

Cabinet Member for Adults and Health	Ref No: AH9 18-19
Date: October 2018	Key Decision: YES
Endorsement of Future arrangements for District and Borough Wellbeing Hub Services	Part I
Report by Director of Public Health	Electoral Division(s): All

Summary

- This paper sets out proposed next steps regarding the West Sussex Wellbeing Programme* (the countywide adult prevention programme focused on modifiable lifestyle risk factors and supporting wellbeing) delivered in partnership between West Sussex County Council (WSCC) and each of the seven District and Borough Councils within West Sussex.
- The current three year partnership agreement between WSCC and each District and Borough Council comes to an end in March 2019, therefore this is an opportunity to review the current agreement and to decide on future arrangements to ensure they best meet the needs of our local communities, whilst continuing to follow national best practice and evidence.
- Recommendations for the way forward are set out below; these are based on the findings of a recent review capturing local learning to date and national best practice and evidence of effectiveness.

West Sussex Plan: Policy Impact and Context

Enhancing our community based prevention offer brings benefits across the system – through ensuring the healthiest choice is the easiest choice for all residents (in line with the Council’s Public Health vision), working within communities to target inequalities and the hard to reach groups or individuals in the community; also generates gains to social care and health services in terms of reduced need for support as a result of preventable ill health.

These services support the West Sussex Plan by:

- supporting working age adults to remain well and productive, contributing to the economy
- working for our communities offering local solutions,

* ‘West Sussex Wellbeing’ is the overarching title of the programme, used predominantly on the Wellbeing website and when talking about the Council’s broader countywide programme aims and ambitions. The term ‘Wellbeing Hub’ is used in the Council when referring to each local area. Each District and Borough uses their specific area location for their sub-branding of West Sussex Wellbeing (ie. Arun Wellbeing, Crawley Wellbeing).

- supporting individuals to remain independent in later life,
- and working with people as part of families supporting them to stay healthy and well.

The services form part of the WSCC discharge of its functions under the Public Health White Paper 'Healthy Lives, Healthy People: update and way forward'¹ which sets out local authorities responsibility for:

- Obesity and community nutrition initiatives
- Increasing levels of physical activity in the local population
- Assessment and lifestyle interventions as part of the NHS Health Check programme (the wellbeing programme offers individuals the required support identified in the checks)
- Behavioural and lifestyle campaigns to prevent cancer and long term conditions
- Local initiatives on workplace health

The functions delegated to the Districts and Boroughs are to enable them to meet the responsibilities for the above, through a mutually agreed outcome based programme that will differ in each D&B area according to need. These programmes are set out in annual business plans.

Financial Impact

The funding for the programme will continue to come from the Public Health Grant to the County Council. District and Borough partners contribute resources by way of providing premises, management, IT and infrastructure costs.

The value for the 2018/19 financial year is £1.84 million in total for all Districts & Boroughs taken together. The budget is set annually and final figures for 2019/20 will be determined as part of the County Council's budget decision in February 2019.

Recommendations

That the Cabinet Member approves that:

1. West Sussex County Council (WSCC) continues to delegate commissioning responsibilities and functions relating to Public Health prevention and Wellbeing Services to the West Sussex District and Borough Councils as set out in the Partnership Agreement and Service Specification and WSCC enters into a new three year partnership agreement (with appropriate break provisions) with each of the District and Borough Councils from 1 April 2019 to reflect these arrangements. These will also contain the agreement for WSCC to fund the Wellbeing Services and for the District and Borough Councils to contribute certain non-monetary resources (through staffing, infrastructure and management) to the Wellbeing Services. Each District and Borough Council will act as the host of the Pooled resources (including the Allocated Fund from the Public Health Grant).

2. That such delegation:

- (a) be defined and limited in accordance with this report;
- (b) be set out in the partnership agreements to include provision for actions and transition on expiry or termination.

PROPOSAL

1. Background and Context

Reducing inequality in life expectancy is a key performance objective in the WSCC Public Health Directorate Business Plan. It is aligned with the Public Health vision; for 'all our residents to start well, live and work well, and age well – with a focus on reducing the health and wellbeing gap in communities of highest need' acting at an individual and community level with potential to contribute to Public Health systems leadership for each place.

WSCC currently works in partnership with the seven District and Borough Councils within West Sussex to deliver on the joint public health agenda. The provision of a Wellbeing service delivers an adult prevention programme focusing on modifiable lifestyle risk factors and in addition the wider role that District and Borough councils play in shaping the wider determinants of health, including housing, planning, leisure and green space, environmental health and economic development. Whilst there are seven District and Borough Councils within West Sussex, there are six Wellbeing Hubs, as Adur and Worthing Councils provide a joint Hub – Adur & Worthing Wellbeing.

WSCC funds the West Sussex Wellbeing Programme from the Public Health Grant (PHG) (£1.8m in 2018/19). This funding is weighted towards District and Borough areas of inequality, deprivation and according to need. District and Borough Councils also contribute resources including infrastructure and management support – they employ and manage the staff, provide the premises and utilise each D&Bs own HR, IT, communications, legal, procurement and safeguarding responsibilities. The Wellbeing Programme underpins the health and wellbeing relationship between WSCC and Districts and Borough Councils; it is an established positive example of partnership working.

The priorities chosen and programme design are tailored to best fit the needs in each unique place. This is delivered through a shared understanding of the health and wellbeing needs of communities, alignment of priorities and recognition of the importance of local, place-based interventions to impact positively on reducing inequalities. The Wellbeing Hubs work to enhance and maintain health and wellbeing and to prevent ill-health for people who live or work in the county. They deliver this function through programmes (provided or commissioned), advice and signposting to other services. They support improvement in a large number Public Health Outcome Framework (PHOF) indicators including reducing health inequalities. They also identify hard to reach groups and undertake outreach into deprived communities (including using work places as a setting).

The three year partnership agreements with each of the seven District and Borough Councils comes to an end on 31st March 2019. This report sets out the rationale for continuing to provide the programme via seven separate new three year Partnership Agreements in line with the West Sussex Public Health whole systems approach to improving the health of our local population.

As part of our approach to governance across the Programme each Wellbeing Hub works with WSCC Public Health to develop annual business plans. Each Hub sets out their proposals for the forthcoming year, based on their indicative funding and the needs of the local area (using best available data from Public Health England (PHE) profiles and the Joint Strategic Needs Assessment (JSNA)). The process is collaborative with public health specialist input to ensure programmes are appropriate, follow best evidence, use validated tools (where available), have appropriate targets and measures and can be evaluated. This is in line with the service specification.

2. Proposal Details

This Report recommends the continuation of the West Sussex Wellbeing programme through the agreement of a new partnership agreement commencing April 2019.

Return on investment for lifestyle prevention service is established. Multiple unhealthy behaviours have a cumulative effect on health. For example someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is four times as likely to die over the next 10 years than someone who does none of those things. Inequality in this area has increased: the rate of multiple unhealthy behaviours has decreased overall but not within the poorest parts of society².

Therefore providing a programme that tackles multiple lifestyle risk factors not only addresses all these risk factors in one setting- reducing multiple barriers for action and a more seamless customer serviced approach - but is efficient and reduces the need for separate services with separate procurement, contractual and governance arrangements. This follows a national trend to deliver lifestyle services in this way.

The programme delivers evidence based programmes many of which have been evaluated for their return on investment (ROI) at a national or international level. Examples of relevant ROI figures include, for interventions to improve physical activity a ROI of between £6 and £23 per pound invested, similarly for drugs and alcohol £5 and £17, for healthy weight £2.40, for smoking cessation £1.20 to £15, reducing loneliness and social isolation £1.26 and from workplace wellbeing programmes £2.37 per pound invested.

The flexibility of the arrangements to be reflected in the agreements allow for transformation and alignment with a changing context (including interdependent Wellbeing Programmes, organisational changes and the financial position) within the established annual business planning cycle.

In future business planning the partners will together consider aspects of the programme for potential transformation. Proposals within the programme for consideration by the partners going forward include:

- Proposals to broaden the scope of the programme (e.g. regarding smoking cessation and NHS Health Check delivery).
- Wellbeing teams to consider developing their roles as local whole systems leaders to support wellbeing.
- An enhanced co-production approach to shaping the programme which may be phased and include development of a performance matrix developed with all relevant partners.
- Responding to changes to interdependent programmes e.g. the interface with the Integrated Prevention and Earliest Help (IPEH) service, social prescribing related activities, opportunities arising from the sustainable transformation plan (STP) etc. to be considered in particular at break points. This includes the impact of a whole systems approach in line with the public health vision.
- Jointly reviewing the funding formula considering enhancement of targeting towards high need areas.

3. Consultation

The Chief Executives of WSCC and the District and Boroughs have discussed the proposals recommending the following:

- Endorsement of the proposal to continue the partnership for the West Sussex Wellbeing Programme between West Sussex County Council and each of the seven District and Borough councils within West Sussex
- Support for the West Sussex Cabinet Member decision for the new three year partnership agreements between West Sussex County Council and the seven District and Borough councils starting in April 2019
- Welcomed the proposed approach to enhanced local priority setting and programme co-design to inform annual business planning see section 2 above.

Internal consultation has taken place with technical experts in legal and procurement with regard as to whether a procurement is required. See section 5 below.

The programme has been extensively reviewed in recent years and is informed by user feedback as part of monitoring arrangements for the current agreements.

4. Financial (revenue and capital) and Resource Implications

4.1 Revenue consequences of proposal

The programme is funded from the Public Health Grant. Funding is determined annually (as part of WSCC budget setting) and in 2018/19 is £1.84m which is divided across the programme according to an inequalities based funding formula (weighted for population size, prevalence of smoking, adults above a healthy weight and alcohol use in each D&B)

Future allocations will be determined as part of the WSCC annual budget setting process with the wellbeing programme allocation being part of the wider annual review of the use of the Public Health Grant and Public Health local priorities.

The allocation may change on an annual basis according to both the formula (in terms of how the money is allocated to each area) and the sum available overall which is determined by the Public Health Grant allocation which is set nationally.

The total budget available will be reviewed if the national reductions to the Public Health Grant continue beyond 2019-20 (see the following table).

	Current Year 2018/19 £m	Year 2 2019/20 £m	Year 3 2020/21 £m	Year 4 2021/22 £m
Revenue budget	1.84	1.84 TBC	1.84 TBC	1.84 TBC
Change from Proposal	-1.84	-1.84 TBC	-1.84TBC	-1.84TBC
Remaining budget	0	0	0	0

The funding is fully committed within each area at the start of the financial year. Any underspends that emerge are disclosed through the quarterly contractual management process. Any underspends are returned to WSCC.

4.2 *Future transformation, savings/efficiencies being delivered*

The Wellbeing Programme in West Sussex delivered substantial cash efficiencies over the current three year agreement and addressed additional demand following the end of the specialist adult tier 2 weight management contract. This was achieved with a reduced budget over the life of the current agreement of £0.37m from 2015/16 levels (an almost 17% budget reduction) and demonstrates the flexibility and responsiveness of the partnership arrangement which is valuable in the challenging context. This has taken place as a result of the reduction in the Public Health Grant, though the impact of this has included increased waiting times for example, in some areas up to one month.

4.3 *Human Resources, IT and Assets Impact*

The District and Borough Councils employ the wellbeing staff, provide management support, premises and infrastructure so there are no HR, IT and Assets Impacts for WSCC.

WSCC host the West Sussex Wellbeing website www.westsussexwellbeing.org.uk and the contract is managed by Chichester District Council on behalf of all the Districts and Boroughs. Each area updates their own local page, support from Public Health is given to the central pages of the website which offer advice and signposting on health issues. Decisions on the wellbeing website are made collectively between each District or Borough and WSCC Public Health.

5. Legal Implications

The agreements between WSCC and the District and Borough Councils will be structured as delegation arrangements of functions from WSCC to each of the District and Borough Councils under provisions of the Local Government Act 1972, Local Government Act 2000 and related regulations. Therefore the partnership agreements will not be “public contracts” for services pursuant to the Public Contracts Regulations 2015 and will not be subject to the public procurement regime. These types of arrangements involving cooperation between public bodies

in the performance of their public functions are also expressly exempted under the Public Contract Regulations 2015 from the requirement to run public procurement competitions. However where it is intended that provision of any the services are further contracted out to sub-contractors, these would need to be tendered in conformity with Public Contract Regulations.

There is some element of risk that a provider in the market could challenge the delegation of functions from WSCC to the District and Borough Councils and argue that the arrangements for the Wellbeing Hub Services are "public contracts" for services which should have been competitively procured under the Public Contracts Regulations 2015. However, taking into account a number of factors, including the fact that the District and Borough Council's contribute towards the services (through management and infrastructure) and the fact that the Wellbeing Hubs are already established within each local area and operate from locations and services already well known to the public, this is considered to be low risk.

6. Risk Assessment Implications and Mitigations

6.1 Corporate and service risks and action to mitigate

The Council is funding Services that will be managed and run by the District and Borough Councils. There is a risk that the Services are not provided as expected. However, given the success of current arrangements this is considered to be unlikely. The partnership agreements will also incorporate appropriate performance and monitoring provision in accordance with WSCC Standing Orders and deal with a situation where there is a default in the provision of the Wellbeing Services.

Should the Public Health Grant allocation to West Sussex substantially reduce within the life of the existing agreement there is a risk that this would affect the programme in terms of funding of staff and programmes. However, we work with the programme on an annual basis to consider the impact of any potential reductions, scenario planning on potential percentage reductions. Any reduction could result in loss of services but we would work together to prioritise what is on offer in each area and minimise the impacts of this should it occur.

Other than the risks identified above, there are no substantial risks that should be considered in weighing up whether or not to proceed with the delegation of function and partnership agreement arrangements. Although there is a reputational risk associated with any failure of the Services, given the comments above it is more likely that WSCC's reputation will be enhanced by its decision to increase the collaborative commissioning of the Services so as to improve the overall quality of the Services and to eliminate procedural inefficiencies due to separate commissioning arrangements.

7. Other Options Considered (and Reasons for not proposing)

Alternative options (in order of preference) are:

- new partnership agreements for one year with an option to extend for up to two years,
- extension of the existing partnership agreements for one year only,

- and stop the service when the existing agreements comes to an end on 31 March 2019.

New Partnership agreements for one year with the option to extend for up to a further two years

This would be the best alternative option if three year partnership agreements with annual break clauses are not acceptable. It would allow continuity of service for the Wellbeing Hubs and the staff within them, however it would then mean that the County Council would need to seek agreement to extend the new one year agreements within six months, creating a lack of stability for the Wellbeing Hubs in being able to commission services and determine outcomes from them, and could result in limiting the potential for the Wellbeing hubs to respond to the review findings. In addition highly trained staff may not being willing to continue to work for the Wellbeing Hubs on short term contracts and District and Borough Councils may be reluctant to commit pooled resources to the programme on short term agreements (premises, management resource etc.).

Extension of the existing partnership agreements for one year to 31 March 2020

The agreements do not contain an option to extend. Also, this would have many of the same issues as the previous option, however without the option to further extend the Services past 2019, WSCC would be no further forward in determining next steps for the Service and would immediately need to make arrangements for 2019/2020/18 making it almost impossible for the Wellbeing Hubs to commission any programmes or potentially retain staff. The service for the public would therefore suffer as a result.

Stop the service when the existing partnership arrangement comes to an end on 31 March 2019

This option would result in the Wellbeing Hubs being closed with loss of experienced staff and services for residents. The Wellbeing Hubs are a key part of the Public Health universal offer and act as a gateway to other services. Without the Wellbeing Hubs these services could potentially see an increase in demand and an increase in inappropriate referrals whereas the Wellbeing Hubs currently work with individuals to identify and provide appropriate lifestyle interventions and signposting to appropriate agencies.

This would also have a highly detrimental effect on the relationship between WSCC and the District and Borough Councils who work in partnership. There would also be a reputational risk to working with the Clinical Commissioning Groups (CCGs), GPs and other referrers to the Wellbeing Hubs who rely on the Services to provide wellbeing support to patients. Publically this could reflect negatively on WSCC which could be seen by their residents as cutting services that support residents to look after themselves.

8. Equality and Human Rights Assessment

Under the Equality Act, the council has a public sector equality duty. It must show how it has due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

As this decision is regarding the continuation of an existing programme, there is no impact on individuals or groups with regard to these three principle duties.

The proposal does not affect the Councils duties under the Human Rights Act as the decision does not change the existing service model already in existence.

If the programme were to change, in consultation with partners, we would then consider the impact on protected groups and address accordingly.

9. Social Value and Sustainability Assessment

The programme supports individuals who live and work in West Sussex, and their families to access lifestyle support to improve their health, in their own communities. The programme is person centred, working with individuals to address the barriers to positive health behaviours. By basing the programme within the D&Bs each area can design the service to suit local need, working with local community assets like leisure, green space, and community groups. Health outcomes are measured through outputs such as weight lost and levels of physical activity, but also through other pre and post intervention measures such as five ways to wellbeing scores, case studies, and 3 month follow up post programme completion.

As delivery partners, each District and Borough will abide by their own sustainability principles as agreed by their organisation. As a partner we would expect this programme to be delivered in line with our current sustainability strategy, with the overall ambition to reduce the environmental impact. We'd look to delivery partners to seek to maximise the benefits of the programme while minimising the environmental impact. Given the nature of the delivery of the programme, with a focus on physical activity, this may include for example promoting active travel methods such as cycling and walking, encouraging staff (or those who deliver the programme) to use the travel hierarchy when meeting clients (e.g. public transport, choosing meeting places that reduce the need to use the car), promoting the benefits of greenspace in local areas and highlighting current initiatives such as Refill (free access to tap water).

10. Crime and Disorder Reduction Assessment

None – this decision is about continuation of an existing programme. However the programme works with individuals and families some of whom have complex needs. This includes those with low level mental health, alcohol and substance use issues. The programme therefore supports reduction in crime and disorder via this mechanism.

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References

1. HM Government 'Healthy Lives, Healthy People: update and way forward', July 2011
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216142/dh_129334.pdf accessed 9/8/18/
2. The Kings Fund and LGA 'Making the Case for public health interventions
<https://www.kingsfund.org.uk/audio-video/public-health-spending-roi> accessed 9/8/18

Background papers

Previous decision report: <http://www2.westsussex.gov.uk/ds/mis/100216cw7.pdf>