

Report to the Cabinet Member for Health and Wellbeing
Report submitted by: Head of Health Equity, Welfare and Partnerships
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Part I

Electoral Divisions affected:
All

Capacity Building for Health Improvement
(Appendix 'A' refers)

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Executive Summary

This report sets out the overarching principles underpinning the restructure of the East Lancashire Health Improvement Service (adult section) which is commissioned from Lancashire Care Foundation Trust at a value of £916,256. Three options are presented for consideration and implementation post March 2016, with pros and cons listed against each. These are to not continue to fund any aspect of the service; to procure a much smaller, focused element of the service and extend county wide; or to bring core functions back into Public Health and Wellbeing at the County Council, such as training and delivering health improvement skills for partners and communities; healthy settings and health education and resources. The recommendation of this report is that the first option, Option A, is pursued to ensure maximum savings whilst enabling time to look at exit strategies to reduce impact on staff, partners and communities. This redesign / decommission is part of, and integral to, the re-commissioning of the public health improvement services with completion by April 2016.

An Equality Impact Assessment has been undertaken and is attached at Appendix 'A'.

This is deemed to be a Key Decision and the provisions of Standing Order No. 25 have been complied with.

Recommendation

The Cabinet Member for Health and Wellbeing is recommended to:

- (i) Approve the preferred option, Option A for implementation, and
- (ii) Authorise the Director of Public Health to move the agreed option forward.

Background and Advice

Historically a broad range of health improvement specialist expertise, including some service specific delivery, sat within the Health Development department of the Public Health Directorate, East Lancashire Primary Care Trust (ELPCT). The majority of the team was transferred, under Transforming Community Services (TCS), to Lancashire Care Foundation Trust (LCFT) in 2010. The responsibility for commissioning the service transferred to the County Council along with public health in April 2013.

Throughout the rest of the county these functions and associated staff remained within the PCT Public Health Departments and transferred to the County Council in April 2013. HR advice during the transition was that the team that transferred to LCFT was not in scope for the Public Health staff transfer to the County Council so this remained as a commissioned service. The work of the team includes training and developing skills for health improvement with partners and communities; settings based approaches; health education and resources to support effective delivery on the ground of health promotion activities; community capacity building; peer to peer approaches; participatory appraisal; health literacy.

The Children and Families Partnership Team (CFPT) was commissioned by ELPCT in April 2008. The team's role was to promote and encourage the integration of health activity into Children's Centres, including facilitating the move of mainstream services into the more accessible centres. In 2010, following the provider commissioner split, the CFPT amalgamated with the transferred public health staff from ELPCT and is now managed as one team. There are 2 specifications: one for CFPT and the other for the transferred Health Development team, which underwent a name change in LCFT and is now known as the Health Improvement Service (HIS).

This report is specific to the HIS where there is current investment of £916,256 (approximately 15-20 staff members).

Proposal

In June 2014, a small team from the County Council undertook a service review of the HIS service as part of the review of all the transferred Public Health contracts, which are due to expire in March 2016, to inform decision making for service re-design and re-procurement. The review found that each element of the service demonstrated individual impact but the overwhelming strength of HIS/CFPT was how they worked together, through a whole systems approach to benefit families, communities and settings. Research by UCLAN also arrived at a similar conclusion.

Key points from the review to be taken into account when making recommendations for future options are:

- This is not a service it is a function that will support and benefit the whole of public health and wellbeing plus other service areas within the County Council.
- Any model needs to be Lancashire wide, focused on areas of health inequity.
- The elements of best practice within the current service that have demonstrated impact, plus are based on sound evidence and are current gaps in provision across the county, need to be the basis of any future model. As a minimum this includes the whole systems approach, training needs

(Making Every Contact Count (MECC)) and consistency in health promotion messages.

As with all public health improvement contracts, LCFT received notification that the HIS would be decommissioned in its current form from the end of March 2016.

Options for Delivery post March 2016

Option A

Description: To stop delivery of all of the HIS service elements. Total saving: £916,256 annually from April 2016.

Pros:

- The service has been given notice that their contract will end March 2016.
- Achieve cost savings by April 2016.
- Saving in County Council staff capacity around procurement, HR, developing service specifications etc. plus no costs incurred e.g. staff TUPE.
- This is not a statutory service.
- Stopping this service will remove any duplication to service delivery or inequity across the county in current delivery, as this service is east Lancashire only.

Cons:

- Provision of key elements of service delivery may not be continued.
- There will be an impact on current service users and partners that will require an exit strategy.
- Staff in LCFT (approx. 15-20 staff) will be entitled to redeployment but may be made redundant.
- Skills of the current workforce will be lost.
- Impact on staff training, skills and competencies.

Option B

Description: Procure specific evidence-based elements of the service with a robust service specification to clarify roles, relationships, expectations and outcomes. The procurement would include: health promotion calendar, campaigns and resources to ensure consistency in key health messages, communicated through a range of channels aimed at tackling health inequalities; training to enable organisations to build the prevention of poor health and promotion of healthy living into their day-to-day business and enable the workforce with skills, confidence and knowledge to talk to people about their health and give the right lifestyle advice and support. To undertake a short term (1 year initially with the opportunity to extend a further year) Lancashire wide procurement of this service element. Total cost approximately £200,000 therefore total saving: approximately £700,000 annually from April 2016, subject to further financial modelling.

Pros:

- This option would not involve as much County Council capacity once the service specification is agreed.
- The function would be provided at an arm's length and would be easier to disestablish in the future if outcomes are not achieved.

- Key elements of the current service will be continued benefiting service users and partners.
- Less pressure around procurement timescales.
- HR advice is required but TUPE arrangements may not apply.
- Provides opportunity and capacity to develop, coordinate and deliver a MECC programme across Lancashire, working with key partners to engage and support the approach.

Cons:

- Reduced savings compared to option A.
- These elements may be seen as a supporting function not a frontline service and as such requires flexibility and independence to meet needs which is not compatible with a third party contract.
- County Council staff capacity will be required to both procure the service, develop the specification and support the successful third party provider to ensure the service is targeted at most need.
- The timescale for procurement will be short, any delay is therefore likely to result in a failure to award a contract on time.
- There is a strong chance that the same provider will win the contract as they have a monopoly.
- These are not statutory services.

Option C

Description: Bring the function, staff and responsibility in-house to the County Council (approximately 15-20 staff). Based on the findings of the review, a model is proposed for a future 'Capacity Building for Health Improvement' function to primarily work alongside, and add value to, teams within Public Health and Wellbeing. This function will provide expertise and co-ordination to enable a whole system, integrated approach to health improvement with agreed workforces and settings, encouraging behaviour change and consistent messages to improve individual health and wellbeing and reduce health inequalities. The first step for this option would be for the Director of Public Health to enter into discussions with Lancashire Care Foundation Trust to agree the transfer of the identified public health services.

Potential cost and savings: unknown until staff numbers and TUPE costs are assessed.

Pros:

- Ensures this core public health function is part of the public health and wellbeing offer and enables easier integration into the Public Health and Wellbeing team and the County Council.
- Extend the evidence based practice already available in East Lancashire across the other districts of Lancashire.
- There is direct control on the remit which results in appropriate relationships/balance between the County Council and other teams and commissioned services.
- Provide infrastructure support for building health improvement capacity in other organisations and services that is not available anywhere else either within or external to public health/the County Council.

- Provides opportunity and capacity to develop, coordinate and deliver a MECC programme across Lancashire, working with key partners to engage and support the approach.

Cons:

- Requires extensive HR advice and support to ensure correct processes are followed.
- Limited cost savings and potential costs incurred to the County Council of TUPEd staff/any staff redundancies and modelling of the function.
- Some discussion with LCFT has taken place around the transfer of staff into the County Council and they did not appear supportive of this option.
- This is not a statutory function.

The recommendation of this report is that the first option, Option A, is pursued to ensure maximum savings whilst enabling time to look at exit strategies to reduce impact on staff, partners and communities. The aim would be to notify the team as soon as possible to provide the longest period of time available in order to mitigate impacts.

This service is not front facing; it does not deliver a service directly to Lancashire residents, so any impact will not be felt immediately by people in the county or specific equality groups. The impact of withdrawing the service will be felt more by health and community partner organisations and settings such as primary care staff, who have been trained around brief interventions and provided with evidence based health messages by the HIS team, or by workplaces/colleges/Children's Centres who have been supported around resources, networking, campaigns and training.

With support from the County Council's Public Health team, LCFT will lead the exit strategy which will be primarily focused on supporting staff to be redeployed or find other employment. Each element of the HIS delivery will be assessed for impact and appropriate steps taken to notify partners, provide links to alternative sources of health improvement information e.g. change for life website, and cancel any planned training or awareness sessions. Stopping the HIS may have a knock on effect onto other County Council services so it is important that these services e.g. Children's Centres, who may be approached for health improvement advice/information, are aware of the situation and understand where to access the appropriate information if required.

Consultations

Not applicable at this stage.

Implications

This item has the following implications, as indicated:

Financial

If the preferred option is agreed this will result in a £916,256 annual saving commencing April 2016. This forms part of the public health improvement block

contract with LCFT sitting under the responsibility of Wellbeing, Prevention and Early Help.

Human Resource

Approximately 15-20 staff members, mainly on permanent contracts, will be affected by this decision. LCFT will serve staff notice and follow their redeployment processes providing advice and support to staff through this phase.

Legal

There are no TUPE implications if the HIS is no longer funded. Legal clearance has been sought and obtained for this recommendation.

Risk management

Depending on the option carried forward the risks identified in this paper will be discussed with relevant colleagues and risks mitigated as far as possible.

	Risk	Actions to mitigate risk
Finance	If the preferred recommendation is not adopted, then this will place greater budget pressures on the County Council	The recommended option is option A which ensures maximum financial efficiencies
HR	Approximately 15-20 staff may be made redundant	LCFT are responsible for serving staff notice, supporting staff through redeployment opportunities in-house with the aim to minimise redundancies.
Legal	TUPE implications	There are no TUPE implications
Other County Council Services	If the recommended option is agreed then this may impact on County Council Services such as Children's Centres and other Children and Young People teams	The work around the exit strategy will include engaging with all HIS current networks and partners to inform of the changes and provide information and links in order to minimise impact

List of Background Papers

Paper	Date	Contact/Tel
None		
Reason for inclusion in Part II, if appropriate		
N/A		