Sandwell
Metropolitan Borough Council

Health and Adult Social Care Scrutiny Board

Monday 9 April, 2018 at 5.30 pm
In Committee Room 1, at Sandwell Council House, Oldbury

Agenda

(Open to Public and Press)

1. Apologies for absence.

2. Members to declare:-

   (a) any interest in matters to be discussed at the meeting;
   (b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.

3. Minutes of the meeting held on 19 March, 2018.

4. Public Health Underspend.

J Britton
Chief Executive
Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution:

Councillor E.M. Giles (Chair);
Councillor Ahmed (Vice-Chair);
Councillor Rouf (Vice-Chair);
Councillors Crompton, Downing, Goult, O Jones, Hevican, S Jones, Lloyd and Shaeen.

Agenda prepared by Stephnie Hancock
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Sandwell
Metropolitan Borough Council

Agenda Item 3

Minutes of the Health and Adult Social Care Scrutiny Board

19 March 2018 at 5.30pm
at Sandwell Council House, Oldbury

Present: Councillor E M Giles (Chair);
Councillor Ahmed (Vice-Chair);
Councillors Crompton, Downing, Goult, Hevican, and Shaeen.

Apologies: Councillors Lloyd and Rouf.

4/18 Minutes

Resolved that the minutes of the meeting held on 22 January 2018 be approved as a correct record.

5/18 Sandwell and West Birmingham Clinical Commissioning Group – Treatment Policies Harmonisation Programme

It was reported to the Board that Sandwell and West Birmingham Clinical Commissioning Group (CCG) was commencing the second phase of its programme to harmonise treatment policies to ensure that patients had equal access to treatments and that those treatments were effective and had a proven clinical benefit.

The Board noted that Birmingham and Solihull and Birmingham Cross City CCGs were also carrying out the same exercise so patient access would be equal across the three CCG areas.

The Board noted the list of treatment policies proposed for review.

The CCG acknowledged that scrutiny's input into phase 1 of the programme had be sought late in the process and therefore the Board's views were being sought much earlier in the phase 2 programme. A comprehensive plan for engagement had been developed, which would incorporate views from a variety of clinical groups as well as patients and

the general public. A variety of engagement methods would be utilised including social media platforms, existing clinical and patient networks, questionnaires and public events. Evidence from Equality Impact Assessments would also be used.

Engagement with clinicians would take place over a six week period, commencing in April, before a six week public engagement process commencing in May. Feedback from the engagement processes would be reviewed in July and August and it was anticipated that the revised policies would be approved through the CCG's own governance mechanisms before implementation between October and December.

From the comments and questions by members and the responses and discussion, the following issues were noted:-

- It was important to make the most effective use of NHS funds by ensuring that the treatments carried out were clinically effective.
- Evidence showed that some procedures and treatments were less effective and it was therefore not cost effective, or beneficial to patients to keep doing them.
- The methods used in patient trials to gather evidence were ethically approved and fully consented to by the patients involved.
- Services were not being decommissioned but criteria was being reviewed against new clinical evidence and a case by case approach would still be taken by clinicians.
- GPs would not have any more power to make decisions on treatments and patients would still have the right to a second opinion, however, they would have more information upon which to make a decision.
- Patients could still be referred for a consultant's opinion and ultimately could make an appeal for an Individual Funding Request if they disagreed with the consultant's opinion to not carry out a procedure.
- Clinical evidence, guidance from the National Institute for Health and Care Excellence and guidance from the Cochrane Library would all be taken into account in the revision of the policies.

Resolved that a further report be submitted to the Board following the conclusion of the consultation.

6/18 **Aids and Adaptations Policy Review**

The Board received a presentation setting out proposed changes to the council's policy in relation to the provision of aids and adaptations that supported people to live independently.

The Council was due to commence a re-procurement exercise in relation to the contracts held for these works, which were due to expire in February 2019, and so the opportunity had been taken to re-shape the policy to shape procurement frameworks.

A working group comprising of members of the Board (Councillors Lloyd and Rouf) and relevant officers had identified the following areas to be taken into account:-

- The customer journey, including pathways, roles and responsibilities and expectations.
- Effective use of resources and value for money.
- Sustainability and future proofing of homes.

The Board noted the process that an applicant took from initial request to the completion of works.

From the presentation, questions and responses, the Board noted the following:-

- There would be a single person responsible for the customer pathway, which was underpinned by a revised officer structure which included additional Occupational Therapy capacity. This had already resulted in an increase in the clinical time of the occupational therapists and consequently increased the number of assessments taking place.
- Occupational therapists, caseworkers and technical officers would all be co-located.
- Timescales (from initial contact to completion of works) would be published as part of a set of Service Standards and performance would be benchmarked with other authorities.
- Adaptations to Council properties were funded through the Council's Housing Revenue Account and there was no limit on expenditure.
- Adaptations to non-council properties were funded from a Disabled Facilities Grant received by the Council from central government and there was a maximum spend of £30,000. Adaptations which exceeded this amount could be subsidised by the applicant.
- Local authorities were being asked to consider the introduction of

discretionary top-ups to disabled facilities grants.

- Consideration was being given to introducing a range of new grants which would support individuals to re-locate, those coming home from hospital and those living with dementia to make their homes easier to navigate and safer.
- Wherever possible there would be minimal bureaucracy in the processes.
- Wherever possible equipment would be recycled to ensure that the Council achieved value for money.
- The use of modular extensions ("pods") was being considered as an alternative to permanent structural adaptations.
- Re-location options would be discussed with the applicant if there was a suitable property available within the Council's housing stock that could me their needs and these conversations would take place as early as possible in the process.
- Each case was unique and the type of aid or adaptation requested would dictate whether or not a clinical assessment was required by an Occupational Therapist.
- Under law, adaptations had to be "necessary and appropriate" and "reasonable and practical".
- The Council was working with local universities to ensure that staff were appropriately skilled and to develop appropriate pathways to ensure that the right decisions were taken at the right points in the process with minimal delay.

The revised policy would need to take into account the Regulatory Reform Order 2002 and other policies around spending Disabled Facilities Grants. It was reported that the revised policy would be presented to the Cabinet in May.

Resolved:-

(1) that the proposals presented be endorsed for inclusion in the Council's revised policy on aids and adaptations, and submission to the Cabinet;

(2) that any changes to these proposals, prior to the draft policy's presentation to the Cabinet, be reported back to the Board.

7/18 Update from Chair and Vice-Chairs on their activities in relation to the Board's work programme

Councillor Ahmed reported that he had recently met with Andy Williams, the Accountable Officer for Sandwell and West Birmingham Clinical Commissioning Group, to discuss progress on the implementation of the Black Country Sustainability and Transformation Partnership (STP). The Board noted the following:-

- The CCG continued to work closely with the Executive Director-Adult Social Care, Health and Wellbeing on the utilisation of the Improved Better Care Fund and joint commissioning.
- Consideration was being given to the delivery of primary care being aligned to towns.
- Andy Williams would be stepping down as the STP lead and as such governance arrangements for the partnership were being reviewed.

It was also reported that concerns around the impact of the Midland Metropolitan Hospital on the Coroner's service in Sandwell had been raised with the Chief Executive of Sandwell and West Birmingham Hospitals NHS Trust.

Councillor Giles reported on the following:-

- The Joint Health Overview and Scrutiny Committee with Birmingham was receiving regular updates on the review of oncology services in Sandwell and West Birmingham and the delays in relation to the development of the Midland Metropolitan Hospital.
- She had recently met with Healthwatch Sandwell and discussed what good consultation looked like and this would be incorporated into members' training in the new municipal year.

(Meeting ended at 7.11 pm)

Contact Officer: Stephnie Hancock
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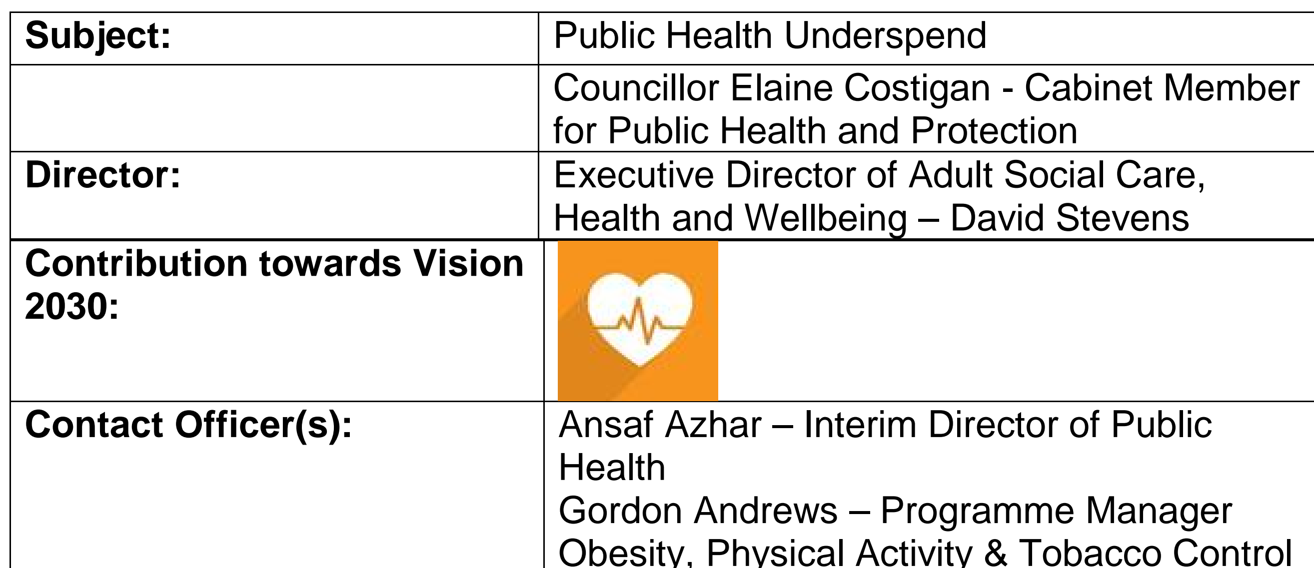
Sandwell
Metropolitan Borough Council

Agenda Item 4

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 heath 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:

<u>Lifestyle Services Contract</u>

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

<u>Weight management</u>

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 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'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