



Health and Wellbeing Board

6 November 2013

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

Recommendation(s) for action or decision:

That the Health & Wellbeing Board notes the progress of the six key work streams of the Public Health Delivery Board's work programme for 2013/14.

1.0 Purpose

- 1.1 To keep members of the Health and Wellbeing Board abreast of the work of the Public Health Delivery Board in regard to the development of an effective work programme.

2.0 Background

- 2.1 From October the Public Health Delivery Board will be meeting bi-monthly. Initial meetings have focussed on purpose and process including the terms of reference, membership, its sub-structure, its priorities, work programme and performance framework. The main focus of the October meeting was a thorough review of the six key work streams and the work of the relevant sub-groups.

3. The Public Health Delivery Board Work Programme

3.1 Transformational work stream

- 3.1.1 The first round of the transformational fund was opened on 11th September and closes on 18th October. The application form and eligibility criteria was widely circulated both internally and with external partners. Although the team received many enquiries from teams interested in submitting a proposal, at the time of writing this paper the final response was unknown.
- 3.1.2 The update paper also discussed other transformational projects either underway or development, for example LAC transformation and a process for the development of concepts and ideas including the appraisal of the evidence base and cost benefits.

3.2 Health Protection work stream

- 3.2.1 An update paper was received that detailed progress in relation to the establishment of the multi-agency Health Protection Forum. The Health Protection Forum has held two meetings with good attendance from a wide range of partners, including CCG, NHS England, Public Health England, RWT and LA Resilience Team. The meeting held on 17th September 2013 focussed on assurance frameworks and the development of a Health Protection JSNA. The Public Health England Screening and Immunisations Team for Birmingham, Black Country and Solihull were asked to complete and present an assurance framework on the new immunisations programmes. A number of risks were identified in these programmes, and therefore Public Health England Screening and Immunisation Team have been asked to update and resubmit the framework for the DPH.
- 3.2.2 It was noted that a number of issues regarding Emergency Planning, Resilience and Response (EPRR) are to be clarified, including the roles, responsibilities and processes for seeking assurance from local NHS providers that they have robust and tested plans in place, the need to clarify escalation and communication pathways for incidents, outbreaks and emergencies, and clarity on the role of Director of Public Health in EPRR. The Wolverhampton Director of Public Health (DPH) has written to Les Williams, Director of Operations at NHS England Area Team, requesting that he hold a meeting with Directors of Public Health and CCG Accountable Officers from across Birmingham,

Solihull and the Black Country to discuss these issues as a matter of urgency. This meeting is due to take place on 25th October 2013.

3.2.3 A scenario testing day was held on 4th October at Himley Hall for Public Health, CCGs, Public Health England and NHS England for those in the West Midlands West Health Protection Unit footprint. This is intended to test a draft CONOPS that has been developed by West Midlands West Health Protection Unit and Walsall and Wolverhampton Public Health. This highlighted several key issues and themes for local resolution.

3.3 The Public Health Commissioning work stream

A comprehensive update paper was received regarding the public health commissioning programme:

3.3.1 Public Health Contracts

There are around 50 public health contracts, the majority of which transferred to the Local Authority from the PCT in April 2013. A number of additional contracts or transactional budgets have also had to be set up to cover subsequently identified gaps in aligned goods and support services as well as resourcing a small number of Local Authority corporate priorities identified within the public health remit. A draft procurement timetable is in place to comply with transfer of (NHS) services under public health and the Councils procurement and contracting guidelines as well as standing financial instructions. Procurement activity will commence following:

- A comprehensive audit of the contracts, themed by public health delivery and outcome areas.
- GP and Pharmacy contract reviews. Local Authority contracts have now been issued and electronic monitoring processes established that link to the Councils finance system. Technical issues around data submission and the payment system are also still being worked through.

3.3.2 Commissioning Priorities

- A large contract award for substance misuse services was made during the period of transition for public health from PCT to the Council. A considerable amount of the commissioning team's time and resource continues to be taken up with mobilisation and implementation. In addition the scope of this has increased to include management of assurance work streams on request through the Directorate and Local Police and Crime Board. Comprehensive monitoring and reporting is currently being undertaken on a bi weekly programme board basis, monthly data submission and clinical governance meetings as well as quarterly contract review.
- A sexual health review is currently underway covering all CASH and GUM services particularly targeted at vulnerable groups.
- Child Weight Management (Healthy Lifestyles). Following evaluation of the previous child weight management service and a number of pilot interventions, commissioning intentions were discussed and agreed at the HEPA steering group in July. Around 15 stakeholders interviews have now been undertaken with the intention that this feeds into the specification for tender planned for Q4. Further work may however be required to support pathways around the new child weight management service prior

to tender, and to maximise a range of current PH investment in projects and services around healthy lifestyles.

3.3.3 A draft Memorandum of Understanding (Collaborative Commissioning between PH and Wolverhampton CCG (JCU) has been produced for consultation with the CCG. Key areas identified as priorities for collaboration are; mental health, maternity, sexual health, tuberculosis and infection prevention as well as the deep dive, intelligence support around CCG priority areas.

3.3.4 Establishment of a clinical governance framework and incident reporting process is required now that PH is no longer part of an NHS infrastructure. Initial discussions have been had with PHE in relation to accessing clinical reporting systems such as STEIS and the CCGs Quality and Risk Team who are offering support to PH in developing our contracts and assurance processes.

3.3.5 **Commissioning Intentions**

The CCG have requested PH engagement in the development of commissioning intentions and RWT have also requested that PH align with CCG process and discussions in relation to their contracts. Areas of responsibility outside of NHS/health facing service areas will also require consideration in relation to commissioning intentions taking all of the current contractual and transitional work streams

3.4 **Sexual Health Review**

A sexual health review is currently underway covering all CASH and GUM services particularly targeted at vulnerable groups. A steering group are overseeing the project plan. This work stream is currently covering individual service reviews, gap analysis, focus groups and consultation. Commissioning intentions and plans will be drawn up on completion of the review.

3.5 **Children's Public Health**

An update paper was received regarding the establishment of the Children's' Public Health Commissioning Group with representatives across the full range of responsible commissioning organisations, hosted by Wolverhampton Public Health. Key issues from the first meeting were:

- 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

Next steps include the development of a robust plan to promote collaboration and effective joint working, including the development of a joint work programme. The second meeting, on 1st October 2013 agreed the Terms of reference for this group and clarified roles and responsibilities. A comprehensive mapping exercise for all Wolverhampton services for 0-5 year olds has been commenced.

3.6 CCG Work Programme

3.6.1 Overview of the Core Offer and work programme

The range of matters covered by the core offer include:

- Assessments of the health needs of groups of individuals within the local authority area with particular conditions of diseases
- Providing summary profiles of the overall health of people in the local authority area with the aim of supporting the CCGs commissioning of appropriate health services.
- Advice on the development of plans for the anticipated care needs of persons for who a CCG is responsible

In addition the Public Health Team has agreed to provide an analysis of data for each of the outcomes included in the NHS Outcomes Framework, a demographic profile of the population of Wolverhampton, and detailed needs assessments of a minimum of two areas, to be agreed on an annual basis. These reports feed into the JSNA.

A joint workshop between Public Health and the CCG was held to help to develop a more detailed work plan to deliver against the core offer in 2013/14 it was agreed that public health would provide needs assessments on three areas rather than two these being Diabetes, Urgent Care and Maternity Services. This has very recently been amended replacing Maternity Services with Dementia.

3.6.2 Progress

- The Diabetes Needs Assessment is near completion and the Urgent Care Needs Assessment is now being scoped and work is due to commence on this imminently. Due to the recent request from the CCG to undertake a Dementia Needs Assessment scoping of this work is yet to be clarified.
- Public Health have agreed to develop locality based profiles to support the development of the CCG Primary Care Development Strategy. This will involve looking at the existing QOF tool and populating it, if access to data can be agreed. Discussions are also taking place on the development of practice profiles and locality JSNAs in 2014/15.
- The CCG have asked for other, additional work to be undertaken since the workplan for the year was agreed. Therefore an ad hoc requests process was agreed and put in place. The CCG is required to complete a request form and submit it to the Evidence and Intelligence Team for consideration. A formal response will then be made.
- An MOU on access to data has been completed and additional MOUs on EPRR, Collaborative Commissioning are being developed.

4.0 Financial implications

- 4.1 There are no direct implications arising from this report.
- 4.2 Funding for Public Health is being provided to the Council from the Department of Health in the form of a ring-fenced grant. The total funding settlement for Public Health for 2013/14 is £18.77 million.

[AS/18102013/R]

5.0 Legal implications

- 5.1 There are no direct legal implications arising from this report.
- 5.2 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.

[RB/18102013/E]

6.0 Equalities implications

- 6.1 The Public Health Service seeks to ensure equality of opportunity as it delivers its core functions and aims to reduce health inequalities.

7.0 Environmental implications

- 7.1 There are no direct environmental implications arising from this report.

8.0 Human resources implications

- 8.1 There are no direct human resources implications arising from this report.

9.0 Schedule of background papers

- 9.1 Health & wellbeing Board 3 July 2013 PUBLIC HEALTH DELIVERY BOARD –
PROGRESS REPORT

Health & wellbeing Board 4 September 2013 PUBLIC HEALTH DELIVERY BOARD –
PROGRESS REPORT