

REPORT TO CABINET

9 October 2019

Subject:	Stronger Sandwell: A Strengths-Based Approach to Improving Health and Wellbeing
Presenting Cabinet Member:	Councillor Farut Shaeen – Cabinet Member for Healthy Lives
Director:	David Stevens - Interim Chief Executive Dr Lisa McNally - Director of Public Health
Contribution towards Vision 2030:	
Key Decision:	Yes
Cabinet Member Approval and Date:	Councillor Farut Shaeen – Cabinet Member for Healthy Lives (10 th Sept 2019)
Director Approval:	Dr Lisa McNally - Director of Public Health
Reason for Urgency:	Urgency provisions do not apply
Exempt Information Ref:	Exemption provisions do not apply
Ward Councillor (s) Consulted (if applicable):	This is a boroughwide initiative
Scrutiny Consultation Considered?	Scrutiny have not been consulted
Contact Officer(s):	Dr Lisa McNally - Director of Public Health Tel: 0121 569 5090

DECISION RECOMMENDATIONS

That Cabinet:

1. Endorse the Stronger Sandwell approach to improving health and wellbeing including the focus on greater investment in the voluntary and community sector.
2. Authorise the Director - Public Health to terminate the current contract with My Time Active for physical activity support, giving 6 months' notice.
3. Authorise the Director - Public Health to not renew or extend the current contract with Sports and Leisure Management Ltd for health check delivery, and instead to allow it to expire on 31st July 2020.
4. Authorise the Director - Public Health to award contracts for an initial period of two years to local General Practices for the delivery of Health Checks up to a total cumulative maximum value of £320,000 per annum (£640,000 over two years).
5. Authorise the Director – Law and Governance and Monitoring Officer to award a contract to Health Diagnostics for a health checks IT management system for a period of two years for a maximum value of £80,000 per annum (£160,000 in total) on terms to be agreed by the Director - Public Health.
6. Authorise an exemption to rule 9 of the council's Procurement and Contract Procedure Rules 2018-2019 to waive the requirement for the advertisement of a health checks IT system on the council's portal, and instead allow the direct award of a two year contract to Health Diagnostics for the maintenance of the existing health checks IT system, to be aligned to the period that the new delivery model of health checks commences at a maximum value of £80,000 per annum.

1 PURPOSE OF THE REPORT

- 1.1 This report outlines a new, strengths-based approach to improving health and wellbeing in Sandwell. This 'Stronger Sandwell' approach seeks to better harness the area's assets while reducing spend on contracts with large private providers based outside of the area.

- 1.2 This report also proposes two initial applications of the Stronger Sandwell approach in the form of substantial changes to the way physical activity support and health checks are delivered in our area.

2 IMPLICATION FOR VISION 2030

- 2.1 This report proposes changes that will primarily generate benefits in relating to Ambition 2 (Healthy Lives).
- 2.2 By increasing physical activity options for children and families it will also contribute to Ambition 4 (Best Start in Life).
- 2.3 In addition, by shifting the focus of health and wellbeing work to community led projects it will enhance our work towards Ambition 8 (Successful Centres of Community Life).
- 2.4 Finally, as a new and innovative way of improving health and wellbeing, the Stronger Sandwell approach will help the borough become “a place known for trying out new things” and “adopting new ideas (Ambition 10).

3 BACKGROUND AND MAIN CONSIDERATIONS

3.1 Background: A “Deficit-Approach” to Health & Wellbeing

- 3.1.1 Traditionally, work on population health and wellbeing has focused on the deficits or problems in a population. It will look for adverse issues and attempt to ‘fix’ them – usually by commissioning a professional provider to come into the area and deliver an intervention or service.
- 3.1.2 This approach has been criticised for seeing local people as a ‘problem’ (i.e.: in relation to their unhealthy behaviour, or poor health) and failing to see the potential of local people to be part of the solution.
- 3.1.3 Deficit approaches have also been said to lack sustainability, in that they can create a dependence on externally provided services and contracts rather than empower local communities to be the source of their own support and health improvement.

3.2 What is Stronger Sandwell?

- 3.2.1 Stronger Sandwell is a programme of work that aims to improve health and wellbeing across our community. It is a 'strengths-based' approach that focuses on what's *strong* in a community rather than on what's *wrong*.
- 3.2.2 Sandwell has a number of notable strengths. These include its green spaces and the extensive canal network. However, Sandwell's key strength is its people, including their skills, experience and enthusiasm. This strength is most notably evident in the work of the hundreds of voluntary and community sector groups that currently operate in Sandwell.
- 3.2.3 The aim of Stronger Sandwell is to harness these strengths to improve health and wellbeing across the area. Specifically, we will support the development of health improvement opportunities run by local people for local people. These may help people become more physically active, eat more healthily, learn a new skill, share a hobby, get advice or simply meet new people.
- 3.2.4 This approach differs from the traditional, deficit-based approach to community health improvement, in which external providers are commissioned to deliver health interventions to local people. Instead, Stronger Sandwell makes the local community its own primary source of health improvement, and as such, does its work *with* local people rather than *to* them. By doing so, it will promote better health and well-being in a way that is sustainable and at a greater scale than ever before.
- 3.2.5 The Stronger Sandwell approach can be summed in four key principles. It seeks to improve health and wellbeing by:
- a) Focusing on what's strong in our area not just on what's wrong.
 - b) Investing in projects run by local people not in companies from outside the area.
 - c) Prioritising community grant schemes not formal competitive procurement.
 - d) Helping those facing the biggest life challenges and not leaving anyone behind.

3.3 Procurement vs Partnership

- 3.3.1 As a strengths-based approach, the Stronger Sandwell initiative will look for alternatives to the competitive tender based commissioning that is characteristic of more traditional, deficit-based approaches.

- 3.3.2 This is important because the small, local voluntary groups that form the essential building blocks of a strengths-based approach are often unable to meet the demands of a formal competitive commissioning process and are therefore unwittingly excluded from the provision of local services.
- 3.3.3 Therefore, Stronger Sandwell will primarily use grants or other non-competitive contract arrangements where it is legally able to do so, and which does not conflict with the council's internal requirements and/or procurement legislation. In this way, the divided and often adversarial roles of 'commissioner' and 'provider' will give way to strategic partnerships offering greater flexibility in response to changing needs. Smaller, locally embedded groups can fully participate, forming the 'critical mass' of partners required to deliver the scale and sustainability the council need.

Stronger Sandwell Initiatives - Two Initial Proposals

3.4 Physical Activity

- 3.4.1 Sandwell Public Health currently commissions a private company to deliver physical activity programmes to local people. The company (My Time Active) is based in the London Borough of Bromley. It was commissioned in 2018 via a competitive tender process, with an annual contract value of £527,450.
- 3.4.2 An alternative approach would be to terminate this contract and instead invest in work with the voluntary sector to increase access to the wide range of community based physical activity opportunities offered in Sandwell.
- 3.4.3 There are already over 100 free opportunities with many others offered at low cost. They include walking groups, swimming sessions, strength and balance classes, yoga, Zumba, football coaching (male and female), guided cycle rides and dance groups.
- 3.4.4 Terminating the contract with My Time Active would free up significant funds to support and develop this range of physical activity opportunities. These will include expanding free access to swimming pools and other leisure facilities, grants to voluntary sector groups providing physical activity sessions, and training courses for local people who wish to become leaders of guided walks, runs or cycle rides in their own local area.
- 3.4.5 Investment would also be put into promoting the uptake of community based physical activity. The aim would be to inspire people to get active and give them the confidence to do so. Under the banner of the #MoveMoreSandwell campaign this work will include:

- a) The formation of a #MoveMoreSandwell Alliance to steer the campaign, made up of partners from the Voluntary Sector, Sandwell Leisure Trust, Public Health, Youth Services, Sandwell SHAPE and the Albion Foundation.
- b) 'Blind Dave' Heeley has agreed to become the first #MoveMoreSandwell Ambassador and will front a series of promotional events and social media campaigns.
- c) Undertaking regular #MoveMoreSandwell promotional events. The first of these has already been planned: "Holly's Family Fun Run" is being organised after an eight-year-old local girl called Holly wrote to the Council suggesting that a charity race be held in Tipton. This will be run in October 2019 and will include a 'market place' for voluntary sector groups to promote their physical activity programmes.
- d) In addition to the #MoveMoreSandwell promotional campaigns, up to date information on where to get active in Sandwell is being made available online, in print or on the telephone via the Healthy Sandwell team, local libraries, businesses, healthcare settings and voluntary services.

3.4.6 As well as the development of local opportunities to get active, we will also focus on making access to these opportunities as easy as possible. In particular, there will be a renewed focus on provision for those living with disabilities or poor mobility. For example, the existing 'Wheels for All' disability cycling programme will be extended as will the Agewell Community Exercise programme.

3.4.7 By shifting investment from external professional providers to local community initiatives, the Stronger Sandwell approach will enhance our work on physical activity achieving:

- a) Greater scale: by expanding the number of 'providers' to include any community group or project that wants to get involved.
- b) Greater flexibility: by freeing our work up from fixed contracts and pre-agreed service specifications that can be difficult to renegotiate if needs change.
- c) Greater cost-effectiveness: by taking profit making companies out of the equation and making use of existing assets.
- d) Greater sustainability: by offering opportunities for people not only to get active, but to train up to support others to get active - creating a self-sustaining system.

- e) Greater local validity: by putting local people in control of the activities on offer, these activities will be well matched to local needs, preferences and cultures.

3.5 Health Checks

- 3.5.1 The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes and kidney disease. They are aimed at anyone between 40 and 74 years of age excluding those who have been previously diagnosed with a cardiovascular condition or are being treated for certain risk factors such as high blood pressure or high cholesterol.
- 3.5.2 Commissioning and monitoring the risk assessment element of the NHS Health Check is a mandatory public health function in the Health and Social Care Act 2012. This means that there is a legal obligation on the Council to commission them.
- 3.5.3 The central government requirement on local authorities to invest significant resources in the NHS Health Check Programme has been subject to criticism. In the Journal of Public Health, Capewell et al (2015) present evidence that it is “costly and ineffective” and conclude that “the programme represents an ineffective strategy and is currently wasting scarce resources”. Most recently, a study in the Journal of Epidemiology (Chang et al 2019) reviewed NHS Health Check data on a randomly selected sample of 138,788 patients. It found only small overall impacts on early identification of disease and risk management. There was also no effect on inequality, with socioeconomic subgroups deriving similar benefits.
- 3.5.4 Sandwell Council currently commissions a private company to deliver Health Checks. SLM Ltd subcontracts the delivery to Everyone Health Ltd which is based in Leicestershire. It was commissioned in 2018 via a competitive tender process, with an annual contract value of £790,524 (although spend varies due to the payment by results element of the contract).
- 3.5.5 An alternative approach to commissioning from a non NHS supplier would be to terminate this contract and deliver health checks via a partnership arrangement between local primary care centres and the voluntary sector. While the primary care is the logical setting for clinical governance reasons (as the health checks require blood samples to be taken, sharps to be disposed of and medical records to be accessed), the addition of the voluntary sector partnership would improve the extent to which health checks reach those most in need of them.

3.5.6 For example, grants could be made to voluntary sector partners to facilitate access to health checks among new arrivals to the UK. This group may have lived in countries where cardiovascular illness rates are relatively high, but where diagnostic and preventative services are relatively poor. Targeting health checks to this group would be more likely to reveal undiagnosed morbidity and hence make the programme more cost effective. Other groups with a raised risk of undiagnosed cardiovascular disease, and that could be facilitated to access health checks by the voluntary sector, include those living with mental health problems and people experiencing severe economic deprivation.

3.5.7 The alternative delivery model based in primary care in G.P practices would consist of:

- a) Establishing an approved supplier list of GPs in Sandwell who are accredited to deliver health checks. Individual contracts with GP Practices (currently there are 63 GP practices within Sandwell) would be created and the overall value would be capped at an aggregate value of £320,000 per annum and paid on a tariff per health check. GP practices are arguably a better setting to undertake a health check as they have full access to clinical records for all of their eligible patients. This would improve patients' safety and access to preventative measures particularly when high risk patients are identified during the Health Checks, for example high blood pressure and heart conditions, and referrals to secondary care for further follow up can be made. This approach would also support data governance as all Health Check data is legally required to be uploaded onto GP clinical systems. As the alternative delivery model is proposed to be based in primary care, there would be increased benefits to the overall outcome as clinicians would have full access to patients' records to enable a more holistic assessment and management of individuals. The total value of the contract allows the number of health checks delivered to stay in line with national targets.
- b) A digital health diagnostics system is already installed in local primary care settings and it is considered that for continuity and the mitigation of service disruption, the existing supplier is maintained, subject to approval by Cabinet of an exemption to direct award a contract to Health Diagnostics. If the exemption is not approved, the existing system would need to be uninstalled and potentially a new system installed should the existing provider not be successful in procurement process, and if they decide to bid. The installation of a new system would incur significant set up and staff costs for no demonstrable gain.

- c) Finally, the funding to the voluntary sector to facilitate access to health checks would be delivered via direct grants. Again, there would be no need to engage in a formal, competitive tendering process, although there will be requirements to fulfil in respect of a grant award. Grants would be awarded on the basis of the ability of voluntary sector groups to support access to the target groups listed above.

3.5.8 The Stronger Sandwell approach to health checks will transform a programme that is widely viewed as cost-ineffective and as widening health inequalities. It will root the programme back into the local community and harness the ability of the voluntary sector to support cardiovascular disease prevention where it is most needed.

3.6. Stronger Sandwell – Future Work

- 3.6.1 The initiatives proposed above are just two of the many ways in which a strengths-based approach to health and wellbeing could be developed in Sandwell.
- 3.6.2 There are several other areas of work that could benefit from a move away from a deficit-based focus on commissioning external providers and towards voluntary sector partnership and investment.
- 3.6.3 These include all health improvement campaign work, as well as preventative work on mental health, smoking cessation, community safety, child development and social isolation.

4. THE CURRENT POSITION

- 4.1 Work to improve health and wellbeing is currently dominated by a deficit-based approach which follows a process of identifying problems and ‘fixing’ them via the commissioning of large, external private providers through competitive procurement processes. Both physical activity and health checks work currently adhere to this model.

5. CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

- 5.1 Consultation on the Stronger Sandwell approach has been undertaken with local stakeholder groups, including at two meetings of the local Voluntary and Community Sector (VCS) health and wellbeing forums and with the providers of local leisure services.

6. ALTERNATIVE OPTIONS

- 6.1 An alternative to the Stronger Sandwell approach would be to retain the contracts with existing providers and reprocure via a competitive tendering process when the contracts are due to end. The Health Checks contract is due to end on 31 July 2020 and so would be the first to be considered for a reprocurement. The lifestyle services contract is due to end on 31 July 2021.
- 6.2 Retaining the existing approach would continue to restrict the involvement and investment in the local community and voluntary sector as funding would be tied up in contracts with provider companies based outside of Sandwell.
- 6.3 For the reasons described above, this would arguably maintain service delivery at a smaller scale, with less sustainability and in a form that is less responsive to changes in need or local preferences.

7. STRATEGIC RESOURCE IMPLICATIONS

- 7.1 The proposal relating to physical activity terminates a contract with an annual value of £527,450. There is no replacement contract proposed and no costs associated with early termination of the current contract.
- 7.2 The proposal relating to Health Check delivery terminates a contract with an annual value of £790,524 (although actual spend has been varied and been approximately 50% of this amount to date due to the payment by results element of the contract). It is proposed to replace this contract with individual, direct contractual agreements with general practices capped at an aggregate value of £320,000 per annum (i.e.: maximum value of all contracts together) and £80,000 for the software per annum.
- 7.3 We intend to have a two-year contract, hence an overall initial maximum amount of £800,000 over two years is proposed for health checks and software in comparison to a current budget cost of £1,581,048. However, there will be associated staffing costs for the council, for a member of staff to facilitate agreements and payments to GPs. There may be TUPE implications for this post, this will be identified and managed through the transition process.

- 7.4 These provisions will be for two years for two reasons: (1) there is currently a government review of NHS Health Checks so it is likely that after two years we will be looking at adapting our approach to meet any new requirements for this service and (2) over these two years we will be looking at the potential to integrate NHS Health Checks with the primary care framework Sandwell and West Birmingham CCG have with their GP practices. Although not possible within the current timescale as the present framework is agreed, this approach would align with current activity across the Borough such as the Joint Outcomes Framework.
- 7.4 In both cases, increased investment in the voluntary and community sector is proposed. The exact details of this investment will be determined over time in consultation with community stakeholders and be overseen by Cabinet Members. It will be aligned with the Council's third sector funding strategy and grant funding guidance and procedures.
- 7.5 The corporate risk management strategy has been complied with to identify and assess the risks associated with the decisions being sought. This has concluded that there are no significant risks that require reporting and that measures are in place to mitigate risk to an acceptable level.

8. LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 This work will progress in accordance with the Council's Procurement and Contract Procedure Rules and the Public Contracts Regulations 2015.
- 8.2 Procurement and Contract Procedure Rules require a minimum of 3 written tenders for contracts over £100,000. Where it is the intention to deviate from this requirement, an exemption must be sought to seek permission from the requirement to advertise a contract. The value of the contract proposed to be directly awarded to Health Diagnostics is approximately £160,000 for a two year term and is below the procurement thresholds (£181,302) in the Public Contract Regulations 2015 that require advertising, and therefore a direct award is permissible subject to an exemption being granted.
- 8.3 The advertisement of an approved list of primary care providers is permitted under the Light Touch Regulations of the Public Contract Regulations 2015 and is therefore compliant with statutory and council requirements.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 A screening exercise was completed and found that a full EIA was not required as the report is concerned with maintaining sustainable delivery of an existing service in a way that enhances accessibility to key priority groups such as people with disabilities and those living with mental health conditions.

10. DATA PROTECTION IMPACT ASSESSMENT

- 10.1 The sharing of any relevant data for the delivery of this contract will be in compliance with the General Data Protection Regulations (GDPR). The Health Diagnostics database used in primary care and the Firmstep database used within the Council have both been assessed as GDPR compliant. Prior to contract sign off advice will be taken as to whether a further data protection impact assessment is required.

11. CRIME AND DISORDER AND RISK ASSESSMENT

- 11.1 There are no crime and disorder issues that need to be considered as part of this report.

12. SUSTAINABILITY OF PROPOSALS

- 12.1 There are no increases in overall financial pressures resulting from the proposals in this report. All proposed spend is at an annual level within the existing level of Public Health Grant income received by the Council.

13. HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

- 13.1 The health and wellbeing implications have been detailed throughout this report. The provisions set out in this report will contribute to greater focus of spend within the Borough, contributing to the inclusive growth agenda that will result in increased social value.

14. IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

- 14.1 There are no property or land issues that need to be considered as part of this report.

15. CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

15.1 The report sets out a new strategic approach to improving health and wellbeing. It sets out a number of benefits of adopting this approach including greater scale, flexibility, cost-effectiveness, sustainability and validity in relation to local needs, preferences and cultures.

16. BACKGROUND PAPERS

16.1 There are no background papers for this report.

17. APPENDICES:

Appendix 1: Equalities Impact Assessment

Dr Lisa McNally
Director - Public Health