


REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

09 April 2018

Subject:	Public Health Underspend
	Councillor Elaine Costigan - Cabinet Member for Public Health and Protection
Director: (Executive Director of Adult Social Care, Health and Wellbeing – David Stevens
Contribution towards Vision 2030: (
Contact Officer(s):	Ansaf Azhar – Interim Director of Public Health Gordon Andrews – Programme Manager Obesity, Physical Activity & Tobacco Control

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. Consider and comment upon the information provided.

1 PURPOSE OF THE REPORT

- 1.1 In June 2017, the Budget and Corporate Management Scrutiny Board received a report on the Council's financial outturn for 2016/2017. The Board noted a surplus within Public Health and Regulatory Services due to reduced expenditure on weight management initiatives and the health survey, and lower than anticipated activity levels on health checks. Members felt that, given the health challenges in Sandwell this Board should look into this underspend and the performance of programmes to address long term conditions.

1.2 The questions from the scrutiny were as follows:

- I. The reasons for underspend in lifestyle areas of public health such as weight management and health checks
- II. What has been done with the underspend money?
- III. What has been done to promote good health in Sandwell?

2 **IMPLICATIONS FOR SANDWELL'S VISION**

2.1 Our work to address lifestyle risk factors among Sandwell residents is fully aligned with Ambition 2 of the Council's Vision – "Sandwell is a place where we live healthy lives and live them for longer and where those of us who are vulnerable feel respected and cared for."

3 **BACKGROUND AND MAIN CONSIDERATIONS.**

3.1 One of the main reasons for public health underspends is that the contracts have reflected aspirational targets with significant performance related payments and in a number of areas the targets were not met and the full value of contract payments were not made. These targets have now been reviewed and revised targets and contract values have been set as a result of the learning from commissioned services in the past.

3.2 Below are some explanations and reasons for underspend in lifestyles areas of public health:

Lifestyle Services Contract

The innovative three phased lifestyle service contract was designed in 2015 to take individuals from initial assessment to intervention and maintenance phase. High targets were set with a large payment by result (PBR) element, which means that the council only pays the provider for numbers of service users successfully engaged in each phase of the service provision.

The targets were considered too high and aspirational. Therefore the target for new lifestyles services contract from August 2018 has been "correct sized" and the budget adjusted accordingly. The overall budget for this has been reduced from £817K to £550K

Weight management

We take care to develop and incorporate evidence-based weight management services and to pilot any interventions (in respect of innovation) which may lead to phased introduction, upscaling and

development. There are two areas within this which have contributed to public health underspend.

- Weight Watchers – Voucher Programme. The system has operated for several years since original piloting (2013) and during the previous commission the means to distribute, track and re-allocate any unused vouchers to optimise supply and demand was dramatically improved. This lengthened the period of supply and voucher availability. Based on learning, the current commission (commencing 17/18) has required development of a new payment model (monthly in arrears) as opposed to ‘up front purchase’ of vouchers. The combination of these factors accounts for the 17/18 budget appearing underspent in this area by £30K – in fact there has been no break in service to residents, supply is better regulated and payments phase into the next financial year 18/19 to keep pace with monthly activity.
- Man v Fat & Engage, Motivate & Move (EMM) – Examples of piloting (men’s weight management programmes) and research (young people’s school / community intervention). Payments are spread evenly across the duration of the intervention. i.e. In the case of Man v Fat it was necessary to adjust payments to coincide with the adjusted timeline (Delivery ending in May 18). NB – Same rationale applies re: EOEW Food Awards (23K) where the finance is to support an Officer Post and colleagues from Environmental Standards/Regulatory Services have not yet managed to fill the vacancy successfully. Therefore this will be phased into next financial year.

NHS Health Check

A new NHS Health check provision with a community arm was launched in 2015, with a significantly higher uptake rate target set to compensate for previous years (2013 to 2015) underperformance. Whilst this helped to considerably improve the uptake rate in Sandwell, it still did not achieve the set target and was therefore contributed to significant underspend. However, Sandwell borough was recognised as most improved borough in the region for NHS health check uptake, which is now above national target.

The recent procurement was unsuccessful and the feedback from market indicated that the targets were too high for the financial envelope available. Therefore moving forward, we are re-commissioning the service again and reducing the targets slightly from 30% invites to 25% invites (from an eligible population of 85,266 people) which equates to 21,316 individual invites annually. Our strategic aim is to deliver Health

Checks to 15,987 eligible people which is the 75% uptake screening target recommended by Public Health England.

3.3 Public Health Reserve and Future Plans

	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000
PH Reserve @ 01/04	5,402	4,860	3,692	1,011
PH Grant	26,007	25,366	24,174	23,422
Reserve as % of Grant	20.8%	19.2%	15.3%	4.3%

The Public Health Reserve developed from historic under spends arising from contract reviews, provider under performance and vacancies within the service. It should be noted that the Reserve is subject to the same ring-fence restrictions as the Public Health Grant.

At the start of 2016/17 the reserve was £5.4 million and we anticipate that it will reduce in each of the following financial years.

The use of the reserve has enabled the service to deal with a range of financial pressures over the medium term rather than undertaking immediate corrective action to address issues such as:

- Year on year reductions in the cash value of the grant
- Inflationary increases on contracts
- The impact of pay award and superannuation changes on staffing costs

The future financial gap arising from a reducing grant and increasing costs will require us to revise our investment priorities. As in the past the ability to use the reserve will allow more time to plan, develop and implement the new strategy.

4 **THE CURRENT POSITION**

- 4.1 The service is projecting a significant financial pressure because of year on year reductions in the grant and inflationary pressures as outlined above. It is anticipated that the Public Health Reserve will allow time to review public health priorities against the landscape of continuously reducing public health grant. With this in mind we have reviewed many large commissioned areas with the view of releasing efficiencies whilst ensuring effectiveness and better access to Sandwell residents. We have

commissioned services with an increasing preventative focus and a clear self-help focus.

Examples of such initiatives are as follows:

- An integrated sexual health service is commissioned from April 2018 with increase access to clients with a clear self-help focus. Clients will have the option to do their testing through home testing kits which will not only be convenient to the client but will be highly cost effective. The new service is expected to make a saving of approximately £300k per year.
- A new integrated drug and alcohol service was commissioned with an increasing early prevention and early intervention focus. As well as treating vulnerable groups, the new service will increase the identification and brief advice (IBA) offer enabling to identify risky drinking habits early and take appropriate action.
- The manner in which weight management services are currently planned and commissioned maximises the tailoring of integrated services to individual needs through a 'person' rather than 'programme' centred approach. For example:
 - Eligibility: Public health 'positions' the various service entry points in the localities so that there is complimentary weight management service eligibility. Services are not competing with each other but work together to create an over-lapping offer i.e. Weigh2Go Community (Libraries) Programme (BMI 23 and above), MTA Lifestyle Services (BMI 25 and above - overweight), Weight Watchers (inc. GP referral) (BMI 30 and above – obese).
 - Multi-provider pathway & packages: Public health requires lifestyle and weight management services to work together to create an integrated treatment and maintenance pathway. Intervention Services can be integrated into multi-provider packages i.e. weight management with Weight Watchers and individual behaviour change, key worker support and physical activity programme from MTA.
 - Locality maintenance opportunities: There is a geographical component, with coordination of access to further (maintenance) services as appropriate for 'successful completers' via the support of our PH – Development Officer team who coordinate stakeholder / provider networks to promote integrated service provision in each of the six

Sandwell towns. This improves the longitudinal pathway for adherence to successful behaviour change.

- Self-help (with support): We are increasingly developing our 'light touch' and self-help 'offer' so that individuals can access the widest spectrum of opportunities to adopt healthy lifestyles (i.e. using apps), reducing emphasis on group sessions where desirable, with face to face support available to help individuals and families to make and maintain successful behaviour change and more virtual support being planned for the future.

5 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 5.1 The Public Health under spends reflect contract under-performance and vacancies within the staffing structure; both of which relate to historic issues. The under spends have been held within a Public Health Reserve which is subject to the same ring-fence as the Public Health Grant.
- 5.2 The Reserve will allow the service to manage expected pressures over the next two years which will enable Public Health priorities to be reviewed in order to propose a sustainable and cost-effective service which is consistent with both Public Health objectives and the Council's 2030 vision.

6 BACKGROUND PAPERS

There are none.

Executive Director of Adult Social Care, Health and Wellbeing