



Health Scrutiny Panel

19 September 2013

Report Title	Public Health Updates on Commissioning Children's Public Health Services and Public Health Transformational Budget	
Classification	Public	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Well Being	
Wards Affected	All	
Accountable Strategic Director	Sarah Norman, Community	
Originating service	Community / Public Health	
Accountable officer(s)	Ros Jervis	Director of Public Health for Wolverhampton
	Tel	01902 554211/551372
	Email	Ros.jervis@wolverhampton.gov.uk

Recommendation(s) for action or decision:

The panel is recommended to receive the updates on:

- The collaborative working arrangements related to Children's Public Health Services
- The process for receiving, appraising and approving bids for 'transformation initiatives' from the transformational fund.

Recommendations for noting:

The panel is asked to scrutinise the direction of travel in developing the Commissioning of Children's Public Health Services across the new commissioning organisations and to note the process for agreeing and approving transformational initiatives.

1.0 Purpose

- 1.1 In response to the paper presented by the Director of Public Health at the 23rd May 2013 Scrutiny Panel, updates were requested on the new arrangements for the commissioning of children's public health services and on the process for approving transformational initiatives.
- 1.2 This paper outlines the commissioning arrangements from 1st April 2013 and the developments that have occurred to date.
- 1.3 The panel expressed a wish to understand further the impact this fragmentation of the commissioning of children's public health services may have and how those responsible for these services will work together to maximise the benefits for children and minimise any risks.
- 1.4 This paper also outlines the process design for approving and allocating funding to departments that seek funding from the transformational fund.

2.0 Background

- 2.1 The restructure of the NHS in England saw local leadership for Public Health moving to the Local Authority. The Council has new leadership roles in:
 - Taking action to improve health, tackling the causes of ill-health and reducing health inequalities.
 - Promoting and protecting health
 - Promoting social justice and safer communities

This restructure has resulted in significant changes in the roles and responsibilities for commissioning children's public health services, resulting in a complex commissioning framework for children's services. This includes elements of some services being split between commissioning organisations. This paper focuses on the collaborative working relationships being established to oversee these changes to the commissioning of Children's Public Health Services in Wolverhampton.

3.0 Commissioning landscape

As a direct result of the Health and Social Care Bill responsibility for commissioning Children's service has been split by lead commissioner as follows:

Public Health (PH), Wolverhampton City Council, Lead commissioner for:

School nursing, excluding immunisations
Breast feeding peer support
Sexual Health
Vulnerable women's midwife
Child weight management
Food Dudes
Grants to various young people's services e.g. sexual health, substance misuse, healthy schools

NHS England (NHSE) Area Team with Public Health England (PHE) Lead Commissioner for:

School nurse immunisations
Antenatal and newborn screening programmes

NHSE Area Team Lead Commissioner for:

Child Health Information Services until 2015 (when it is expected to return to Local Authority PH Commissioners)
Health Visitors until 2015 (when it is expected to return to Local Authority PH Commissioners)

PH, Wolverhampton Clinical Commissioning Group (CCG) and NHSE Area Team Collaborative commissioning of:

Healthy Start Programme
Maternity Services (CCG is lead commissioner)

4.0 Initial Meeting and next steps

- 4.1 With such a complex landscape it is important that there are robust communication channels between the four responsible agencies in order to provide the necessary assurances, avoid duplication but also to maximise the beneficial outcomes these services can provide for children and young people in this City.
- 4.2 By way of an introduction and to maximise the opportunities that collaborative working arrangements could provide, all agencies including the Council's children's commissioning team met in the form of a scoping workshop on 21st May 2013. A joint work programme is under development based on outcomes from this workshop.
- 4.3 The purpose of the meeting was to:
- Agree membership and representation
 - Provide assurance for the DPH from NHSE area team and PHE against nationally agreed specifications and Key Performance Indicators (KPI's).
 - Identify the basis for future working arrangements and the development of a joint action plan.
- 4.4 Since 1st April 2013 there has been considerable reorganisation with three new organisations forming on that date and transfer of funds across 3 organisations: LA, CCG and NHSE. This has resulted in the need to ensure business continuity is not affected as organisations start to embed. At the same time new ways of working and clarity on roles and responsibilities is critical.
- 4.5 It was agreed that membership of this group should include:
- Public Health, LA
 - PHE – Screening and immunisation teams
 - NHSE Area Team
 - Commissioning Manager, CCG
 - Clinical Lead for Children's Service, CCG
 - Head of Service, LA
 - Children's Centre Lead, LA
 - Head of Midwifery RWT

- Business Manager for Children's Service, RWT

4.6 Key Issues identified at the initial scoping meeting included:

- Understanding the new and developing structures
- Key challenges, including financial pressures, particularly relating to health visiting and the Family Nurse Partnership (FNP) Programme
- Information needs and opportunities for sharing information.
- School nurse immunisation services and the funding to be identified for handover to NHSE and the need to unpick this funding stream.
- Agreeing priority areas and that tackling infant mortality is joint priority for all agencies
- Understanding how commissioning responsibilities will develop and change, with some services due to transition to the LA in 2015 and the opportunities for joint working with the CCG.
- The need to map all Wolverhampton services for 0-5 year olds

4.7 Next steps include the development of a robust plan to promote collaboration and effective joint working. This will be supported by a communication plan and a schedule of regular meetings. Terms of reference for this group are currently in draft and will be agreed at the next meeting which is anticipated to be late September to allow each organisation time to understand their roles and responsibilities.

5.0 Transformational Fund

5.1 As Public Health returns to the Local Authority after many decades, there comes with this move a fresh opportunity to improve the health of the population, particularly the health of the more vulnerable in our society. Specifically, this is about a new opportunity to address the wider determinants affecting physical and mental health, such as a sense of connectedness, income, education, employment and housing.

5.2 The Public Health Transformational Fund is a £1 million pot of money to support the development and implementation of initiatives which improve the health and well-being of the population. Its primary aim is to support the embedding of Public Health outcomes into directorates across the Council, so that improving the health of the population becomes 'everyone's business' within the Council. Additional objectives are to encourage creativity and partnership working.

5.3 The Public Health Delivery Board has provided oversight of the development of criteria and accompanying processes for receiving, appraising and approving bids for the Transformational Fund. These processes have been developed with support from the Big Lottery Fund.

5.4 Representatives from the Council's Corporate Delivery Board will play a key role in appraising bids; this input will also support awareness amongst Assistant Directors across the Council about the range of initiatives that Public Health can facilitate, as well as stimulate more creative ideas from senior officers within the Council.

5.5 The Health and Well-Being Board is the final place where recommendations for funding are to be received and ratified or approved.

5.6 The process and funding criteria are being presented to the Health & Wellbeing Board on 4th September for final ratification.

6.0 Financial implications

6.1 Funding for Public Health is being provided to the Council from the Department of Health in the form of a ring-fenced grant. The funding settlement for Public Health for 2013/14 is £18.770 million. Activity arising from any of the key stands and priorities for public health throughout the year will be delivered within the approved budgets held under Public Health from the ring-fenced allocation.

6.2 A Transformational Fund of £1 million has been set aside to support the development and implementation of initiatives which improve the health and well-being of the population.
[AS/09092013/Z]

7.0 Legal implications

7.1 There are legal implications arising from the transition of public health functions to and from local authorities. The Public Health service is now responsible for the delivery of several new statutory responsibilities for the council and as a result need to be able to assure compliance. There is also a complex statutory framework underpinning public health otherwise there are no direct legal implications arising from this report.
[FD/09092013/C]

8.0 Equalities implications

8.1 Health improvement through effective commissioning strategies is a key priority for Public Health. As these strategies are developed through the year they will be subject to an equalities impact assessment.

9.0 Environmental implications

9.1 There are no direct environmental implications resulting from this report. However the services that public health commissions and future public health funded projects may seek to make a positive impact on public health through improvements to local environmental conditions.

10.0 Human resources implications

10.1 There are no direct human resource implications arising from this report. However the services that public health commissions and future public health funded projects may have implications for the workforce.

11.0 Schedule of background papers

Report to Health Scrutiny Panel - Public Health Services in the Local Authority 23rd May 2013

Report to Health Scrutiny Panel – Transition of Public Health Services to the Local Authority 28 March 2013