

Agenda Item No.7 (q)

Derbyshire County Council

Cabinet

30th July 2013

Report of the Director of Public Health

Health & Communities

Public health commissioned services in 2013 - 15

1. Purpose of the Report

To agree the approach to the public health commissioned services that are now the responsibility of the Council.

- This paper outlines the main areas of new development, through commissioning and partnership work, for the public health team in its first year within the Council.
- This plan is based on a review of public health services and areas of interest that was conducted in April 2013.
- Main areas of focus planned for this year are to
 - continue with services that are performing well
 - redesign services identified as being amenable to improved performance or efficiencies
 - commission additional programmes against need and evidence of effectiveness using the additional funding in the public health grant
 - all of these services have a health inequality dimension based on the needs of different population groups. This will be articulated in the detailed reports which come back for final approval to Members
- The Director of Public Health is seeking a mandate to progress with a programme of commissioning and procurement. There is a timing issue in relation to the contracts which the Council inherited from the NHS which requires agreement from Members on the way forward. The specific proposals summarised in the report will all be brought back to the Council for agreement with more detailed business cases being provided. There will also be a need to clarify the Council's commissioning intentions with current service providers to minimise

levels of uncertainty. Indicative funding has been included for new developments for consideration.

2. Information and Analysis

2.1 The Council is fully responsible for a ring fenced public health budget of approximately £34m, and for a range of significant new responsibilities. Over this first year a priority is to ensure that the major services continue to be available to residents, and to fully embed their management in the Council's structures and processes.

2.2 It is equally necessary to see that full advantage is taken of new opportunities arising from this move to promote the health and wellbeing of residents. This is a real opportunity for the Council to drive change to improve health for all residents and to tackle health inequalities robustly.

2.3 The Council will want to ensure that it is getting maximum value for money from the use of public health resources and that areas of possible financial risk are identified and mitigated.

2.4 The Council is now responsible for commissioning services for:

- Drug and alcohol services – prevention, treatment and recovery
- Programmes to address physical inactivity
- Obesity programmes including weight management services
- Tobacco control
- Sexual health services for contraception, identification and treatment of sexually transmitted diseases and preventative measures aimed at high risk groups
- Accidental injury prevention including falls
- Reducing excess seasonal mortality
- Public mental health – mental health promotion and suicide prevention
- Healthchecks to identify people at high risk of cardiovascular disease through a screening programme followed by support to minimise risk factors
- Health at work
- Children's public health 5-19 years including the National Child Measurement programme
- Oral health

- Prevention and early identification of cancer

The following services are mandatory:-

- Ensuring appropriate access to sexual health services
- Ensuring the delivery of the National Child Measurement Programme
- Ensuring delivery of the Healthcheck programme

The Director of Public Health has other responsibilities for health protection: for assurance of the quality and equity of access for immunisation programmes, screening programmes, infection control and emergency preparedness for public health matters: the latter is a mandatory service. She has a mandatory responsibility to provide public health advice to the Clinical Commissioning Groups to improve the population's health. It should be noted that the commissioning of the health visitor service will transfer to the Council in April 2015 and joint working is underway to include this service within a broader child agenda for ages 0 - 19 years.

3. Contracting Arrangements

At the meeting on 18th December 2012 Cabinet agreed interim arrangements for the transfer to the council of public health contracts, listed in Appendix 1.

3.1 There are three main types of contracts used to commission public health services. The estimated value is based on total spend. Some services are demand led and the contract refers to charges incurred rather than any maximum spend. The contracts are carefully managed and issues around financial pressures are identified below.

3.1.1 Acute and community contracts – estimated value £14.5m.

These are contracts with NHS Hospital and Community Trusts. They were generally managed by commissioners in the Primary Care Trusts and specified by public health leads. The provision of sexual health services and school nursing provision are examples. There are 9 acute and community contracts with 31 specifications, 19 of which are with Derbyshire Community Health Services Trust. These services are commissioned within detailed clinical pathways involving a number of primary and secondary care providers as well as the voluntary sector and the Council's services. The Council has become an associate

commissioner with the Clinical Commissioning Groups in 2013/14. This arrangement will be reviewed for 2014 onwards to determine its effectiveness and consider alternative processes as the NHS settles into the new system. The Council agreed to extend these contracts until at least March 2014 to enable a review to take place and to provide a level of confidence to providers about the new commissioning arrangements in the financial year.

3.1.2 Directly commissioned services – estimated value £8m

These are contracts which are currently directly specified and managed by public health staff. There are 74 contracts and the Council agreed to extend the contracts to October 2013 to provide time for a review to align priorities and to give certainty to the many smaller organisations who are commissioned. Examples of these services are Health Trainers based with the Amber Trust, Adullum Housing Association and a number of GP practices. A further example is the provision of Citizens Advice Services in the vast majority of general practices across Derbyshire.

3.1.3 Locally Enhanced Services – estimated value £1.7m

These are services provided by GP practices and pharmacies. The services were specified by public health leads and managed by NHS commissioners. There are nearly 200 separate agreements with GP's and pharmacies which are being managed. Work is ongoing to implement the most effective means of managing these contracts in future. It should be noted that they are a highly cost efficient way of providing services that are readily accessible, on demand through local providers. These Locally Enhanced Services (LES) will be changed into Community Services in future so will be procured under different arrangements. One example is the provision, fitting, checking and monitoring of intra-uterine contraceptive devices by GP practices: this is an important form of contraception and the service is a mandatory provision for the Council. The Council agreed to extend the contracts to at least March 2014 to enable a review to take place.

3.1.4 Tameside and Glossop contractual provision – estimated value £1.7m

Responsibility for public health services in Glossopdale also transferred to the Council in April. The former Tameside and Glossop PCT public health budget was divided on a per capita basis between Tameside MBC (86%) and the Council (14%). Cabinet agreed to align with Tameside MBC's intentions and to extend all contracts to March 2014 to enable a review to take place. An agreement has been reached with Tameside MBC to manage the contracts with the Council acting as an associate commissioner pending the review process.

3.1.5 Public health staff

On the 1st April 2013 sixty members of staff transferred to the Council as part of a Statutory Transfer Scheme from Derbyshire County PCT. These staff will retain their NHS terms and conditions subject to minor local variations. A local authority job family for public health is being developed to inform future job descriptions and roles.

4. The Review Process

4.1 A strategic review of current public health commissioned services in Derbyshire was undertaken in April 2013. This process was led by the Director of Public Health. The review had a number of aims:

- to provide assurance to the Council that the commissioned services were providing value for money, met local needs, supported the identified priorities for local health and wellbeing, fitted with the JSNA and the Public Health Outcomes Framework
- created an opportunity to consider the effectiveness of provision of mandatory services: sexual health and contraception services, Healthchecks and the National Child Measurement Programme
- enabled consideration of alignment services with local authority provision and avoid duplication
- enabled an objective overview of areas for redesign or recommissioning to be understood
- provide an overview of the existing range of commissioned services to be understood by age, geography, vulnerability etc to consider a fair share allocation of resources over time in order that services can tackle health inequalities as part of their remit
- to identify gaps in provision that should be met based on population health need to inform the recommendations for the use of additional resources in the public health ring fenced grant

The Health and Wellbeing Board was informed of the process in March and an updated report will be provided once Cabinet have agreed the way forward. The Health Overview and Scrutiny committee have agreed to have a presentation on the recommendations outlined below in July. The Committee will be kept fully informed and engaged as the detailed proposals are developed for Member agreement.

4.2 The review process involved lead officers for the main public health themes producing written summaries of programmes of work and then presenting them to the Panel. The Panel included the Deputy Chief Executive, representatives from adults' and children's services at the county council, from the clinical commissioning groups, from district and borough councils and from Healthwatch, the last of which was to provide a user perspective. The lead officers gave a position on the current services based on the following criteria:-

- the fundamental need for provision of the service
- performance against objectives and deliverables, cost effectiveness of provision, benchmarking against other comparable areas for cost, quality and performance
- contribution to key public health priorities
- identification of options for change, redesign, alignment with other services or consolidation
- plans to include the population in Glossop in the future to ensure consistent provision across the county
- the population served, equity of delivery and any identified inequalities
- user feedback
- identification of reputation issues including clinical, organisational or financial and the potential for destabilising other services should the provision be substantially changed
- identification of contractual risks
- identification of gaps in provision and how they might be filled

4.3 Following the presentations there was questioning and discussion by the Panel then recommendations were made. The conclusions were circulated back to Panel members to check that their contribution had been captured. The Panels perspective has informed the Director in identifying areas for service change, alignment or where there are gaps in provision.

4.4 The themes covered are listed below together with the overall funding levels:

- Children and young people
- Substance misuse
- Locality programmes
- Citizens Advice Bureaux in primary care
- Health improvement services for adults including obesity, exercise, tobacco control, and health trainers
- Older people - falls prevention and Health checks
- Sexual Health

4.5 Based on this process and further discussions within the Health and Community Safety directorate, a set of general commissioning and development intentions were derived. These included both detailed review and improvement or extension of existing areas of work, and also some new areas of attention.

4.6 The process for service design and procurement is outlined in Appendix 2. An overview of the timescale for reports to Members, service specification, consultation and contracting is provided in Appendix 3.

5. Programme Areas Recommended for Continuation

These are programmes which have been identified as delivering a high level of health benefit to local people. Some programmes would make even greater impact with additional funding and indicative amounts are identified in the summary. These programmes are mainly directly commissioned services which are detailed in Appendix 1. The exception is the Healthchecks programme which is currently a Locally Enhanced Service agreement with general practices.

5.1 Children and Young People

5.1.1 Breastfeeding

Breastfeeding helps babies to have the best start in life. The current peer support service is only available in a limited number of areas where there is the lowest level of breastfeeding. Having additional resources would enable the programme to be available to support more mums throughout the county and to support the achievement of the national target of 46% of mums choosing to breastfeed: currently achieving 39%. Additional

indicative funding of £156k is proposed to extend the existing £250k investment.

5.1.2 Children's healthy lifestyles

There are a range of public health commissioned programmes in Derbyshire to promote healthy lifestyles in children and young people, each of which has been designed to cater for a specific group of children. These include healthy eating and weight management provision:

- HENRY (Health, Exercise, Nutrition for the Really Young) -is a programme to tackle childhood obesity through lifestyle change. It is a fully evaluated programme especially for preschool children and their families.
- The Five60 programme (5 portions of fruit and vegetable per day and 60 minutes of physical activity) forms part of Derbyshire's preventative programme in reducing childhood obesity for children between years 3, 4 or 5 in the primary school setting. It is delivered in partnership with District and Borough Council Leisure Services to enable children and families to adopt a healthy lifestyle and access provision in their area.
- The Family Weight Management Programme is a structured, community based 12 week lifestyle programme to help families with overweight children access a range of activities and advice on physical activity, eating behaviour and nutrition.
- The Food for Life Partnership (FFLP) aims to give schools and communities access to seasonal, local and organic food, and to develop the skills needed to cook and grow fresh food.
- The Children in Care and their Carers Lifestyle Programme is a programme to engage with foster families where a looked after child or children are obese.
- UNIT 10 is a young people's holistic health and wellbeing service which responds specifically to local vulnerable young people (11-19 years) and their families, living with a more complex level of need. The service is currently part of the local multi agency team provision in Chesterfield

and includes: teenage health workshops, access to contraception and sexual health advice, confidential support to meet emotional wellbeing needs, counselling provision, information on rights and responsibilities/welfare benefits.

- Living With Children (LWC) and Living With Teenagers (LWT) is a well-established, locally developed parenting programme that has been co-ordinated in Derbyshire for the last 18 years. It forms part of the universal element for Parenting Programmes within the county.
- Public health funding also contributes to the Family Intervention Project
- Children and young people substance misuse services – treatment and support to CYP and families at risk of, recovering from, or misusing substances. It is recommended that an additional £70k is made available to support children and young people affected by their parents, siblings or close relatives substance misuse through an enhanced family and carer service.

These services costs £658k and it is recommended that they continue with an additional £226k.

5.1.3 Oral health promotion

The aim of the service is to reduce inequalities in oral health for children and reduce the number of children with dental caries. This is through promoting brushing for life and use of fluoride toothpaste and training staff who work with children to promote oral health. This is an important service to continue and it will be reviewed once the national best practice framework is available later this year. The cost of the service is £110k across the County and City. Funding for oral health surveys which are carried out by the Local Dental Service is also in the public health budget at £10k.

5.1.4 Vision screening

This is a programme for 4 and 5 year olds as part of the Healthy Child Programme. The aim is to screen children for eyesight problems, provide them with appropriate remediation with the aim of them having the best eyesight possible to enable them to learn and have a good quality of life. Guidance has only just

come out about the transfer of this responsibility to the county council. The costs of this service are £130k. Work is underway to transfer the resources for this service to the county council from the NHS. This will contribute to the improving literacy priority.

5.2 Locality working

- 5.2.1 There will be a focus on the promotion of community resilience, improving health for all and tackling health inequalities experienced by a range of groups. There are already a range of interventions commissioned at a locality level to meet local needs. In previous years allocations have been provided from public health budgets to district Local Strategic Partnerships to meet local and county wide priorities. Examples of these projects include fuel poverty initiatives, provision of child safety equipment, exercise schemes and community safety programmes. These are usually small scale projects commissioned from voluntary organisations or other local partners that meet an identified local need. Work is underway to determine how the public health resource can best support the council's and other partners' work at locality level.
- 5.2.2 It is proposed that additional public health funds are deployed to increase capacity and work towards fair shares across the county. The recommendation is that an additional £433k is made available to local areas with the allocation being based on the same formula as the one used nationally to determine the Council's public health budget; under 75 mortality rate. The exception would be Bolsover which due to historical funding levels based on "spearhead" status would have its level of resource maintained rather than reduced. If the formula was followed exactly the Bolsover allocation would reduce notably.
- 5.2.3 Additional capacity to support health development in communities has been identified as a need. It is proposed that two community development workers are recruited to secure enhanced delivery in identified communities across the county. This will bolster the current locality working. The costs would be £60k.

This would provide:

District	Current funding	Proposed additional funding	Total
Amber Valley	£40,300	£92,501	£132,802
Bolsover	£265,588	Maintain existing	£265,588
Chesterfield	£37,783	£86,076	£123,860
Derbyshire Dales	£38,475	£12,972	£51,488
Erewash	£40,300	£88,954	£129,255
High Peak (inc Glossopdale)	£32,275	£67,636	£99,912
NE Derbyshire	£49,958	£44,154	£94,113
S Derbyshire	£51,300	£40,983	£92,283
Total	£555,979	£433,280	£989,259

5.2.4 This type of funding is agreed with local partners and communities based on an understanding of local needs identified in area profiles, the views of local people and organisations and the evidence of what works to improve health and tackle health inequalities effectively. It is recommended that locally commissioned programmes are reviewed in a similar manner to the major programme review outlined above then decisions about future use of resources is delegated to Local Area Committees in collaboration with established partnership arrangements.

5.3 Citizen's Advice Bureau in general practices

This service aims to provide a social solution to issues that might otherwise only have a clinical response. In 2011/12 5,857 people using the service received £7.6m in additional entitlements and £8m of debt was managed. In addition 1,281 people had support for employment issues and over 1,000 people for housing problems. It is available in 94/102 practices. It is recommended that this service continues to be provided at a cost of £820k and has an uplift in line with inflation to £22k.

5.4 Older people

- Healthchecks are a mandatory service for people aged 40-75 years. The aim is for early identification of people with a raised risk of heart attacks and strokes so that they can be offered support to

change their lifestyle, if they wish, and for people with much heightened risks to have appropriate medication provided. The aim is to increase activity in primary care through a number of measures of support and incentives: this is a LES with GP practices. This is the most cost efficient way of reaching the 1,000's of residents who need screening every year. It is recommended that the LES service is supported more effectively to increase the number of people being screened year on year.

- Options will be explored to add a community outreach element to this service, which is currently fully primary care based. This will target areas where there are more people at increased risk of heart attacks and strokes plus have a focus on groups at higher risk. Costs currently are £295k with an anticipated cost from 2014 of an additional £430k.

- **Falls prevention and bone health**

Increased funding is needed around the whole system to provide effective and equitable preventive services and to save money for health and social services associated with falls in older people. It is recommended that there is a substantial increase in the availability and equitable access to evidence based falls prevention exercise classes. These would have a focus particularly on frail elderly people at heightened risk of falling including people with dementia, mental health problems and those in care homes. This is a Health and Wellbeing Board priority for action and an additional £275k is recommended to be provided.

It is proposed that these contracts, including the Healthcheck LES be extended in line with the timetable in Appendix 3 with detailed business cases coming back to Members for agreement. Continuance of the services from April 2014 will require a procurement process to be conducted in advance, in accordance with the Council's usual procedures, to identify suppliers providing best value. The timetable set out in Appendix 3 outlines the timescales that apply including the stage at which authority will be sought from Cabinet/CABCO to enter into contracts. It is intended that the contracts will be for a minimum two year period with an option to extend for a further two years where appropriate.

6. Areas recommended for redesign

There are a number of contracting arrangements in place for these programme areas which include Acute and Community contracts, Local Enhanced Service arrangements with general practices and pharmacies, prescribing costs and directly contracted services. In many instances this provides a choice of service for people to use eg for stopping smoking or for access to contraception.

6.1 Children & young people

- **School nursing service**

Improvements will be made mainly by using the existing resource more efficiently and aligning services to best effect. The Derbyshire School Nursing Service aims to maximise the health potential of all children of school age, including those in mainstream, maintained and special schools, to enable children to make the most of their education and wider social opportunities. There will be a focus on the school nursing service to gain more effective interventions for children and families based on local needs. There will be a strong emphasis on mental wellbeing for all children, a proportionate level of support for children with specific vulnerabilities and on keeping children able to learn by supporting their physical and mental health needs as part of the service redesign. This work will form part of creating a 0-19 year's pathway including health visitors and will require extensive consultation with children, families and other stakeholders to ensure that the service is commissioned effectively. The aim will be to recommission the service to start in 2015. The service costs £3.5m.

- **The Children and Young People's Health Promotion Service (CYPHPS)**

The service supports professionals and services by the provision of health promotion training, quality systems, toolkits, materials and advice. The current children's health improvement service will be reviewed and redesigned to gain greater impact and focus on meeting the needs of children and young people more effectively. There will be an aim to reintroduce a programme of schools as a healthy setting to maximise the potential of schools to support the health and wellbeing of their pupils and their families. The aim will

be to consider options for the future delivery of the service (eg recommissioning or to potentially bring in house) and to start the redesigned service in 2014. The service costs £577k.

- **Child accident prevention**

The Safety First scheme provides equipment to parents to prevent home accidents affecting children, £62k invested. This service needs to be evaluated to determine its effectiveness and whether it should be made more widely available across the whole county.

- **Advice services in Children's Centres**

It is proposed to provide match funding to support CAYA in securing the provision of advice services to all children's centres as part of the plan to mitigate the impact of child poverty. This would include welfare rights entitlement work, debt management support, help with employment, housing and other issues that impact on mental and physical wellbeing. This would be up to £233k and is subject to further work to determine the scale of provision needed.

6.2 Substance misuse services

There is generally a good range of services available in the county, including include treatment services, prescribing costs, offender health, needle exchange, training, recovery services, hospital alcohol liaison service and support for families and carers. Community based specialist drug and alcohol services account for the majority of the budget for this service area. The services cost £5.7m of which services for drug misuse make up the majority of the funding of £4.7m. An additional £1.2m is contributed from Offender Health, the Police and Crime Commissioner, the Probation Service, Adult Care and Community Safety. This gives a total allocation of £6.9m.

The main strategic challenge is to deliver development of effective preventive interventions and recovery capacity to reduce the overall costs of treatment provision. In addition, the harm caused to health by drugs and alcohol respectively needs to be reflected in the balance of investment in drug and alcohol service provision.

Re-commissioning of Tier 2 brief intervention provision and Tier 3 specialist alcohol services, and Family and Carer support services are

the main commissioning priorities in year, and having completed the full consultation process, the procurement process will commence in year, for delivery from April 2014. This will result in better integration of specialist drugs and alcohol services incorporating a shared referral pathway.

The success of a recovery-focused specialist treatment service model requires development of community-based assets to support recovery and enable people to move on from specialist services in a supported way. Recovery capacity is particularly effective when focused on securing employment and housing. Therefore a key commissioning priority is to develop recovery capacity within communities through targeted investment in these areas during 2013-14 and beyond.

Re-commissioning substance misuse services for Glossopdale, to bring provision in line with services across the rest of the county, will require collaboration with Tameside commissioners to ensure a smooth transfer.

6.3 Health improvement services

- **Lifestyle services for adults**

Cabinet agreed that a full review of tobacco control and smoking cessation services should be undertaken in order to increase the effectiveness and value of the services. The obesity service is also the subject of a detailed review to ensure it is effectively provided and readily available based on need. The health trainer provision is across the county with a specific focus on people at higher risk of poorer health outcomes in relation to their lifestyle choices.

A new approach will be taken to the range of lifestyle services whereby there will be greater emphasis on generic support across a range of themes for the majority of the population, with a reduction of specialist services for more specific areas. The aim will be to reduce costs whilst improving access and outcomes including containing prescribing costs. The services currently cost £5.2m. They will be redesigned in year with a view to retendering the service for implementation in 2014.

- **Marketing resource**

The health promotion resource service costs £205k. It provides promotional information across the whole health system. It will be reviewed as part of the lifestyle service review in 2014.

- **The Diabetes Education Service**

This provides support for people who are newly diagnosed to manage their condition: 900 people complete the programme every year. The investment is £134k. This service will be reviewed together with CCG provision to determine any changes needed.

- **Living with long term conditions management programme**

This service supports people with a diagnosed long term health problem to self-manage their health. Currently 200 people benefit from the programme every year but this is still a very small number in relation to the level of need. It is recommended that the service continues or is extended to be more readily available. Costs £64k.

It is proposed that both of these services should be reprocured by April 2014.

6.4 Sexual health

There is a good range of effective services in place commissioned from specialist GUM, community based sexual health and contraceptive services, from GPs and pharmacists giving good access both within and on the Derbyshire county boundaries. These services are open access and need to be easily and readily available when needed. The main priorities this year will be:

- control costs and ensure good value in a complex commissioning environment
- to work towards the procurement of a new fully Integrated Sexual Health service across Derbyshire to be delivered from April 2015
- to re-commission sexual health provision in Glossopdale, including:

Future plans for sexual health services:-

- Decommissioning the current providers of Contraceptive and Sexual Health services (C&SH), sexual health promotion and Chlamydia screening programme in Glossopdale and re-commissioning the provision as part of the wider procurement process.
- Re-commissioning all primary care (GP and pharmacy) provision of additional and emergency contraception in line with the Derbyshire enhanced services specifications and arrangements
- Consultation and marketing from September 2013 to ensure services meet the needs of Glossopdale residents, are highly visible and are better used than current provision
- To consolidate all elements of the Chlamydia Screening Programme into a single specification with the current provider (DCHS) delivered from April 2015, including:
 - laboratory testing of Chlamydia screening samples
 - de-commissioning of current primary care Chlamydia testing enhanced services, to be replaced by the 3C's programme (a national training programme for general practice, evidenced to improve chlamydia screening across general practice) via DCHS
- Negotiating appropriate cross-charging arrangements for out of area access to GUM services by Derbyshire residents, including Glossopdale residents.

The cost of the Derbyshire service, excluding Glossopdale, is £7.5m including prescribing costs. The commissioning plan for 2014-15 will focus on the procurement of a fully integrated comprehensive service, open access to all residents within Derbyshire. This is done collaboratively with Derby City Council due to the amount of cross boundary activity and enables economies of scale to be developed. This Integrated Sexual Health Service will include GUM, C&SH, Chlamydia and Sexual Health Promotion provision. This will be developed through a robust tender and procurement process.

The process for full service redesign including in depth consultation and full revision of pathways and service specifications is outlined in Appendix 2. This process will be followed for all these programme areas and permission is sought to extend contracts to enable a sound process of procurement to be put in place in accordance with the timescales set out in the report.

7. Recommended New Programmes

7.1 Older people

Historically there has been limited funding available for health improvement programmes that promote health and wellbeing and support independence of this age group.

Improving access to affordable warmth measures through improving housing, home insulation and the take up of benefits by vulnerable older people is proposed as a new programme. This will use the learning from a pilot in Erewash that recently won an award for the GP practice team who worked collaboratively with district council and public health leads to identify high risk individuals and support them with getting their entitlements. It is recommended that £182k is invested in widening out this programme

Reducing social isolation experienced by older people programme: both for its benefits to people's wellbeing and for the strain that this adds to social and health services. The proposal is to align funding with Adult Social Care to strengthen a befriending scheme to support older socially isolated older people to attend community based activities of their choice and to stimulate the provision of user friendly activities that people want to attend. An additional £100k would be needed to widen out provision across the county.

7.2 Making healthy choices easier

- **Health and work**

The aim is to promote healthy workplaces by having a small team to develop a Healthy Workplace Charter. This would be available to all employers across the county but there would be a specific focus on those with a greater number of people in routine and manual groups who are at greater risk of poor lifestyles. Evidence shows that healthy workplaces have less

sickness absence, higher levels of productivity and better staff retention rates which are a benefit to employers as well as to their employees' health. Proposed investment of £138k.

- **Healthy pharmacies**

Work will be done to explore and pilot the scope for pharmacies to increase their impact on improving public health. These pharmacies will be identified where there are poorer health levels impacting on local people alongside willingness for pharmacies to participate. The pilot will be evaluated for impact. This would cost £10k

- **Making every contact count**

It is proposed that investment will also go to the "Making Every Contact Count" programme which will enable a wide range of public facing workers to take on a role in promoting health. The cost would be £40k.

- **Breakfast clubs**

It is recommended that schools with a high number of children in receipt of free school meals should be supported to put in place breakfast clubs to support learning, improve behaviour and the health of all children. This could be jointly funded by CAYA and public health for a period of one to two years then evaluated for impact to determine future provision. The focus would be on identified schools and options for quality and type of provision are being developed. An indicative contribution of £115k is proposed with a CAYA contribution of £65k to give an overall sum of £180k which would underwrite the costs of the food element for 25 of the schools with the highest number of children eligible for free school meals. A detailed proposal from Children & Young people's Services and Public Health will be provided for Members to consider.

- **Heart of Derbyshire healthy eating campaign**

This would be a collaborative programme between public health, Trading Standards in the Council and environmental health departments across the county. The programme would aim to change the content of food bought from Derbyshire food producers over the next 18 months. This would include lowering

salt content to reduce heart attacks and strokes, reducing the fat content of food and controlling portion size in some take away businesses. There would be an award scheme to promote businesses providing healthy eating options and promotions linked to food hygiene standards. Suggested funding is for £70k this year with a further £200k next year.

- **Action on illicit and illegal tobacco**

Funding is recommended to be provided for a Trading Standards Officer to focus on detecting and preventing sale of illicit tobacco including use of a sniffer dog. Effective and necessary tobacco control interventions are aimed to reduce availability and affordability of unsafe, illegal tobacco products that are currently freely available in high street shops. This undermines the whole programme of activity to reduce smoking prevalence through raised taxation levels. Over 10% of deaths in adults in Derbyshire are as a result of smoking. Annual cost £55k.

7.3 Tackling poverty

- **Credit union instant access loan funds**

It is proposed that safe and affordable loans to people on low incomes will be increased through the provision of additional funding to Credit Unions. Repayments would be secured via a direct deduction from child benefits ensuring a low default rate. Capital would then be recycled providing excellent value for money. The system avoids the need for people struggling with debt to use extortionate doorstep lenders and illegal money lenders. It has been successfully piloted in Chesterfield and North East Derbyshire. The proposal would widen the funding available across the county as a contribution to the anti-poverty strategy. A grant of £300k is suggested to be shared between the credit unions.

- **Health and employment specialist worker pilot**

Helping people with physical or mental health problems to maximise their chances of finding work or getting back to work after prolonged episodes of illness is proposed as a pilot. This is in response to increasing demand in advice services from people who have been assessed as fit to work through the welfare assessment process. This would be a pilot scheme that

would be evaluated to determine future provision. The cost of the pilot would be £27k

- **Support for appeals in relation to welfare rights assessments**

Two local agencies: the Welfare Rights Service and Chesterfield Unemployed Workers' Centre are picking up a significant number of appeals from the CAB in GP work for which they currently receive no funding. A contribution would recognise and value this work and its impact on health.

The overall 'success' rate of appealing a rejected benefit claim is 40%. Representation at an appeal increases the chance of success by 85-90%. Significant amounts of one-off and regular income can be secured by appealing rejected benefit claims and this will have an important impact on the appellant's health and wellbeing. In year funding of £50k with an additional £100k in 2014/15 is suggested

- **Supporting food banks**

There are 19 food banks in Derbyshire. Staff are mainly volunteers and most of the food is donated by local people although there is an increasing trend towards donations from local supermarkets. Food banks have experienced an exponential rise in demand. Small grants to local food banks would help them to respond to the very recent impact of the welfare reforms applied to families from this April. Suggested grant funding of £108k in 2013/14 would provide emergency food for 3,000 people for 3 days.

7.4 Procurement of these services will be undertaken in accordance with financial regulations.

Summary of proposed indicative additional expenditure

Subject	Recurrent (part year effect for 2013/14)	Non recurrent
Breastfeeding peer support	£156k (£52k)	
Additional service supporting children affected by substance misuse in their family	£70k (£23k)	
Locality working for health and tackling health inequalities	£493k (£108k)	
CAB in primary care inflationary increase	£22k	
Healthchecks additional activity	£430k (£215k)	
Falls prevention	£275K (£92k)	£40k
CAB in children's centres	Up to £233k (£78k)	
Increased access to affordable warmth measures for older people	£188k (£94K)	
Reducing social isolation befriending scheme	£100k (£50k)	
Healthy workplaces	£138k (£46k)	
Healthy pharmacies pilot	£10k	
Making Every Contact Count training for frontline staff	£40k	
Breakfast clubs		£76 2013/14 £115k 2014/15
Heart of Derbyshire Healthy Eating campaign		£70k 2013/14 £200k 2014/15
Action on illicit and illegal tobacco		£28k 2013/14 £55k 2014/15
Credit union instant access to loans grant		£300k
Health & employment specialist worker pilot		2013/14 £14k 2014/15 £27k
Support for people through the welfare assessment process		£50k 2013/14
Food banks		£108k
TOTAL	£2.1m (£830k)	£676k 2013/14 £397k 2014/15

Members will be provided with more detailed plans and proposals on the specific agreed programmes as work progresses through the year.

8. Legal considerations

As indicated above Cabinet previously agreed to request the NHS to extend public health contracts prior to the transfer of responsibilities to provide continuity of care to service users and in order that a full review of existing programmes could be carried out post transfer in April 2013.

It had been intended that directly commissioned services would be re-procured from October 2013 and other contracts from April 2014. However given the review process has just been completed this is not now considered practicable. A viable plan for future procurement is included in the report. It is proposed therefore that standing orders are waived so that directly commissioned contracts are extended as outlined in Appendix 3.

In addition there are areas intended for redesign where it is proposed that the relevant existing contracts are extended to 2015 as indicated in the report.

Whilst it would normally be necessary to expose such arrangements to procurement processes at the earliest opportunity, the Director of Legal Services advises that the phased procurement set out in the report would be a reasonable approach in all the circumstances given the Council's commitment to recommissioning within the defined timescale set out in Appendix 3. Standing Orders may be waived so as to enable full consultation and equality impact assessments to be undertaken where necessary followed by procurement.

9. Financial Considerations

9.1 The Public Health Grant

The public health grant for 2013/14 is £34.7m. The formula on which the 2013/14 and 2014/15 allocation of the public health ring fenced budget identified that the funding for public health in Derbyshire County PCT was above the nationally set baseline figure per head of population by £4 per person. However government committed to ensuring that local authorities had sufficient funding for existing commitments with an agreed uplift of 2.8% this year and a further 2.8% in 2014/15. This equates to £2m of extra funding being available for investment for 2013/14 with an additional £970k becoming available in 2014/15.

The majority of the funding is committed to existing public health commissioned services: around £26m. Staffing costs are £3.2m. A

contingency reserve of £1m is being proposed and is detailed below mainly in relation to activity levels that are independent of the public health department eg prescribing, access to contraceptive and sexual health services. In addition a final reconciliation of NHS budgets is still awaited and an additional contingency of £1.2m is proposed to be held in reserve pending agreement with NHS commissioners.

The additional funding is very welcome and enables some developments to be recommended. However Members needs to be mindful that the grant for 2015 onwards is unknown. Based on the currently understood position there may be a reduction in the grant of around £5.5m in 2015 or an approximately 15% lower level of funding. The recommendations around service redesign and consolidation over the next two years will take this scenario into account to enable services to be provided sustainably over the near term.

9.2 Summary of current areas identified in a contingency budget:-

The areas itemised below are the responsibility of the Council and additional funding is suggested to support delivery.

- Health checks due to funding mechanisms inherited from Derbyshire County PCT and the need to increase activity levels year on year: £430k.
- Children's services funding gap due to NHS reform process. There is a financial risk around a funding gap that has arisen through the transfer of services from the NHS to the council which is up to £220k. This is part of the wider NHS reconciliation of budgets that is still in progress.
- Sexual health due to new funding arrangements and demand led services: £200k
- Drug, alcohol and smoking cessation services due to demand led budgets: £170k
- Passenger Transport Services a one off payment of £50k is proposed to support delivery in 2013/14. This is a legacy from Derbyshire County PCT with joint funding with the CCG's being suggested to enable the service to be reviewed and other sources of funding identified from 2014/15.

9.3 There are a number of outstanding issues around alignment of resources which are subject to detailed work with NHS bodies to ensure that there is clarity around respective responsibilities. The NHS organisations are still engaged in detailed reconciliation of

contracts and the underlying financial position remains to be determined. Quarter one financial returns may provide a more detailed understanding. A contingency of £1.2m is being proposed for this. Once this is fully agreed any additional resources available will be identified and recommended to Members for delivery of additional or enhanced programmes.

- 9.4** Procuring the additional services will take time so only part year effect is shown for many areas. It is proposed that the planned underspend is held in reserve for any unforeseen pressures and as a resource to develop new opportunities.

9.5 Financial Summary

	13/14 £m	14/15 £m
Existing Commitments	30.40	30.40
Contingency pending agreement with NHS Commissioners	1.20	1.20
Contingency for areas identified - pressures due to activity levels	1.00	1.00
Part-year effect of recommended additional expenditure		
• Recurrent	0.83	2.10
• Non-recurrent	0.68	0.40
Planned underspend	0.66	0.50
Public Health Grant	34.77	35.60

10. Human resource considerations

There will be human resource considerations in a number of the programme areas. These will be raised in the specific proposals.

11. Other considerations

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder specifically in relation to the substance misuse programmes, environmental, equality of opportunity, property and transport considerations. Equality Impact Assessments will be carried out on all of the proposals as they are developed and provided for Members.

12. Is it required that the call in period be waived in respect of decisions being proposed within the report? No

13. Background papers

- Derbyshire Health & Wellbeing Strategy
- Derbyshire JSNA
- Other reports available from public health

14. Key decision Yes

15. Officer Recommendations

Members are asked to note the conclusions of the Review as set out in the report and to agree the course of action outlined:-

- a. Agree the areas recommended for continuation in section 5 including indicative funding where identified.
- b. The service areas recommended for redesign in section 6 are supported and a mandate given to the Director of Public Health to develop a phased programme of redesign and tendering as set out in the report.
- c. The proposed new areas for delivery, outlined in section 7, mainly for older people, uplifting locality funds to focus on health inequalities, making healthy choices easier and tackling poverty are supported in principle with the indicative funding and agreed for the commencement of developing business cases then subsequent procurement as set out in the report.
- d. That the Director of Public Health be authorised to commence procurement processes as specified with further reports being provided for Cabinet/CABCO for entering into new contracts as appropriate.
- e. That standing orders be waived so as to permit the extension of contracts as set out in the report.

Elaine Michel

Director of Public Health

July 2013

Appendix 1

List of commissioned services

ACUTE

	Provider	Estimated annual value (11-12)	End date	Specified notice period?	If yes, how many months?
1	Burton FT (GUM)	286,771	31st March 2013	Yes	Rolling 12 months
2	Chesterfield Royal Hospital FT (Chlamydia screening)	324,323	31st March 2013	Yes	Rolling 12 months
3	Chesterfield Royal Hospital FT (GUM)	784,550	31st March 2013	Yes	Rolling 12 months
4	Chesterfield Royal Hospital FT (School Nursing)	1,717,162	31st March 2013	Yes	Rolling 12 months
5	Chesterfield Royal Hospital FT	£75,000	31/03/2014	No	Rolling 12 months
6	Derbyshire Healthcare FT (Methadone)	50,000	31st March 2013	Yes	Rolling 12 months
7	Derbyshire Healthcare FT (GUM)	730,597	31st March 2013	Yes	Rolling 12 months
8	Nottinghamshire Healthcare (Detox)	162,000	31st March 2013	Yes	Rolling 12 months
9	Nottingham University Hospital (GUM)	179,902	31st March 2013	Yes	Rolling 12 months
10	Sherwood Forest FT (GUM)	190,120	31st March 2013	Yes	Rolling 12 months
11	Sheffield Teaching Hospital (GUM)	120,392	31st March 2013	Yes	Rolling 12 months
12	Stockport FT (GUM)	31,262	31st March 2013	Yes	Rolling 12 months
13	Derbyshire County Health Service (HP - Childrens)	529,359	31st March 2013	Yes	Rolling 12 months

14	Derbyshire County Health Service (HP - Sexual Health)	673,078	31st March 2013	Yes	Rolling 12 months
15	Derbyshire County Health Service (HP - Tier 2 weight mgmt)	572,858	31st March 2013	Yes	Rolling 12 months
16	Derbyshire County Health Service (HP - Stop Smoking)	1,758,154	31st March 2013	Yes	Rolling 12 months
17	Derbyshire County Health Service (HP - Workplace)	141,348	31st March 2013	Yes	Rolling 12 months
18	Derbyshire County Health Service (HP - Health Trainers)	271,231	31st March 2013	Yes	Rolling 12 months
19	Derbyshire County Health Service (HP - Resource and Marketing)	156,431	31st March 2013	Yes	Rolling 12 months
20	Derbyshire County Health Service (HP - Safety Equipment)	52,070	31st March 2013	Yes	Rolling 12 months
21	Derbyshire County Health Service (HP - Diabetes Education)	123,542	31st March 2013	Yes	Rolling 12 months
22	Derbyshire County Health Service (HP - LTC)	52,348	31st March 2013	Yes	Rolling 12 months
23	Derbyshire County Health Service (HP - General)	479,206	31st March 2013	Yes	Rolling 12 months
24	Derbyshire County Health Service (Chlamydia Screening)	207,989	31st March 2013	Yes	Rolling 12 months
25	Derbyshire County Health Service (C&SH minus vasectomy service)	440,097	31st March 2013	Yes	Rolling 12 months
26	Derbyshire County Health Service (GUM)	2,167,467	31st March 2013	Yes	Rolling 12 months
27	Derbyshire County Health Service (School Nursing)	1,745,472	31st March 2013	Yes	Rolling 12 months
28	Derbyshire County Health Service (Dental Epidemiology)	10,000	31st March 2013	Yes	Rolling 12 months

29	Derbyshire County Health Service (Dental Health Promotion)	111,302	31st March 2013	Yes	Rolling 12 months
30	Derbyshire County Health Service (Condition Mgmt Programme)	104,727	31st March 2013	Yes	Rolling 12 months
31	Derbyshire County Health Service (Tier 3 Weight Mgmt)	247,383	31st March 2013	Yes	Rolling 12 months

DIRECT COMMISSIONED

	Provider	Estimated annual value	End date	Specified notice period?	If yes, how many months?
1	Derbyshire Sport - Active Derbyshire	£63,115	31/03/2014	No	
2	Avenue House Surgery, Chesterfield - Healthcare for homeless	£42,430		Yes	6 months
3	High Peak CAB Service in GP Surgeries	£103,854	31/03/2013	Yes	6 months
4	NE Derbyshire CAB Service in GP Surgeries	£199,328	31/03/2013	Yes	6 months
5	S Derbyshire CAB Service in GP Surgeries	£68,676	31/03/2013	Yes	6 months
6	D Dales, Erewash and AV CAB Service in GP Surgeries	£284,353	31/03/2013	Yes	6 months
7	Chesterfield CAB Service in GP Surgeries	£128,766	31/03/2013	Yes	6 months
8	Derbyshire County Council - FIP	£25,000		No	
9	Amber Valley BC - Healthy Lifestyles	£97,516	31/03/2014	Yes	12 months
10	AVBC - Active Adults	£2,500	31/03/2013	No	
11	Futures Homescape - Warden Service	£8,500	31/03/2013	No	
12	Relate - Outreach Counselling - Amber Valley	£1,854	31/03/2013	No	
13	Rural Action Derbyshire - Counselling Service	£3,000	31/03/2013	No	
14	Alzheimers Society	£4,590	31/03/2013	No	
15	Hearing Help - Amber Valley	£3,500	01/04/2013	No	
16	Groundwork - Amber Valley	£4,000	01/04/2013	No	
17	Amber Trust - Mental Health Service	£4,356	31/03/2013	No	
18	Bolsover District Council - Wellness	£202,000	31/03/2014	Yes	12 months
19	Bolsover District Council - Healthy Lifestyles	£85,887	31/03/2014	Yes	12 months
20	Citizens Advice Bureau - Bolsover Telephone Services	£20,000	31/03/2014	No	
21	Clowne Community Transport	£5,000	31/03/2013	No	

22	South Normanton and Pinxton Health Project	£30,000	31/03/2013	No	
23	Bolsover District Council - Fuel Poverty	£21,350	31/03/2013	No	
24	Exercise for All - Tibshelf	£32,000	31/03/2014	No	
25	Older Peoples' Forum, Bolsover	£2,000	31/03/2013	No	
26	Bolsover District LSP	£29,300	31/03/2014	No	
27	Chesterfield Borough Council - Lifestyle	£94,510	31/03/2014	Yes	12 months
28	Chesterfield Borough Council - Health Interventions	£15,750	31/03/2013	No	
29	CHART LSP	£29,566	31/03/2013	Yes	3 months
30	Erewash Borough Council - Lifestyle	£83,905	31/03/2014	Yes	12 months
31	Drama Crew, Erewash	£2,820	31/03/2013	No	
32	Arts at the Heart, Erewash	£5,000	31/03/2013	No	
33	Erewash Borough Council - Obesity	£3,000	31/03/2013	No	
34	Dinners 4 U, Erewash	£5,000	31/03/2013	No	
35	Health Toolkit, Erewash	£3,260	31/03/2013	No	
36	Follow Flame Cycle Project, Erewash	£5,000	31/03/2013	No	
37	Winter Packs, Erewash	£5,000	31/03/2013	No	
38	High Peak Borough Council - Lifestyle	£61,245	31/03/2014	Yes	12 months
39	Derbyshire Dales District Council – Lifestyle	£64,220	31/03/2014	Yes	12 months
40	NE Derbyshire District Council - Lifestyle	£97,085	31/03/2014	Yes	12 months
41	South Derbyshire District Council – Lifestyle	£68,970	31/03/2014	Yes	12 months
42	South Derbyshire District Council - Active Forest	£4,000	31/03/2014	No	
43	South Derbyshire District Council- Health Partnership Manager	£15,000	31/03/2013	No	
44	South Derbyshire District Council - Safer Neighbourhoods	£3,000	31/03/2014	No	
45	South Derbyshire LSP - Health Projects	£29,300	31/03/2014	No	

46	Amber Trust - Health Trainers	£90,000	31/03/2013	Yes	6 months
47	Rykneld Homes - Health Trainers	£26,000	31/03/2013	Yes	6 months
48	Adullam Housing Association - Health Trainers	£25,000	31/03/2013	Yes	6 months
49	Farming Life Centre - Health Trainers	£15,023	31/03/2013	Yes	6 months
50	Dales Housing - Health Trainers	£26,000	31/03/2013	Yes	6 months
51	Killamarsh Medical Practice - Health Trainers	£11,080	31/03/2013	Yes	6 months
52	Moss Valley Medical Practice - Health Trainers	£16,855	31/03/2013	Yes	6 months
53	The Village Surgery - Health Trainers	£8,886	31/03/2013	Yes	6 months
54	Wellbeck Road - Health Trainers	£8,751	31/03/2013	Yes	6 months
55	Staffa Health - Health Trainers	£22,150	31/03/2013	Yes	6 months
56	Springs Health Centre - Health Trainers	£8,886	31/03/2013	Yes	6 months
57	Holywell Medical Group - Health Trainers	£9,523	31/03/2013	Yes	6 months
58	Umbrella - Health Trainers	£20,135	31/03/2013	Yes	6 months
59	Futures Homescape - Health Trainers	£27,620	31/03/2013	Yes	6 months
60	Buxton Volunteer Centre	£7,250	31/03/2013	No	
61	High Peak Borough Council - Health Trainers	£54,300	31/03/2013	No	
62	Open University - PH Module	£13,000		No	
63	NE Derbyshire District Council - Health projects	£8,500	31/03/2014	Yes	6-12 months
64	Addaction - Specialist Alcohol Treatment	£510,000	31/03/2013	Yes	6 months
65	DAAS - Tier 2 Services	£590,000	31/03/2014	Yes	6 months
66	Derbyshire CSP - Drug Programme	£6,332	31/03/2014	No	
67	DHcFT - Specialist Drug Treatment Services	£4,170,000	31/03/2014	Yes	12 months
68	SPODA - Carer Service	£146,000	31/03/2014	Yes	6 months
69	Action Housing Support - Drug Recovery	£40,000	31/03/2013		

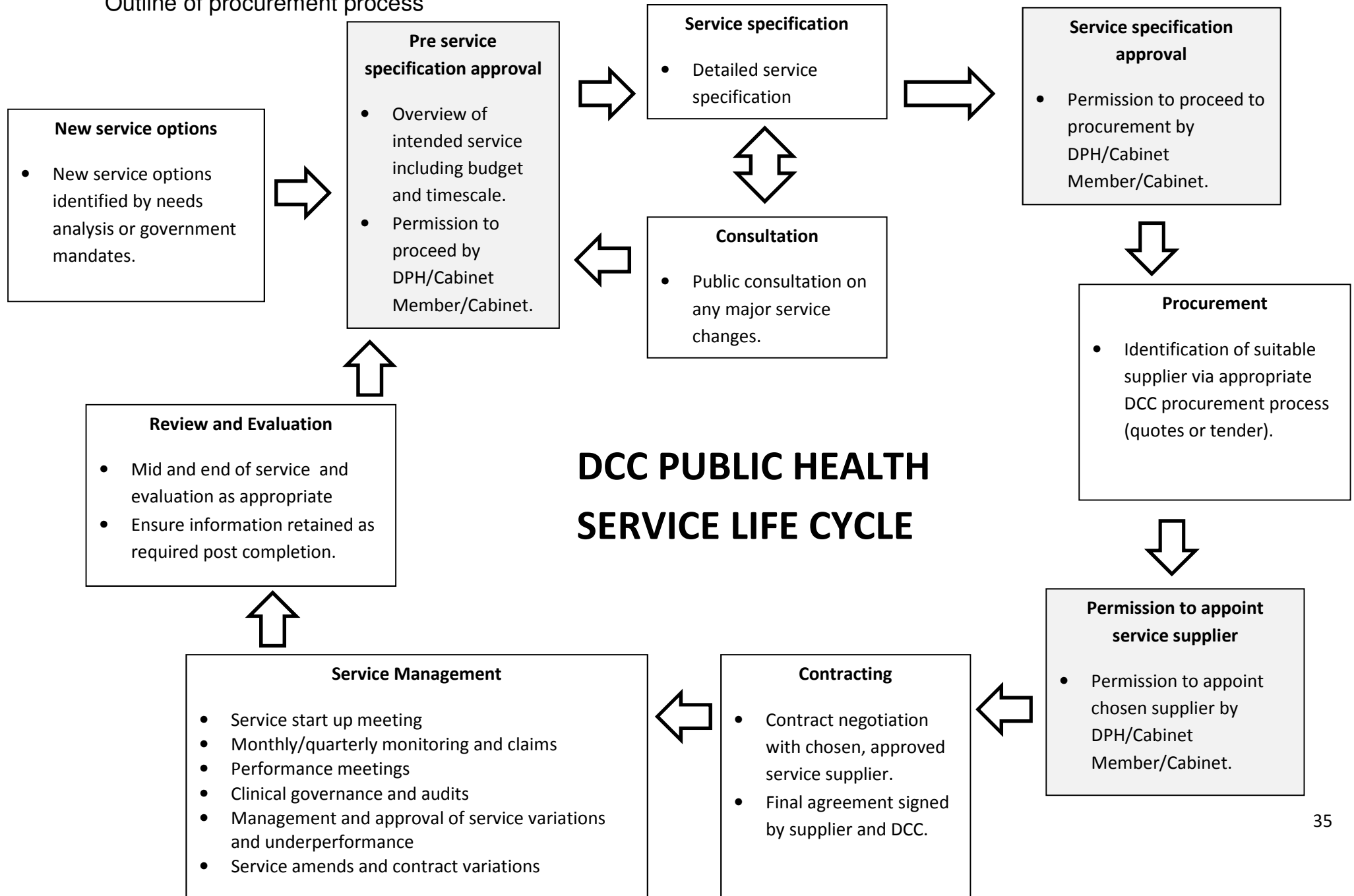
70	Nite Light - Drug Recovery	£24,000	31/03/2013		
71	Rhubarb Farm - Drug Recovery	£23,000	31/03/2013		
72	Self Help Notts - Drug Recovery	£30,000	31/03/2013		
73	SMART - Drug Recovery	£4,500	31/03/2013	No	
74	Age Concern Derbyshire	23,654	31/03/2013		

ENHANCED SERVICES

	Provider	Estimated value (budget) (12-13)	End date	Specified notice period?	If yes, how many months?
1	GP Enhanced Service (Tobacco - Advisor)	76,362	Mar-13		
2	Pharm Enhanced Services (Tobacco - NRT and Advisor)	176,785	Mar-13		
3	GP Enhanced Service (S Health - IUCDs)	191,352	Mar-13		
4	GP Enhanced Service (S Health - Implanon)	231,961	Mar-13	Yes	3 months
5	Pharm Enhanced Service (S Health - EOC)	84,366	Mar-13	Yes	3 months
6	GP Enhanced Service (Drugs - Substance Misuse)	136,103	Mar-13		
7	GP Basket of Services (CVD - Health Checks)	198,637	Mar-13		
8	Pharmacies (Drugs - Needle Exchange)	130,000	Mar-13		
9	GP Enhanced service (S Health - Chlamydia)	1,500			
10	Pharmacy Enhanced service (S Health - Chlamydia)	1,000			

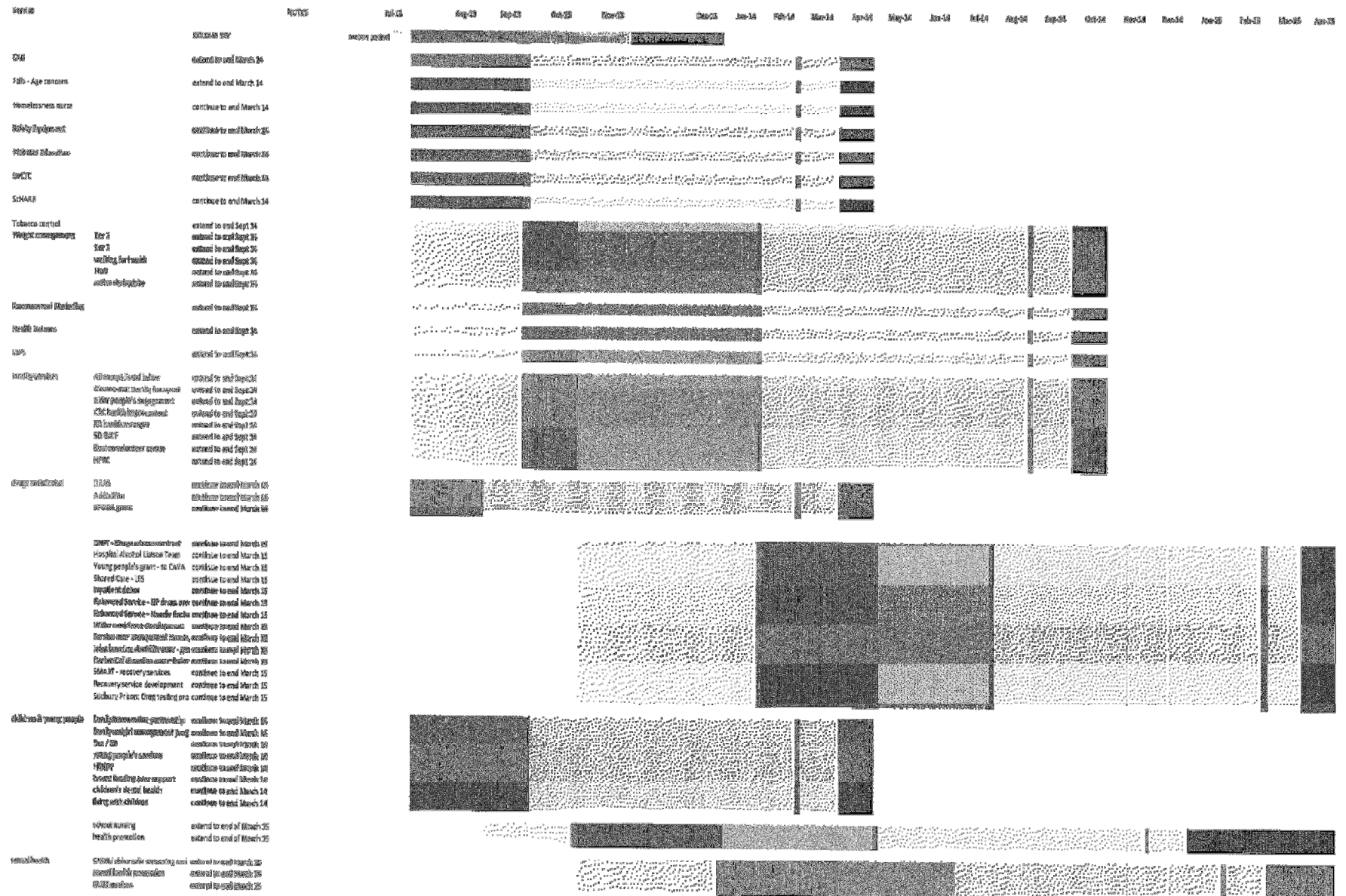
Appendix 2

Outline of procurement process



Proposed phasing of procurement

Appendix 3



Meaning of Acronyms

LES – Locally Enhanced Services

CAB – Citizens Advice Bureau

SchARR – The School of Health & Related Research

C&SH – Contraceptive and Sexual Health Services

DAAS – Drugs and Alcohol Service

HENRY – Health, Exercise, Nutrition for the really young

GUM - Genito Urinary Medicine

FFLP – The Food for Life Partnership

LWC – Living with Children

LWT – Living with Teenagers

CYPHPS – The Children and Young People's Health Promotion Service

CAYA – Children and Young Adults

LSP – Local Strategic Partnership

DCHS – Derbyshire Community Health Services

JSNA – Joint Strategic Needs Assessment