.1 The aim of this review is to inform a commissioning approach for sexual health which ensures that all sexual health information and services are effective in meeting the needs of the local population as well as delivering value for money.

4.6.2 Delays in receipt of specific data and the subsequent level of activity and analysis has impacted on the timely delivery of the final report which should now be completed in May 2014.

4.6.3 The activity data and service mapping indicate that sexual health is complicated in terms of service delivery at all levels. Broadly these cover; advice, prevention, pregnancy testing, sexually transmitted infection (STI) screening and testing, long acting contraception insertion and fitting, treatment and follow up. There is a correlation emerging between poor sexual health, teenage pregnancy and deprivation.

4.6.4 The scope of the review has focused on population needs particularly targeting (but not exclusively) young people and vulnerable groups such as: people with learning difficulties, people with drug and alcohol issues, sex workers and people with mental health issues.

4.6.5 The analysis highlighted a number of equality issues in terms of access, availability and appropriate interventions being offered such as universal coverage available to the population of Wolverhampton. The need to develop more local, targeted approaches to service delivery for vulnerable groups; particularly young people, migrant populations and Black and Minority Ethnic groups has also been highlighted.

#### **4.7 Children's Public Health Services**

- 4.7.1 Health visiting work continues to identify gaps in local service provision and priority areas for review. This will inform the development of an action plan to ensure readiness for the handover of Health Visitor Commissioning to the Local Authority in October 2015.
- 4.7.2 Public Health is working closely with PHE and NHS England (NHSE) to ensure early and seamless transition of health visitor commissioning to Local Authorities. It has been agreed that a meeting between the three organisations would be held in the near future.
- 4.7.3 The transition arrangements will also be taking into consideration commissioning responsibility for the transfer of the Family Nurse Partnership (FNP) Programme. FNP is a Department of Health licensed preventive programme for vulnerable first time young mothers on low income and with low psychological resources, focussing on adaptive behaviour change. The supervisor post was successfully recruited to in mid-February and there is currently an advert in place for 4 FNP nurses.
- 4.7.4 Infant Mortality is featured in The Public Health England National Child Health Profiles published on Tuesday 25th March 2014 and indicates that Wolverhampton has the highest rate of infant mortality in the country.
- 4.7.5 Wolverhampton has consistently had a higher rate than the England average for Infant Mortality for a number of years, always featuring in the lowest quintile (20%). It should be noted that infant mortality is a fluctuating rate related to small number variation year on year.
- 4.7.6 However, a recent review of infant mortality in Wolverhampton indicates some risk factors, such as preterm and low birth weight births and smoking in pregnancy. These provide potential areas for positive intervention to support improved outcomes for this indicator.
- 4.7.7 A multi-organisational forum has been convened and the first meeting is scheduled for 8th May 2014 to proactively plan to address this area of major concern.

#### 4.8 CCG Work Programme

- 4.8.1 A workshop to review the core offer was held on the 6th March with key staff from the CCG and public health. The first half of the workshop reviewed the Core Offer of 2013/14. It was agreed that the core offer for 2013/14 had been delivered, including the production of two deep dives: diabetes and dementia. Furthermore it was agreed that there was a need to focus on how completed work is best disseminated, for the highest impact. Attendees suggested additional meetings throughout the year would be useful to share learning and ensure a focus on priorities.
- 4.8.2 There was general agreement from attendees on the key areas to be included in the core offer for 2014/15. A key priority is Children's services, in particular infant and maternal health and the needs of children with Special Educational Needs and Disabilities. Other proposed areas to be supported are the development of a Prevention Strategy, the coordination of 'Risk Stratification' across primary care and continued support to the CCG's 2 year operating plan/5 year strategic plan.

4.8.3 The final areas for Public Health support within the core offer are yet to be agreed alongside the requirement for additional Public Health support. Senior members of the Public Health management team recently attended another CCG Governing Body Educational event, to facilitate a session on prioritisation within the CCG key work streams of Planned Care, Urgent Care and Primary Care. This will help inform the 5 year Strategic Plan.

## **5.0 Financial implications**

5.1 This report has no direct financial implications. Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The total funding settlement for Public Health for 2013/14 was £18.8 million.

[DK/28042014/T]

## **6.0 Legal implications**

6.1 There are no direct legal implications arising from this report.

6.2 Governance arrangements for health and wellbeing are regulated by statute and secondary legislation. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Health and Wellbeing Board is constituted as a Committee under section 101 of the Local Government Act 1972 with power to appoint sub-committees.

[AS/23042014/X]

## **7.0 Equalities implications**

7.1 The Public Health Service seeks to ensure equality of opportunity as it delivers its core functions and aims to reduce health inequalities. By taking a needs based approach to all commissioned services including the use of equality impact assessment tools we aim to ensure that the needs and rights of equalities groups are considered.

## **8.0 Environmental implications**

8.1 There are no direct environmental implications arising from this report.

## **9.0 Human resources implications**

9.1 There are no direct human resource implications arising from this report.

## **10.0 Corporate landlord implications**

10.1 There are no direct corporate landlord implications arising from this report.

**11.0 Schedule of background papers**

10.1 Health & Wellbeing Board 3 July 2013 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 4 September 2013 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 6 November 2013 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 8 January 2014 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 4 February 2014 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 8 April 2014 Public Health Delivery Board – Progress Report