

Health and Wellbeing Board

10 February 2016

Report title	Public Health Commissioning Intentions	
Cabinet member with lead responsibility	Councillor Sandra Samuels Public Health and Wellbeing	
Wards affected	All	
Accountable director	Ros Jervis, Public Health and Wellbeing	
Originating service	Public Health and Wellbeing	
Accountable employee(s)	Juliet Grainger	Commissioning Manager – Public Health and Wellbeing
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Report to be/has been considered by		

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Review and endorse the commissioning intentions

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. That the implications of the spending review and Autumn Statement on the public health grant allocation may require reprioritisation of future commissioning intentions and the current contracting portfolio;
2. Any reductions will be applied to ensure delivery of prescribed services; Children 0-5 (Health Visiting), sexual health, NHS health checks, National Child Measurement programme, and surveillance and monitoring of health protection incidents, outbreaks and emergencies as primary functions.

3. All other non- prescribed services currently commissioned will be reviewed based on alignment with Corporate plan priorities and impact on population based health needs and mortality profiles.

1.0 Purpose

- 1.1 The purpose of the report is to inform the Health and Wellbeing Board about the Public Health commissioning intentions for 2016 - 2017 and the aspirations for commissioning to improve the health of the population to 2019.

2.0 Background

- 2.1 Commissioning Intentions for 2016/ 17 align with the Public Health contracting strategy that is being implemented following approval from Cabinet (Resources) Panel in December 2014.
- 2.2 A number of commissioning and procurement exercises have taken place as planned to redesign and implement an integrated model of sexual health services, a befriending service to support vulnerable women at risk of child safeguarding proceedings, the re tender of adult weight management services and revision of the portfolio of local enhanced primary care services into a healthy lifestyles community framework. Healthy lifestyles services cover smoking cessation, NHS health checks, needle exchange, supervised consumption, GP shared care (substitute prescribing of controlled medication to replace the use of opioids for drug users on a treatment programme) and nicotine replacement therapy.
- 2.3 Mobilisation of these services including new performance and quality standards will be embedded in 2016/17. To support the healthy lifestyles community contracts a new technical data solution has also been purchased for pharmacy services monitoring and a GP and community system will be separately specified and procured in 2016.
- 2.4 New programmes to target smoking prevention and cessation within the school age population have been commissioned as well as a number of developmental school and community based food and activity programmes. Evaluation will take place by December 2016.
- 2.5 Health Protection Services for Tuberculosis and Infection Prevention will remain with the Royal Wolverhampton NHS Trust whilst national developments and joint commissioning arrangements are further developed with the Clinical Commissioning Group in 2016/17.
- 2.6 The Royal Wolverhampton NHS Trust Healthy Lifestyles Service workforce will transfer to the Council under Public Health in October 2016. A transition programme including TUPE, IT, finance and accommodation is being developed. Management of change; service redesign and redeployment of staff to deliver efficiencies and more targeted delivery will also be planned, consulted on and approved by October 2017 to be implemented by April 2018.

- 2.7 The Healthy Child programmes; 0-5 (Family Nurse Partnership and Health Visiting) and 5-19 (School Nursing) will remain as currently specified with Royal Wolverhampton NHS Trust until August 2017. Redesign of these services and planning for a comprehensive consultation has commenced and will be fully developed during 2016 17 with a new contract commencing on 1 August 2017.
- 2.8 Public Health voluntary sector contracts for the delivery of peer support, young people's counselling and welfare and advice services are expiring in 2016. A review commissioning and procurement exercise will commence this year.
- 2.9 Public Health has trialled the Wolverhampton Charter principles as part of the recent tendering opportunities. These have been embedded as part of tender evaluation and therefore service delivery going forwards.

3.0 Aspirations; tackling the six big health issues in Wolverhampton

- 3.1 National health profiles show that Wolverhampton has higher than national averages for deaths attributable to stroke, lung cancer, respiratory disease, alcohol, coronary heart disease and infant mortality.
- 3.2 To respond to these issues tackling the key contributory lifestyle factors; smoking, physical activity and alcohol are Corporate Plan priorities under Promoting and Enabling Healthy Lifestyles. A road map for effective intervention consisting of three key, partnership based strategy documents have been created to improve Wolverhampton's position. In order to achieve a longer term impact investment will need to continue to made in the implementation and delivery of the;
- Obesity call to action
 - Infant Mortality Plan
 - Lifestyle Prevention Strategy 2015 - 2020
- 3.3 A number of current Public Health contracts also provide support and treatment around these health issues in terms of secondary prevention; screening and brief intervention and tertiary prevention; clinical management to reduce or reverse progressive illness.
- 3.4 The most significant Public Health investment in this area is in substance misuse services (drugs and alcohol). The contract term between 2013 – 2016 has an extension phase ending in March 2018. A review of the business model has been undertaken as part of the extension phase. Revised priorities for the service include increasing activity around alcohol treatment and support, improvement in criminal justice treatment outcomes and screening and vaccination of blood born viruses as well as an increased offer around recovery support, mutual aid, volunteering and employment. A business case from the provider is currently being considered by Public Health. A revised delivery model and performance indicators will be introduced in April 2016.

- 3.5 To support the infant mortality plan and the impact of alcohol misuse continued investment in enhanced maternity pathways delivered by Royal Wolverhampton NHS Trust has been committed. This is intended to increase the uptake of breastfeeding and the numbers of pregnant women being supported who misuse substances. Aligned to this is the distribution of healthy start vitamins for under 5's and initiatives to improve breastfeeding opportunities for women in the City.
- 3.6 Smoking cessation and NHS health checks are also critical to improving the health of the local population and the rates of take up of these services need to improve in Wolverhampton. The healthy lifestyles community framework is intended to increase provision and improve access to these services. Investment is however required in the infrastructure to monitor provision and success rates in 2016/17 and beyond. This is planned in 2016.

4.0 Public Health Resource Planning

- 4.1 The spending review and Autumn Statement covering 2016/17 onwards represents an average real terms saving of 3.9% each year to 2020/21. The savings will be phased in at 2.2% in 16/17, 2.5% in 17/18, 2.6% in each of the two following years, and flat cash in 20/21.
- 4.2 To prepare for this anticipated reduction scenario planning has been undertaken to prioritise Public Health programmes. Minimum provision would cover only prescribed service delivery. After the prescribed provision prioritisation would be undertaken to retain critical services tackling the key health issues for Wolverhampton. Discretionary activity would then only be provided if affordable within a revised total programme.

5.0 Financial implications

- 5.1 Utilisation of the budget is set out according to the prescribed functions and Wolverhampton population health priorities. The impact of the spending review and autumn statement covering 2016/17 onwards may however require a revision of commissioning plans as explained above. It is anticipated that amount of Public Health grant for 2016/17 will be announced at the end of January 2016 and commissioning of services will be within this allocation.
[GS/15012016/A]

6.0 Legal implications

- 6.1 Public Health contracts fall under the light-touch regime introduced for social and health care services under the Public Contracts Regulations 2015. New thresholds for contracts requiring OJEU advertisement governed came into force on 1 January 2016, and will be in place until the end of 2017. These relate to all contracts over £589,148.
[RB/26012016/Q]

7.0 Equalities implications

7.1 Equality Impact assessments will be undertaken as part of each commissioning programme.

8.0 Environmental implications

8.1 Environmental implications will be considered as part of each commissioning programme

9.0 Human resources implications

9.1 Transferring the Healthy Lifestyles service workforce from Royal Wolverhampton NHS Trust will require the TUPE transfer of eligible employees to the Council by October 2016. The Team currently comprises of 57.36 whole time equivalent (wte) staff of whom 6.81 wte are administrative support staff. TUPE information was requested on 27 November 2015 and is due on 31 January.

9.2 Any further Human Resources implications will be considered as part of each commissioning programme

10.0 Corporate landlord implications

10.1 Public Health will work with the Corporate Landlords to undertake an options appraisal to identify suitable premises to meet the Healthy Lifestyles service accommodation requirements.

10.2 Any further implications for the Council's property portfolio will be considered as part of each commissioning programme

11.0 Schedule of background papers

11.1 Cabinet Resources Panel – Public Health Contracting Strategy – 9 December 2014