

**Social Care and Health  
Overview and Scrutiny Committee**

**27 NOVEMBER 2018**

**Draft Revenue Budget and Capital Programme 2018/19 – 2021/22**

**Ward(s)** All

**Portfolios:** Cllr R Martin – Adult Social Care  
Cllr T Wilson - Children's and Health and Wellbeing

**Executive Summary:**

The draft revenue budget and capital programme, as reported to Cabinet on 24 October 2018, includes the latest medium term financial outlook for the four year period from 2018/19 to 2021/22.

This report provides an extract of the draft budget proposals under the remit of the Social Care and Health Overview and Scrutiny Committee for consideration.

Feedback from this Committee on the draft proposals will be reported back to Cabinet on 12 December 2018. This will inform the final draft budget to be considered by Cabinet on 13 February 2019 to be recommended to Council on 28 February 2019. Any changes to Cabinet's December draft revenue budget proposals as a result of equality impact assessments and consultation will be fed into the final budget report.

**Reason for scrutiny:**

To enable consultation of the draft budget proposals for services within the remit of this Committee, and for any feedback to be reported back to Cabinet on 12 December 2018.

**Recommendations:**

**That:**

1. The Committee is recommended to consider the draft revenue budget and capital programme attached that relate to the remit of this committee.
2. The Committee are asked to note that consultation will be undertaken on all new 2019/20 policy savings shown in **appendix 3a**, and that feedback will be presented to Cabinet on 12 December 2018.

**Background papers:**

Various financial working papers.

## Resource and legal considerations:

Cabinet on 24 October 2018 were presented with a list of proposed revenue savings and investments for consultation, and indicative revenue cash limits.

The full Cabinet report can be accessed at the following link: [Draft Budget](#)

### Savings proposals

A number of the 2019/20 savings were part of the budget plan approved by Council in February 2018, the majority of which were operational (implemented through officer delegations). These are approved and are included within the cash limits at **appendix 1** - these savings total £2.356m for services within the remit of this committee.

There is a further £1.17m of policy savings requiring consultation (**appendix 3a** – those with a direct impact on services and which require an Executive decision to proceed) and £1.37m of new operational savings (**appendix 3b** – savings which officers have delegations to implement). Additionally, a further £0.70m of existing action plans to manage the 2018/19 pressures have been reviewed and can continue into 2019/20 – shown as base budget realignments on the cash limit at **appendix 1**.

As a council, we anticipate a further £13.94m of savings required in 2020/21 and £7.56m in 2021/22. It is expected that the refreshed transformation programme (Walsall Proud Programme as reported to Cabinet on 24 October 2018) will incorporate an organisational wide programme of change activity, with the breadth and pace of this being such that this will contribute significantly to delivering the required savings in 2020/21 and 2021/22.

### Investment / cost pressures

A number of investment / cost pressures have been identified and included in the draft budget proposals. Those relating to the remit of this Committee are shown as **Appendix 2**.

### Capital Programme

Capital programme resources are limited. The financing for capital investment is heavily reliant on grants and other funding received from the Government, with the remaining flexibility through capital receipts and borrowing.

Despite the above difficulties, significant investment is planned and funded over the four years 2018/19 to 2021/22. The council is able to fund existing commitments and has, through prioritisation of bids and resources and sound treasury management, been able to support new investment into key services, and areas of capital investment need.

The capital programme is presented in two parts:

- Council funded programme - funded by the council's own resources, through borrowing, revenue contributions and receipts. There are no schemes relating to the remit of this committee.
- Externally funded programme - funded from capital grants and third party contributions. There are no schemes relating to the remit of this committee.

## **Council Corporate Plan Priorities:**

In order to meet the council's purpose and vision, the council will be focussing its' energy over the next four years on the following key priorities, recognising that it must do so with decreased and decreasing resources and concentrating efforts on those most in need:

- **Economic growth** for all people, communities and businesses.
- **People** have increased independence, improved health and can positively contribute to their communities.
- **Internal Focus** – all council services are efficient and effective.
- **Children** have the best possible start and are safe from harm, happy, healthy and learning well.
- **Communities** are prospering and resilient with all housing needs met in safe and healthy places that build a strong sense of belonging and cohesion.

## **Citizen impact:**

Details of potential impact are identified within the policy paper attached at **Appendix 4**.

## **Environmental impact:**

The impact on the environment is considered in all savings proposals.

## **Performance management:**

Financial performance is considered alongside service performance. Managers are required to deliver their services within budget and there are comprehensive arrangements in place to monitor and manage this.

## **Reducing inequalities:**

Service managers have regard to equalities delivering services and identifying saving options. Equality impact assessments are being undertaken as required prior to final recommendations being made to Council on the budget, along with any mitigating actions. The majority of the Social Care and Health savings are based upon the review of needs and how that need is met within statutory requirements.

## **Consultation:**

Consultation is an integral part of the corporate budget process and ongoing arrangements are in hand to consult with a wide range of stakeholders as appropriate (i.e. councillors, residents, service users, business sector, voluntary and community organisations, etc.). This is outlined in the budget report to Cabinet on 24 October 2018.

Feedback from consultation, including those from this committee, will be presented to Cabinet for their consideration. Any changes to the draft budget proposals, including arising from consultation, will be reported to a future meeting of the Committee.

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## APPENDIX 1

### Indicative revenue cash limit for 2018/19 to 2021/22

The following table summarises the indicative cash limit for services within the remit of the Social Care and Health Overview and Scrutiny Committee.

	2018/19 £	2019/20 £	2020/21 £	2021/22 £
<b>Opening cash limit</b>		59,331,828	55,401,061	73,520,385
<b>Base budget adjustments</b> including funding changes *		(5,339,062)	17,659,060	
<b>Investment / Pressures</b> – see <i>Appendix 2</i>		6,307,656	6,333,500	3,440,140
<b>Approved Savings</b>				
Improving demand management for Adult Social Care		(1,218,750)		
Income contributions - new clients		(515,000)		
Reduction in Healthy Child 5-19 in school services		(100,000)		
Re-commissioning of 0-5 services		(400,000)		
Reduce scope of infection control services		(20,000)		
Staff savings in Public Health		(102,000)		
<b>Less Policy Savings proposals</b> for consultation – see <i>Appendix 3a</i>		(1,171,794)		
<b>Less New Operational savings proposals</b> – see <i>Appendix 3b</i>		(1,371,817)		
<b>Less Provisional Savings requirement</b>			(5,873,236)	(3,328,949)
<b>Social Care and Health draft cash limit – scrutiny remit only</b>	<b>59,331,828</b>	<b>55,401,061</b>	<b>73,520,385</b>	<b>73,631,576</b>

*\*Mainly an increase in iBCF grant income in 2019/20, Public Health grant expected to move into business rates retention from 2020/21*

## APPENDIX 2

### Summary of Revenue Investments / Cost Pressures 2019/20 – 2020/21

Detail of investment / cost pressure	2019/20 £	2020/21 £	2021/22 £
Demand / cost pressures	2,247,000	3,016,000	3,035,000
Increased cost of telecare maintenance	130,000	0	0
Head of Customer Transformation - Transformation Channel shift work stream	37,500	37,500	0
Fall out of Better Care Funding - iBCF2 grant	0	3,280,000	0
Demand management placement and package costs – part non delivery of 2018/19 saving	1,391,186	0	0
Income reduction and increase in placement / package costs	2,501,970	0	0
Impact of Care Act implementation	0	0	92,140
Systems and brokerage support	0	0	313,000

<b>Total Revenue Investments – scrutiny remit only</b>	<b>6,307,656</b>	<b>6,333,500</b>	<b>3,440,140</b>
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#### APPENDIX 3a

### **Policy Proposals 2019/20 for Consultation**

<b>Detail of Policy Saving / Efficiency</b>	<b>2019/20 £</b>
Concessionary travel (see <i>Appendix 4a for policy paper</i> )	(26,794)
Reduction in public health investment in drug & alcohol treatment services (see <i>Appendix 4b for policy paper</i> )	(350,000)
Review specialist falls prevention service (see <i>Appendix 4c for policy paper</i> )	(295,000)
Reduce capacity in sexual health service (see <i>Appendix 4d for policy paper</i> )	(500,000)
<b>Total Policy Proposals – scrutiny remit only</b>	<b>(1,171,794)</b>

#### APPENDIX 3b

### **New Operational Proposals 2019/20**

<b>Detail of Operational Saving / Efficiency</b>	<b>2019/20 £</b>
Review of the number of direct payments due to the implementation of Community Based Services	(79,774)
Review of Better Care fund – including for carers	(154,000)
Dudley Walsall Mental Health Trust management fee	(110,000)
Review service level agreements : Older People, Gateway North West, Autism, Disability Community Hub, Housing Support, Empowerment, Engagement and Decision Making	(122,476)
Review of Home from hospital / crisis response contract	(60,840)
Review in Open objectives portal licence costs	(25,000)
Release of remaining Hollybank budget	(100,000)
Adult Social Care car allowances budget realignment	(76,000)
General efficiencies across directorate	(82,000)
Deferred payments income review	(124,727)
Managing the community care market (CM2000)	(437,000)
<b>Total New Operational Savings – scrutiny remit only</b>	<b>(1,371,817)</b>

## APPENDIX 4a

### PORTFOLIO: ADULT SOCIAL CARE

**SERVICE AREA AND DIRECTORATE:** Adult Social Care - Commissioning

***Proposal: Ending Concessionary Travel Top up Scheme***

#### 1. Financial Proposal

	2019 / 2020
	£
Estimated Saving	(26,794)
Revenue Investment	0
<b>Net Saving</b>	<b>(26,794)</b>
Capital investment	0

#### 2. Description of the Proposal

2.1 West Midlands Combined Authority (WMCA) operates a concessionary travel scheme. WMCA can issue concessionary travel passes to people of fare paying age who qualify under any of the seven categories of disability defined by the Transport Act (2000).

The 7 categories are:

- **Category A** Blind or partially sighted
- **Category B** Profoundly or severely deaf
- **Category C** Without speech
- **Category D** Disability or injury which has a substantial effect on the ability to walk
- **Category E** Does not have arms or has long-term loss of the use of both arms
- **Category F** Learning disability
- **Category G** A medical condition not mentioned above which prevents a person from obtaining or holding a UK driving licence

2.2 To apply a citizen must:

- Have a disability that is long term or expected to last at least 12 months
- Be aged 5 or above

- Be a permanent resident in Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall or Wolverhampton

- 2.3 A concessionary pass can be used on local buses anywhere in England and on most buses, trains and Metro within the Network West Midlands area. The concessionary pass can be used Monday to Friday after 9.30am and any time Saturday, Sunday and bank holidays.
- 2.4 **This concessionary travel scheme is funded in partnership with local authorities. This will continue to be funded and is not affected by this proposal.**
- 2.5 If a citizen wishes to pay for a journey before 9.30am, they can pay each time they travel or they can buy a Pre 09.30 ticket (valid only within the Network West Midlands area). At present, Network West Midlands charge £1 per day for pre 9.30am journeys.
- 2.6 Financial help towards Pre 09.30 travel costs may be available if a citizen needs NHS treatment at a hospital, other NHS centre or a private clinic and have been referred by an NHS consultant. Costs can be claimed at the NHS hospital or clinic at the time of their appointment.
- 2.7 Walsall Adult Social Care has for a number of years offered to pay for Pre 09.30 top up tickets at an accumulative cost of up to £26,794 per annum.
- 2.8 In previous consultation in 2016 there were 36 individuals consulted. We are awaiting current figures from Network West Midlands.
- 2.9 Our intention is to end Walsall Council funding for Pre 09.30 top up payments.

### **3 Implications Associated With Proposal**

#### **3.1 Council Corporate Plan Priorities**

The Council is facing a significant budget challenge and is required to consider the feasibility of non-statutory services in line with budget commitments.

This proposal will not impact on the council delivering its corporate priorities in relation to Economic Growth, People, Internal Focus, Children and Communities.

#### **3.2 Customers**

The discretionary top up (difference between off peak and peak travel pass cost) by the Council is not a statutory duty and other Local Authorities have stopped paying these top-ups. Consumers are able to purchase the additional top-up directly with Network West Midlands at a cost of £1 per day.

As stated in Section 2 customers may also be able to claim transport costs for attendance at hospitals and clinical appointments. The majority of people requiring to travel before 9.30am as opposed to wishing to would be due to attending employment in which case they could afford £1 per day or attending education for which they could also apply for support with transport costs.



### **3.3 Employees / Staffing**

The administration of top-up has been incorporated within the existing staff team of the First Stop Shop. This would release staff time to address other priority areas. There is no saving assumed and therefore no implications on staff resources.

### **3.4 Partners**

Network West Midlands will continue to operate the concessionary scheme as described in Section 2.

### **3.5 Economic Implications**

None.

### **3.6 Environmental Implications**

None.

### **3.7 Health and wellbeing implications**

The impact on an individual is a maximum cost of £5 per week for 52 weeks of the year less bank holidays.

### **3.8 Other Council Services**

Consultation will be required with First Stop Shop who currently administer the scheme. We will need to consult with the Welfare Services team to consider whether the proposal would lead to an increase in referrals.

### **3.9 Procurement / Social Value Implications**

Not applicable as there is no procurement exercise resulting from this proposal.

## **4. Associated Risks / Opportunities**

- 4.1 If the council continues to operate the scheme it will continue to incur a cost of up to £26,794 per annum.
- 4.2 If the council ends this subsidy then individual citizens will have their individual/household income reduced by up to £5 per week.
- 4.3 If an individual considers themselves to be in financial hardship as a result of this proposal they could consider a welfare assessment or a request for independent advice.

## **5. Legal Implications**

- 5.1 Legal Services advised that as the Pre 9.30 Top Up Concessionary Passes scheme is a discretionary provision, the council is entitled to withdraw the scheme providing sufficient consultation has been carried out prior to withdrawal.

## 6. Consultation and Customer feedback

- 6.1 When discontinuing the Concessionary Travel Top Up Scheme was proposed previously a consultation exercise was carried out with the then 36 recipients of the scheme.
- 6.2 Letters were sent to each of the 36 individuals and 7 responses were received back. It was found that 4 of those consulted used their Pre 09.30 top up pass to access health appointments (which could be claimed back from the NHS as per section 2). 2 respondents stated that they used the pass to travel to work and the removal of the scheme could lead to them having to give up their employment. Others stated that they would be happy to contribute towards the cost.

## 7. Reducing Inequalities Implications

- 7.1 A full equalities impact assessment will be carried out.

## APPENDIX 4b

### PORTFOLIO: CHILDREN'S AND HEALTH AND WELLBEING

**SERVICE AREA AND DIRECTORATE:** Economy & Environment – Public Health

### *Proposal: Reduce Drug and Alcohol Treatment Services*

#### 1 Financial Proposal

	2019 / 2020
	£
Estimated Saving	(350,000)
Revenue Investment	0
<b>Net Saving</b>	<b>(350,000)</b>
Capital investment	0

#### 2. Description of the Proposal

- Public Health commissions Walsall's drug and alcohol treatment and recovery services from the national Public Health ring-fenced grant. The programme is delivered through a range of voluntary sector and statutory service contracts; the core contract being specialist drug and alcohol recovery treatment which is delivered by national charity 'Change, Grow, Live' (CGL). Other service elements include Black Country YMCA (Glebe Centre homeless services) and primary care services (GPs and Pharmacists)
- A saving of £460,000 was realised when services were re-commissioned in 2014. This was achieved by integrating Walsall's four previous delivery agencies into a single main provider, (CGL) with a new contract start date in July 2015 for a three year period, ending in March 2018, with options to extend by two further twelve month periods. This contract represents 88% of the overall programme budget.

- The proposed cumulative impact, if these savings are agreed, is £743,000 which represents a 23% reduction to the programme budget. (Year 1 £143k, Year 2 £250k and Year 3 £350k). The magnitude of these savings means there needs to be a reduction in the scope and range of services offered through the main contract. Accepting that any reduction in other smaller contracts could impact disproportionately on the service provision.
- The reduction will be achieved through working with the existing providers to reduce the scope of the drug and alcohol services that are presently delivered.
- Following this £350k saving, the remaining budget to fund drug and alcohol treatment services is £3.37m.

Although the three-year plan has already been consulted on, the original saving target for 2019/20 was £500k. Following this consultation, stakeholders asked that we stop and re-think. This has been done and the savings target has been amended to £350k. The £350k is made up of:

- £191k reduction from core treatment service contract.
- £100k delivered from Public Health Transformation funding redirected from Money, Home Job.
- £39k from the rehabilitation in-patient budget.
- £20k from the associate commissioning arrangement with Walsall CCG.

Given the change to the savings plan, formal stakeholder consultation will be included in the consultation process. So as not to pre-determine the outcome of the statutory consultation process the implementation of any savings will only be delivered if Cabinet make the decision in February 2019. This will have a non-recurrent financial pressure due to any redundancy and management of change processes, which can only be initiated following this decision, meaning the process will not be concluded until May 2019.

Public Health grant specifies local authorities' requirement to improve the take up, and outcomes from, its drug and alcohol misuse treatment services when setting its spending priorities.

In addition drug and alcohol services offer mandated court imposed community treatment orders in partnership with the National Probation Service. Also under the Health and Social Care Act (2012), local authorities have a duty to reduce health inequalities and improve the health of the local population by ensuring that there are services to reduce the misuse of drug and alcohol services.

### **3. Implications Associated With Proposal**

#### **3.1 Council Corporate Plan Priorities**

The council's Corporate Plan has been informed by three key thematic needs assessments:

- Joint Strategic Needs Assessment (JSNA)
- Economic Needs Assessment; and
- Safer Walsall Community Safety Assessment

The Corporate Plan priorities which drug and alcohol treatment services contribute to are listed below:

- Improving health and wellbeing, including independence for older people and the protection of vulnerable people;
- Creating safe, sustainable and inclusive communities;
- Improving safeguarding, learning and the life chances for Children and Young People raising aspirations; and
- Create a modern, dynamic and efficient workforce designed around what residents need.
- The Impact of the proposal is likely to limit the opportunities for the programme to contribute to these priorities.

### **3.2 Customers**

Although not a statutory service the council has a duty under the requirements of the Public Health England grant to increase the uptake of drug and alcohol treatment. These are specialist services that are not available elsewhere in the Borough. Alternative options to make the savings have been explored and exhausted, including ceasing public health funding for the drug and alcohol day centre, limiting drug and alcohol expertise in the Multi Agency Safeguarding Hub (MASH), and a reduction in preventative services in primary care.

### **3.3 Employees / Staffing**

No implications for staff directly employed by Walsall Council. However, to deliver the first two years savings, 7 posts have been lost across the drug and alcohol system. To achieve these further savings, there will be a further loss of up to 6 full-time equivalent staff from the original staffing group of 67, representing a 20% reduction.

### **3.4 Partners**

As stated above, partners were previously consulted on the three-year proposals commencing 2017/18 to 2019/20. Partner responses included:

- This proposal potentially puts the drug and alcohol liaison service at Walsall Manor Hospital at risk.
- Increased waiting times to receive service will potentially increase acquisitive crimes such as shoplifting, robbery and burglary.
- Reduction in ability to respond to people whose drug and alcohol use is a factor in their offending and re-offending behaviours. The I service will have less capacity to respond to this in the future. Fast-tracking Walsall residents into treatment post-prison release may not be possible which increases the risk of re-offending and drug related deaths.
- Currently GP's screen Walsall residents to identify alcohol use as part of an associate commissioning arrangement with Walsall CCG. Under the terms of this proposal this service would cease.
- Reduced capacity to fast track rough sleepers, homeless, sex workers, and vulnerable people with chaotic lifestyles.

Following this consultation, stakeholders asked that we stop and re-think. This has been done and the saving for 2019/20 has been amended to £350k.

### **3.5 Economic Implications**

The relationship between drug and alcohol misuse and anti-social and offending behaviour is well documented. For example, street injecting and associated drug taking related litter remains a challenge to the safety to Walsall residents and visitors to the Borough. This impacts on businesses, retail and the reputation of the Borough as a good place to visit and trade in.

As the scope of the drug and alcohol treatment is reduced, the ability to offer preventative interventions will be more limited. This will result in people presenting for health social care service with more complex needs requiring more costly interventions due to late identification of issues. e.g. Blood Borne Virus (BBV) such as Hepatitis B & C as well as HIV.

### **3.6 Environmental Implications**

Reductions in funding creates delay in treatment access for those who use alcohol and drugs, the likely outcome being that there will be an increase in anti-social behaviour; and in the incidences of injecting in public places; creating increased levels of discarded needles and other paraphernalia, which will escalate the health risks to members of the public and to council staff who will be called upon to remove the drug taking related litter.

### **3.7 Health and wellbeing implications**

The council has a statutory duty to promote the health and wellbeing of its population. Although public health commissioners always design services in-line with Marmot Principles, the proposed reduction in funding means that it will be challenging to realise the principle in practice in relation to give every child the best start in life; enabling all children, young people and adults to maximise their capabilities and have control over their lives; create fair employment and good work for all; ensure a healthy standard of living for all and create and develop healthy and sustainable communities.

### **3.8 Children's Services**

Children's services will be impacted by these reductions. Local drug and alcohol treatment data indicates that 58% of those in treatment are parents, 97% of those parents have children aged under 18 years, 39% of those parents their children live with them. 224 drug and alcohol service clients recorded as having a child aged 5 or under and 21 clients in treatment were pregnant.

Public health commissioners undertook a snap shot six month analysis of Children's Services data and found that 31 pregnant women were under consideration of having their babies removed at birth. 13 of the 31 women's main issue was a drug or alcohol problem. On further analysis, it was found that 20 children have previously been removed from these 13 mothers, resulting in 33 children being looked after.

## **Adult Social Care**

An element of this proposal includes a reduction in the recurring budget of £74k, by £39k, for in-patient rehabilitation placements. This will leave an ongoing budget to meet demand of £35k, which is considered sufficient to meet existing demand levels. Demand needs over this will continue to be met, and will be funded from one-off public health resources.

### **3.9 Procurement / Social Value Implications**

The experience of neighbouring local authorities suggests that significant budget reductions impact on the commercial viability of any procurement exercise in relation to re-tendering drug and alcohol contracts, reducing the market competition.

### **4. Associated Risks / Opportunities**

- Going forward Walsall's drug treatment will be amongst the lowest funded amongst our neighbouring authorities.
- The available budget may not attract any interest from organisations with suitable experience in delivery drug and alcohol treatment services.
- Significantly diminished service offer to Walsall residents.
- Reduced opportunities for innovation and delivery to responded to emerging trends in substance use.
- Reduced number of Walsall residents recovering from drug and alcohol addiction.

By way of mitigation, public health commissioners have engaged in prolonged and on-going discussion with the existing treatment provider to achieve the required saving, with the resulting service no longer focusing on prevention and recovery, but primarily limited to a prescribing service.

### **5. Legal Implications**

- 5.1 Under the requirements of Criminal Justice Act 2003, there is a statutory requirement for drug and alcohol treatment services to provide the treatment element of court mandated orders. In addition, in 2016 the Public Health Ring-Fenced Grant specified that local authorities are required to improve the take up, and outcomes from, its drug and alcohol misuse treatment services when setting its spending priorities.

### **6. Consultation and Customer feedback**

- 6.1 Public Health Commissioners invited partner agencies and stakeholders to have their say, as part of the council statutory consultation process in 2017 (relating to the £500k initial option) and feedback was reported in the February 2018 Cabinet report. Furner consultation will take place on this proposal.

### **7. Reducing Inequalities Implications**

- 7.1 An equality impact assessment and mitigating action plan is currently being produced.



**PORTFOLIO: CHILDREN'S AND HEALTH AND WELLBEING****SERVICE AREA AND DIRECTORATE:** Economy & Environment – Public Health***Proposal: Review specialist falls prevention services*****1 Financial Proposal**

	<b>2019 / 2020</b>
	<b>£</b>
Estimated Saving	(295,000)
Revenue Investment	0
<b>Net Saving</b>	<b>(295,000)</b>
Capital investment	0

**2. Description of the Proposal**

- 2.1 The proposal is to review the current investment in the specialist and community falls prevention services across the borough. These services work with people over 65 years old to reduce their risks of falling and harm. The current service make up is shown below.

**Details of the current falls prevention services**

Anyone can fall but this is a particularly damaging event for older people. The number of people aged 65 and older is projected to rise steeply in Walsall from 49,500 in 2018 to 58,000 by 2025. A fall can lead to fractures, pain, distress, loss of confidence, loss of independence and death. Older women fall more often than men and are far more likely to incur fractures when they fall. Falls are the most common cause of death from injury in the over 65 population.

The risk of falling rises with age, with thirty percent of people aged 65 and over falling annually. This equates to 17,000 residents falling at least once each year. For those aged 80 and over, 50% fall annually. The projected increased number of older people will lead to an extra 3,200 falls per year for those aged 65 and over.

**Costs**

In 2017 the estimated cost of falls in Walsall was approximately £13.5 million. This can be broken down into:

- NHS costs of £10.7 million and
- Social Care cost of £2.8 million.

However, other costs arise from people falling, as a substantial proportion of people who fall are unable to return to independent living, thus requiring



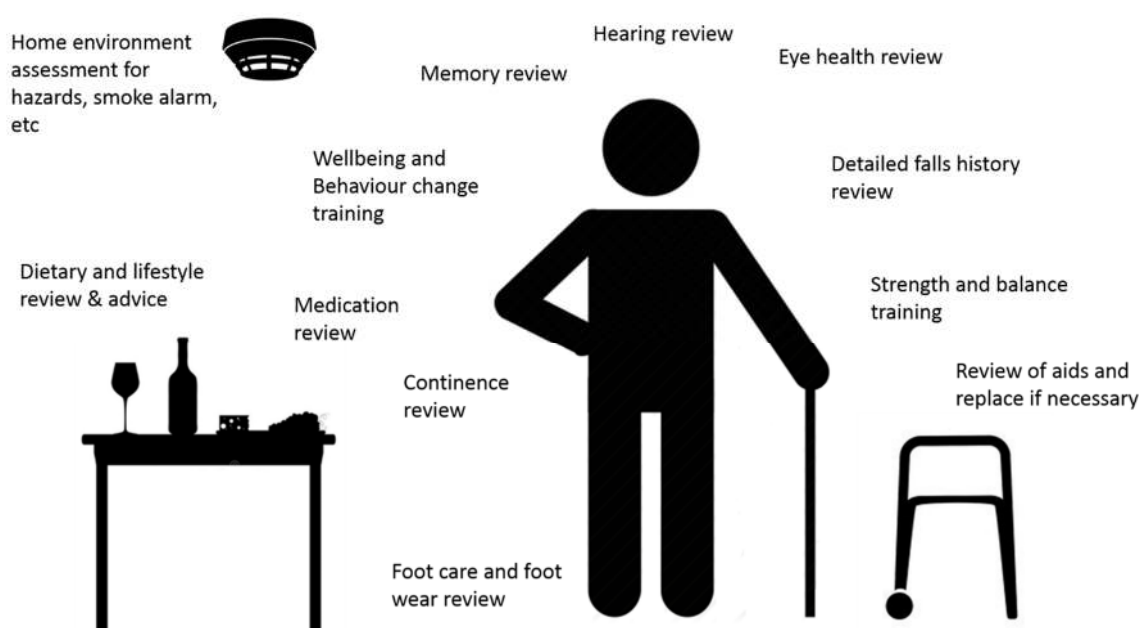
residential care or nursing home. Losing independence and a fear of falling can lead to increased inactivity, loss of strength and a greater risk of future falls which require more support from range of agencies including families/carers, the NHS and local authority social care services.

### Falls Prevention Pathway

The services are provided by Walsall Healthcare Trust & Walsall Sports & Leisure Development service to all residents aged 65 or over at high or moderately high risk of falls. Clients are referred through a single point of access from a wide range of agencies. The majority of referrals are from GP practices in Walsall. Other sources of referrals include: Age UK, District Nurses, Social Care, Police Service, Housing groups, West Midlands Ambulance Service.

As part of the overall assessment each service user has a full assessment which looks at all potential causes of falling and then has a tailored suite of actions put in place to reduce their risk of falling and harm.

The diagram below describes the range of reviews and actions.



### Specialist Falls Prevention service:

On entering the Specialist Falls prevention service, clients receive an in depth assessment from a specialist fall prevention nurse.

Patients are then offered a care plan, which may include support from occupational therapists, rehabilitation support and falls physiotherapy over a period of 6 weeks. Following this, they move onto the next stage of the programme, which includes a 10 week strength and balance programme. For those who have made good progress and reduced their falls risk, there is a falls and balance programme (12 weeks) provided in community locations by the Sports and Leisure Team at Walsall council.

Walsall Council Sports and Leisure Community Falls Prevention Team:

Clients may enter this service either from the specialist falls prevention service or directly when referred, according to their falls risk. This service offers a 12 week group and balance programme.

**Specialist and Community Falls Prevention Service overview**

<b>Specialist Falls Prevention Team</b>	<b>Community Prevention Service</b>
Multidisciplinary assessment and management to reduce falls risk and prevent injury from falls through formal programmes. Strong liaison with trauma & orthopaedics and urgent care services. Training of individuals, carers and professionals on falls prevention.	Early intervention to restore independence: falls risk awareness; specific community based multi factorial interventions including muscle strength and balance programme; co-management with clients in managing falls risk; home assessments.

Activity

In the last two financial years a total of 1987 referrals were made to these services. A significant proportion of those referred to the service are classified as frail and over 60% live alone.

Outputs and outcomes of the service

The services record key details, for example, a person's "concerns about falling" before and after completing the programme. The current performance for those completing the falls prevention pathway shows that 77% of clients had an improvement in their score.

- 2.2 In order to achieve the anticipated savings of £295,000, Walsall council has an option to give notice to cease the current contract to the current service providers (Walsall Healthcare Trust and Walsall Sports & Leisure Development service). Other options to realise savings include exploring additional sources of funding from within and outside the council.
- 2.3 If alternative funding sources cannot be found, work on the general promotion of healthy living with the wider population would continue, but this would not provide any individual support to the people at high risk of falling and harm.
- 2.4 Whilst there is no statutory duty to provide these services, there is a problem if Adult Social Care assessments identify specific needs, which cannot then be met, if there is no service to refer to.

### **3. Implications Associated With Proposal**

#### **3.1 Council Corporate Plan Priorities**

This proposal has the most impact on the council's corporate priority 'People have increased independence, improved health, and can positively contribute to their communities.' In particular, removal of the falls prevention services would work against our plan to:

- Enhance quality of life for people with care and support needs and those with long term conditions (P1). Clients going through the falls prevention services receive a programme which addresses their falls risk and we have numerous case studies where significant changes in quality of life have been made as a result of the services.
- Delaying and reducing the need for care and support (P2); Services can demonstrate their impact on the need for hospital admission in the year after completing the falls prevention programme.
- Helping people to recover from episodes of ill health or injury (P3);
- The most vulnerable are protected from avoidable harm (P4). A significant proportion of those in these services are frail older people.

#### **3.2 Customers**

Whilst the delivery of these services is not a statutory function, it is an important one in terms of preventing harm to residents, and demand for services from health, social care and housing. There is no other service for this group of residents which addresses falls prevention risk.

There is very little which can be offered instead of these services if the budget is removed. The needs of this group of clients means that support is needed from trained professionals. In the absence of a service, individuals are likely to be referred to a range of agencies, no one of which, in isolation, offers a complete falls prevention service.

#### **3.3 Employees / Staffing**

In addition to the staff employed by Walsall Healthcare Trust, 5 members of staff in Sports & Leisure services deliver falls prevention services.

#### **3.4 Partners**

Walsall Healthcare Trust – the specialist falls prevention team deliver the service. Also, the absence of a falls prevention service will lead to an increase in the number of patients admitted with injuries from falls, for example fractured hips and wrists or head injury. The gap in service provision will also result in no prevention service to support patients after admission to prevent further harm.

Walsall Clinical Commissioning Group (CCG) – The costs of additional health services use will fall onto the CCG. Also, removing the falls prevention services will create a gap in key pathways of care which prevent admissions.

Housing Agencies - If there is no falls prevention services, some frail elderly residents will be less likely to live independently.

### **3.5 Economic Implications**

There are no specific implications concerning the economy, except the loss of key productive staff.

### **3.6 Environmental Implications**

This proposal has no specific environmental implications.

### **3.7 Health and wellbeing implications**

These services directly support the objectives to

- Strengthen the role and impact of ill-health prevention – by reducing the risk of harm from falling and addressing the causes of falling.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives by developing the health and wellbeing of service users to reduce their risk of falls and improve their confidence.
- Create and develop healthy and sustainable communities. The method of delivery of the falls prevention programmes encourages social networking and once the programme is complete, clear pathways exist for clients, who are able, to continue strength and balance training in community settings.

### **3.8 Other Council Services**

Walsall Sports & Leisure Development service - engagement has commenced with the team to assess the impact of this proposal and to generate ideas for alternative options.

Adult Social Care is likely to see the impact of the services ceasing in the form of additional referrals for support for this client group.

### **3.9 Procurement / Social Value Implications**

The current provider offers over 1400 volunteer hours per week across Walsall, as well as apprenticeship opportunities. The services also provide training for staff in social care and in nursing and residential homes across the borough. Services integrate clients into social networks through inclusion in the programme and through steering follow on to more community based activities.

## **4. Associated Risks / Opportunities**

- Increase in the number of falls and hospital admissions.
- Increased packages of care required from social care.
- Increased social isolation to Walsall residents.
- Increased mortality.

- Increased pressure on carers.

## 5. **Legal Implications**

- 5.1 There are no specific legal obligations.

## 6. **Consultation and Customer feedback**

- 6.1 Engagement has started with both partner agencies and with service users. To date we have received 2 written and several verbal responses from partner agencies and 38 written responses from service users.

In general the comments are not supportive of any proposal which leads to ceasing the falls prevention services. These comments include:

- “Feel strongly that this [proposal] will result in harm to our elderly population especially with winter pressures” – GP Partner
- “Our team feel very strongly that this would be a terrible loss to the elderly population of Walsall and would result in more admissions and fractures” – GP Partner
- “It would affect us drastically” – Service User
- “Lots of accidents and more falls” – Service User
- “The service is very important to lots of people” – Service User

No respondents have yet been able to identify alternative options to this proposal. Further consultation is planned with both partner agencies and service users. Both Walsall Healthcare Trust and Walsall Sports & Leisure Development service are also engaging with service users.

## 7. **Reducing Inequalities Implications**

- 7.1 A full equality impact assessment is being carried out. The assessment to date clearly demonstrates an impact on older people.

**PORTFOLIO: CHILDREN'S AND HEALTH AND WELLBEING****SERVICE AREA AND DIRECTORATE:** Economy & Environment – Public Health***Proposal: Reduce Investment in Sexual Health Services*****1 Financial Proposal**

	<b>2019 / 2020</b>
	<b>£</b>
Estimated Saving	(500,000)
Revenue Investment	0
<b>Net Saving</b>	<b>(500,000)</b>
Capital investment	0

**2. Description of the Proposal**

- 2.1 Walsall Integrated sexual health service is commissioned through the Public Health ring fenced grant. The service is delivered through a statutory service contract; incorporating a Prime Contractor model delivered by the Walsall Healthcare Trust. The services include the treatment and management of Sexually Transmitted diseases including Blood Borne Virus testing and the full range of contraception; health promotion, awareness and prevention advice. The contract mandates service elements to be sub contracted via 3<sup>rd</sup> Sector providers and primary care services (GPs and Pharmacists).
- 2.2 The local authority is responsible for commissioning clinically safe services. Sexual health services do carry a clinical risk, particularly in both genitourinary medicine and contraception services as well as potential issues in relation to safeguarding and medicines management. Notwithstanding the need to make this saving we need to recognise the importance that robust clinical governance assurance arrangements remain in place.
- 2.3 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require local authorities to arrange for the provision of open access genitourinary medicine and contraception services for all age groups. This covers free testing and treatment for sexually transmitted infections, notification of sexual partners of infected persons and free access to comprehensive contraception and advice on preventing unintended pregnancy.
- 2.4 Walsall Cabinet (9th September 2015) approved the change in service model of sexual health services in Walsall to achieve an integrated sexual health service. The redesigned service model went live on the 1 June 2016. The contract was let for a three year period, ending in March 2019, with options to extend by two further twelve month periods. This saving represents a 11.2 % reduction on the overall investment.

- 2.5 The Integration of sexual health service has enabled efficiencies to be gained and from the service users point of view the achievement of a more seamless approach. A savings of £360,000 was realised when services were recommissioned in 2015. This was achieved by redesigning sexual health services to an integrated sexual health service minimising the need to attend separate services for treatment and management of Sexually Transmitted Infections including Blood Borne Virus testing and the provision of the full range of contraception; health promotion, awareness and prevention advice.
- 2.6 The proposed cumulative impact, if 2019/20 is agreed is £860,000, which represents 22.5% reduction to the programme budget. The magnitude of these savings means they can only be achieved by significantly reducing the scope and range of services offered through the main contract including staff redundancies.
- 2.7 Notwithstanding the proposed we will meet our statutory obligations. The saving will be achieved through working with the existing provider to reduce the scope of the integrated sexual health services that are presently delivered whilst protecting the critical services. Following this £500k saving, the remaining budget to fund sexual health services is £2.27m.
- 2.8 Although the service has consulted with service users on potential changes to the current service provision, further stakeholder consultation will be undertaken on his proposal.

### 3. **Implications Associated With Proposal**

#### 3.1 **Council Corporate Plan Priorities**

The council's Corporate Plan has been informed by three key thematic needs assessments:

- Joint Strategic Needs Assessment (JSNA)
- Economic Needs Assessment; and
- Safer Walsall Community Safety Assessment

The Corporate Plan priorities which Sexual Health treatment services contribute to are listed below:

- Improving health and wellbeing, including independence for older people and the protection of vulnerable people;
- Creating safe, sustainable and inclusive communities;
- Improving safeguarding, learning and the life chances for Children and Young People raising aspirations; and
- Create a modern, dynamic and efficient workforce designed around what residents need.
- The Impact of the proposal is likely to produce negative outcomes in relation to the priorities listed above.

#### 3.2 **Customers**

Sexual Health services is a statutory service. The council has a duty under the requirements of the Public Health England grant to arrange for the provision of open access genitourinary medicine and contraception services for all age groups.



This covers free testing and treatment for sexually transmitted infections, notification of sexual partners of infected persons and free access to comprehensive contraception and advice on preventing unintended pregnancy. Although the services are universal, sexual disease is more prevalent amongst young people and some ethnic minority groups. The service will be required to continue to offer targeted services for these groups. Alternative options to make the savings have been explored with no alternatives identified.

### **3.3 Employees / Staffing**

There are no implications for staff directly employed by the council. However, to deliver the savings the provider agency has estimated that there will be potential redundancy for up to 3 staff with other staff being transferred into other health contracted services.

### **3.4 Partners**

#### **Walsall Healthcare Trust**

This proposal potentially puts outreach clinics providing sexual health service at risk leading to increased waiting times for access to services. Similarly support and advice to vulnerable women will be at risk through increased waiting times.

#### **Walsall Clinical Commissioning Group**

Currently GPs refer Walsall residents to integrated sexual health services for Sexually Transmitted Infections treatment and management and for provision of a wide range of contraception. The proposal would see patients, who are currently seen in the service, repatriated to primary care for routine and non- complex services as part of their existing designated primary care arrangements.

### **3.5 Economic Implications**

None.

### **3.6 Environmental Implications**

None.

### **3.7 Health and wellbeing implications**

The council has a statutory duty to promote the health and wellbeing of its population. The targeted sexual health service was in-line with the Marmot Principles. The proposed reduction in funding means the service's opportunity to contribute to the following principles will be reduced; to give every child the best start in life; enabling all children, young people and adults to maximise their capabilities and have control over their lives; create fair employment and good work for all; ensure a healthy standard of living for all and create and develop healthy and sustainable communities.

Sexual Health services contribute to the reduction in teenage pregnancy and unwanted pregnancies. Similarly the control of fertility in women across the life course. The service provides advice and support to teenage parents. Likewise the



detection and treatment of undiagnosed sexually transmitted infections across the local population.

### 3.8 **Other Council Services**

Teenage Pregnancy Prevention services.

### 3.9 **Procurement / Social Value Implications**

None.

## 4. **Associated Risks / Opportunities**

- When re-procuring the service the available budget may not attract any interest from organisations with suitable experience.
- A reduced service offer to Walsall residents.
- A more centralised service delivery for cases with higher complexity with some locality based provision for less complex procedures.
- Reduced opportunities for innovation and delivery to responded to emerging trends in sexual health.
- Reduced number of Walsall residents having immediate access to open access sexual health services.
- By way of mitigation public health commissioners have engaged in prolonged and on-going discussion with the existing treatment provider to achieve the required saving at the least risk to frontline services but inevitably service scope, range and quality will be affected.

## 5. **Legal Implications**

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require local authorities to arrange for the provision of open access genitourinary medicine and contraception services for all age groups. This covers free testing and treatment for sexually transmitted infections, notification of sexual partners of infected persons and free access to comprehensive contraception and advice on preventing unintended pregnancy.

## 6. **Consultation and Customer feedback**

- 6.1 Walsall Local Medical Committee and CCG Accountable Officer have expressed concerns about the potential additional demand on primary care and hospital services as a direct result of the cuts. Consultation continues and will be reported back to Cabinet to inform final decisions.

## 7. **Reducing Inequalities Implications**

- 7.1 A full equality impact assessment and action plan is being produced.

