



Health Scrutiny Panel

19 December 2013

Report title	Public Health Services in the Local Authority; Update report on Health Protection and Public Health Improvement Services Commissioning	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Public Health	
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Report has been considered by	Public Health Delivery Board	03 December 2013

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Endorse the Public Health work programme on Health Protection and Public Health Improvement: Commissioning

1.0 Purpose

- 1.1 The update report is provided for Panel as requested from previous public health reports on the work programme priorities for 2013/14.

2.0 Background

2.1 Health Protection

The Director of Public Health [DPH] has a statutory role in protecting the health of their population. In order to do this the DPH must seek assurance from those responsible for commissioning and provider services for health protection, that plans and systems are in place for surveillance to help prevent threats from arising and to ensure appropriate responses when incidents, outbreak and emergencies do occur.

2.2 Public Health Improvement Services Commissioning

As detailed in the questions paper, 46 public health contracts transferred from Wolverhampton City PCT to the Council on 1st April 2013 under the transition powers as set out in the Health and Social Care Act 2012. The areas of particular focus during 2013/14 being:

- Child weight management services
- Review of sexual health services
- Implementation of the new drugs and alcohol contract

3.0 Progress on Health Protection and Public Health Improvement Service Commissioning.

3.1 Health Protection

- 3.1.1 Wolverhampton has established a Health Protection Forum, which has oversight of the following health protection functions:

- Communicable disease (infectious disease and food/water-borne diseases)
- Infection prevention and control
- Environmental quality
- Antenatal/newborn and adult screening
- Immunisation and vaccination

- 3.1.2 The forum seeks to ensure the above functions are providing quality services, have identified risks and have mitigations in place. The Forum will also consider surveillance data, oversight of strategy development and inform the Joint Strategic Needs Assessment.

- 3.1.3 In addition the forum seeks assurance that the key organisations in Wolverhampton understand their roles and responsibilities, have plans in place, and are prepared and able to respond to public health incidents and emergencies, and indeed any incident that has the potential to affect the public's health.
- 3.1.4 There have been three meetings of the Forum to date. At the first meeting the Terms of Reference were agreed, and the Forum discussed the role of the Forum. At the meeting held on 17th September 2013, Public Health England Screening and Immunisations Team for Birmingham, Black Country and Solihull presented an assurance framework on the new immunisations programmes for Rotavirus, Shingles, Men C, and Children's Flu, the seasonal flu campaign, and the MMR catch up campaign for 10-16 year olds. A number of additional risks were identified in these programmes, and therefore PHE were asked to resubmit the framework for the DPH at the November Forum.
- 3.1.5 The third meeting of the Health Protection Forum was held on the 28th November, with good attendance from a wide range of partners, including NHS England, Public Health England, RWT and LA Resilience Team.
- 3.1.6 Sue Wardle, Consultant in Public Health, presented a paper proposing a format for quarterly surveillance for health protection and in addition a Joint Strategic Needs Assessment on Health Protection(JSNA). The JSNA would be developed in the same spine chart format as the current overarching JSNA, and would be developed annually by Wolverhampton Public Health, in conjunction with partners. It is anticipated that Public Health England would provide the quarterly surveillance data and update reports to the Health Protection Forum. It was agreed that further discussion would take place with PHE on the development of regular surveillance data, and that Wolverhampton Public Health would commence with the development of the health protection JSNA.
- 3.1.7 The resubmitted assurance framework provided an exception report as well as performance data for both immunisation and screening. Forum members asked questions about data quality improvement, incident reporting and training. It was agreed that it would be beneficial for Wolverhampton Public Health and PHE to jointly address issues regarding data. It was noted that it would be useful to have data on our comparators, to enable clarity on performance in relation to neighbouring areas. This would be provided in future reports. It was also requested that it would be helpful for the Forum to receive summary information on incidents, as this may be useful in providing evidence or information to support local concerns.
- 3.1.8 An Emergency Planning, Resilience and Response update was provided. Following the first Forum meeting the Director of Public Health wrote to Les Williams, Director of Operations at NHS England Area Team, requesting that he convene a meeting with Directors of Public Health and CCG Accountable Officers from across Birmingham, Solihull and the Black Country to discuss EPRR issues as a matter of urgency. This meeting took place on the 25th October and was considered to be helpful in enabling views to be shared. It was agreed that a further meeting will take place.

- 3.1.9 In addition a scenario testing day was held on 4th October at Himley Hall for those relevant organisations in the West Midlands West Health Protection Unit footprint. This tested local arrangements for a number of scenarios and the draft Concept of Operations (CONOPS) that has been developed by West Midlands West Health Protection Unit and Walsall and Wolverhampton Public Health. A post-workshop report has been completed and will come to the next Forum. PHE and Walsall and Wolverhampton EPRR managers are due to meet with Rashmi Shukla, PHE Regional Director, shortly.
- 3.1.10 The Wolverhampton MOU on responding to incidents between CCG/RWT/PH has been extended until March 31st 2014, allowing more time for the development of a detailed service specification.

3.2 Public Health Improvement: Commissioning

3.2.1 Child Weight Management Services

- 3.2.2 A range of universal (Tier 1) services, which are defined as screening, identification, advice and referral, currently exist in the City through school nursing and the National Child Measurement Programme, maternity services and primary care. Through GP, primary care referral there is also a Tier 2 community weight management service provided by Weight Watchers for children aged 10 years or more which is achieving some positive and sustained outcomes.
- 3.2.3 There are a number of initiatives aimed at early intervention with young people such as the Food Dudes programme which is universally offered to primary schools and nurseries. Wolfie's Workout; key stage 2 targeted activities in schools and the Local Authority free swim scheme also provide opportunities for children and young people to access opportunities for physical activity.
- 3.2.4 Public Health will also receive the findings from a number of family based pilots in school settings and through Warwick University in 2014 which will develop the local evidence base around effective interventions.
- 3.2.5 A new Hearty Lives project funded through the British Heart Foundation and Public health will be delivered with Social Care between 2013 14- 2015 16. The project is targeted at families subject to a child in need plan, child protection order or CAF where the child (ren) are obese/overweight. This will provide interventions with families for a 6 week period around healthy eating; cooking, shopping, eating habits and physical exercise. The project will contribute to reducing the cardio vascular disease rates/risk in Wolverhampton and children being taken of the child protection register/or no longer identified as in need.
- 3.2.6 There is no specialist child weight management service (Tier 3; specialist clinical intervention in a community or acute setting) in Wolverhampton however referrals are made to paediatric consultants and to a paediatric dietician in the outpatient setting at Royal Wolverhampton Trust.

- 3.2.7 Stakeholder interviews were undertaken over the summer months to consider and refine how child weight management services should be best delivered in the future and on the provision of child healthy lifestyle activity generally. Findings were that in addition to public health funded delivery there were many other council departments including the youth service, MASTs, and children centres, providing a range of lifestyle activities e.g. physical activity, healthy eating as well as providing support, advice and information.
- 3.2.8 The intention now is to redevelop a new Wolverhampton model of Tier 2 service(s) for children and young people between the ages of 2-18 to include parental and familial components. This will include national best practice guidelines. The process will culminate in a procurement process and it is proposed to establish contracts around programme management, training and the development of a champion's network as well as the services that will provide the interventions to be delivered to children and families.
- 3.2.9 Proposed timescales for the commissioning project are to complete planning and specification design by March 2014 to initiate a procurement process.

3.3 Sexual Health review

- 3.3.1 Public Health is undertaking a review of sexual health in Wolverhampton. The aim of this review is to inform a commissioning strategy for sexual health which ensures that all sexual health information and services are effective in meeting the needs of our population as well as delivering value for money. The review is anticipated to be completed by March 2014.
- 3.3.2 The scope of the review is focusing on population needs particularly targeting (but not exclusively) young people and all vulnerable age groups such as: people with learning difficulties, people with drug and alcohol issues, sex workers, people experiencing domestic abuse and people with mental health issues.
- 3.3.3 The team are currently examining the information available and services currently provided, and evaluating what is working well and where there are gaps in provision. The findings will inform a commissioning strategy for sexual health in Wolverhampton.
- 3.3.4 A multi-agency steering group was brought together by Public Health in July 2013 to oversee and support the sexual health review. The steering group has met on two occasions, with virtual communication in between meetings.
- 3.3.5 Current findings from targeted consultation and focus groups are that;
- More sex education is required in schools that is good quality, appropriate to the culture and behaviour of young people and delivered constantly across the City.
 - Young people are accessing a wide range of largely uncensored material via the internet in the absence of educationally focused, clear and sensitively delivered sexual health information appropriate to their needs.

- Better information on sexual health is required by vulnerable groups including those with learning disabilities, mental health service users, drug and alcohol service users, the lesbian gay and bisexual community, young people in the criminal justice system and those socially excluded.
- GPs felt that more training was required on implementing HIV testing and follow up; particularly targeted at nurses.
- Primary care clinicians have limited resources and time to deal with the issue and would advocate wider availability of specialist services
- NHS is a trusted brand for sexual health services.

3.3.6 There are current challenges with regard to obtaining data from NHS partners, despite a number of meetings and correspondence detailing the rationale for additional data requests for information on Genito Urinary Medicine (GUM) and Contraceptive and Sexual Health services (CASH).

3.3.7 Specific data sharing agreements allow the sharing of anonymised data; this in principal has been agreed and further liaison to enable receipt of this information is being undertaken by the DPH.

3.3.8 Implementation of the new drugs and alcohol contract – Health Scrutiny Panel received a separate update report on the progress to date at the last meeting on the 7 November 2013. The panel agreed to receive a further progress report on performance in six months.

4.0 Financial implications

4.1 There are no direct financial implications arising from this report. The services detailed throughout this report are funded from the Public Health grant which is £18.8 million for 2013/14.
[AS/13122013/V]

5.0 Legal implications

5.1 None
JH/05122013/D

6.0 Equalities implications

6.1 The data collected through the sexual health review will inform the development of an equality impact assessment which will inform the future commissioning strategy.

7.0 Environmental implications

7.1 None

8.0 Human resources implications

8.1 None

9.0 Schedule of background papers

9.1 Report to health Scrutiny Panel - Substance Misuse Service Contract Award – Six Month Review Update 7 November 2013

Report to Health Scrutiny Panel - Public Health Updates on Commissioning Children's Public Health Services and PH Transformational Budget 19 September 2013

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

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