

Date of issue: 11<sup>th</sup> November 2013

**MEETING**

**SLOUGH WELLBEING BOARD**

Councillor Rob Anderson, Leader  
Ruth Bagley, Chief Executive  
Superintendent Richard Humphrey, Thames Valley Police  
Ramesh Kukar, Slough CVS  
Lise Llewellyn, Strategic Director of Public Health  
Dr Jim O'Donnell, Slough Clinical Commissioning Group  
Colin Pill, Healthwatch Representative  
Neil Prior, Business Representative  
Paul Southern, Assistant Chief Fire Officer  
Matthew Tait, NHS Commissioning Board  
Councillor James Walsh, Health & Wellbeing Commissioner  
Jane Wood, Strategic Director of Wellbeing

**DATE AND TIME:**

WEDNESDAY, 13TH NOVEMBER, 2013 AT 5.00 PM

**VENUE:**

MEETING ROOM 3, CHALVEY COMMUNITY CENTRE,  
THE GREEN, CHALVEY, SLOUGH, SL1 2SP

**DEMOCRATIC SERVICES  
OFFICER:  
(for all enquiries)**

GREG O'BRIEN  
01753 875013

**SUPPLEMENTARY PAPERS II**

The following Papers have been added to the agenda for the above meeting:-

\* Item 8 is an updated version of the papers circulated with the supplementary agenda.

**PART 1**

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
8.	Berkshire Public Health Spending  <i>To consider budget and expenditure report (Lise Llewellyn) (6.10 – 6.25pm approx.)</i>	1 - 10	

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board                      **DATE:** 13<sup>th</sup> November 2013

**CONTACT OFFICER:** Angela Snowling – Consultant in Public Health  
**(For all enquiries)** (01753) 879142

**WARD(S):** All

**PART I**  
**CONSIDERATION & COMMENT**

**BERKSHIRE PUBLIC HEALTH SPENDING**

1 **Purpose of Report**

To provide the committee with an update on the PH grant and expenditure to date and planned for 2014-2015.

2 **Recommendation(s)/Proposed Action**

That the Committee consider the information provided about the mandated and optional elements of the public health grant and how it is being used to obtain improved outcomes for the population of Slough.

3 **Joint Slough Wellbeing Strategy Priorities**

Priorities:

- Health – by 2028 Slough will be healthier with reduced inequalities, improved wellbeing and opportunities for our residents to lead positive, active and healthy lives
- Health and Wellbeing – enhancing positive health and wellbeing throughout life,
- Ensuring better community engagement to improve the wellbeing of local residents
- Increase early diagnosis of all types of diabetes
- Increase residents levels of physical activity and encourage healthier eating
- Improve emotional and physical health of children of all ages from 0 to 19 years.
- Improve the sexual health of adults and young people
- Improve access to programmes for the prevention of cardiovascular disease
- Reduce drug and alcohol misuse and their impact on domestic abuse and violent crime
- Increase access to self care for people with mental and physical health problems

4 **Joint Strategic Needs Assessment (JSNA)**

The JSNA for Slough in 2013 has confirmed that the existing priorities within the Wellbeing, Health, diabetes and physical activity strategies are still valid. Additional priorities are expected to be identified through the public consultation process that will follow the publication on the web in December 2013.

## 5 **Financial Implications**

- 5.1 The Slough Public Health ring fenced grant and net controllable budget for 2013/14 is £4.988m. This is 48% less than the target proposed in 2012. Slough will obtain a 10% increase to £5,487m in 2014/15 to help narrow the gap per head of population. Based on the 2012 mid year estimates of a Slough population of 141,838 this equates to a cost per head of £35 for 2013/14 against a planned value of £52 per head.
- 5.2 In 2014/15 the allocation is due to increase by 10% i.e. to £5,487,000. In addition in 2015 the health visiting and Family Nurse Partnership services are planned to transfer to local authorities, for which no definitive allocation has been identified..
- 5.3 National advice on Public Health (PH) grant allocations is expected shortly in December 2013, however Duncan Selbie announced in August 2013 that the 2014-15 allocations will remain ring-fenced in 2015-16. Whilst it was the intention of DH to continue to narrow the gap post 2015-16, the national advice is likely to state that the allocations for 2016 onwards will remain the unchanged. For Slough this will mean that the allocation will remain below the target that was proposed by the Department of Health 2012..
- 5.4 The current and 18 month projected status of contracts which are managed centrally through the shared public health function, is as shown in Appendix 1 The projected total net expenditure in 2013-14 is £4.988m. This represents a planned underspend of £150,000 as agreed by Cabinet prior to the transfer of Public Health in 2013.
- 5.5 Any underspend can be retained at the end of 2013-14 but if this continues at the end of 2014-15 it will be withdrawn and the allocation reviewed downwards. A further £50,000 will be retained in 2014-15 and a further £300,000 has been set aside for mainstreaming of services which clearly deliver public health outcomes.

## 6. **What does the Public Health Grant cover?**

The following public health services are mandated; sexual health, public health advice (staff costs in Slough and in the central team in Bracknell Forest), costs of information and emergency planning support from the Central Support Unit, weighing and measuring (school nurse contract), Healthchecks.

- 6.1 The following service areas stated in the public health grant are not mandated, allowing therefore for local flexibility. These include; DAAT costs, smoking cessation and tobacco control costs, public mental health services, children's services (5-19), weight management, school nursing services, exercise and nutrition services (e.g Slough Healthy Hearts, Exercise on referral, public health dietetics service) and miscellaneous costs.
- 6.2 The Public Health (PH) grant funds a range of non mandated functions including the Drug and Alcohol Team (DAAT). In 2013-14 the contribution was fixed at £1.86m. In 2014/15 the entire DAAT costs will be met from the PH grant including the additional cost pressures estimated at £95,000; related to the reduction of the contribution from the Police and Crime Commissioner and the costs of toxicology tests not declared at the transfer in April 2013.
- 6.3 With the exception of the smoking cessation contract many of the mandated public health contracts inherited at transition from the former Primary Care Trust were

transferred on April 1<sup>st</sup> 2013 as block contracts across more than one local authority boundary. The Berkshire finance and contracts subgroup has focussed on ensuring activity and costs are known at locality level. This is especially important for the genitourinary medicine (GUM) contracts as people can choose to attend sexual health services anywhere in the country. A sexual health needs assessment has been conducted and a large proportion of the costs incurred are shown to be family planning costs.

6.4 A risk share strategy has been adopted for the first year of operation whereby Slough pays an agreed proportion of the costs of centrally managed contracts.

## 7. Other Implications

### (a) Financial

See sections 5-6 and 8

### (b) Risk Management

<b>Risk</b>	<b>Mitigating action</b>	<b>Opportunities</b>
Legal	There is a Berkshire wide legal agreement in place with BFBC to provide centralised information support and contract management for jointly agreed PH contracts	The agreement is for two years by which time all contracts that transferred will have been reviewed
Property	None	None
Human Rights	None	None
Health and Safety	None	None
Employment Issues	The PH fund covers not only direct staff costs but provider costs for statutory and mandated services	Additional costs can be considered if they provide clear public health outcomes as shown in the PH outcomes framework
Equalities Issues	The PH grant must deliver against priorities in the JSNA and Joint Health and Wellbeing strategies which have identified the main inequalities in Slough	None
Community Support	None	None
Communications	The legal agreement between the six local authorities also includes a PH communications strategy	Local communications plans are being linked to self care programmes with the CCG
Community Safety	The public health grant currently funds the work of the DAAT	There are opportunities to explore how alcohol services are funded

Financial	See section 7 – with the exception of some small local contracts all the services are demand led	A number of opportunities to mitigate costs are emerging e.g for those areas which are now CCG or area team responsibilities
Timetable for delivery	None	None
Project Capacity	None	None
Other	None	None

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications relating to this report.

(d) Equalities Impact Assessment

PH grant funding must be used to reduce inequalities and to extend the quality of life for the local population – whatever their background. The JSNA is an Equalities Impact Assessment as the health and wellbeing of all subgroups of the community should be considered. The priorities for funding should be aligned to those identified in the Health and Wellbeing strategies.

8. **Berkshire financial risk share strategy**

- 8.1 The legal agreement in relation to pooled risk shares on public health contracts was signed between the six councils in Berkshire in April 2013. This agreement defined three types of contracts;
- 8.2 Type A contracts – countywide contracted services with clear baseline activity, quarterly activity updates and known costs e.g smoking cessation
- 8.3 Type B contracts – where actual activity was not clear at transition at a local level but an indicative budget was set either across Berkshire or for example across two or more councils. See examples below
- 16.96% is the apportionment agreed for Slough when shared across Berkshire e.g the school nursing contract (which was estimated within the BHFT block contract and was set at £421,000 to the end of March 2014 - by which time true activity will be available)
  - 45.86% was the apportionment used for Slough for locally enhanced services in the East that rolled over until new contracts can be put in place by April 2014
- 8.4 Type C contracts – are outside of the joint agreement and locally determined in Slough e.g Health Checks, Exercise on Referral and the Healthy Hearts service..
- 8.5 Type A and B contracts are reported on a monthly basis through the Berkshire finance and contracts subgroup (attended by all six councils). Recommendations from lead consultants and from finance leads are then escalated to the Public Health Advisory group. The goal is to review all contracts within two years. It is a key requirement of the Public Health Advisory board that the largest contracts such as sexual health are reviewed first to enable retendering of some, or all of the services currently commissioned. (DAAT and Smoking cessation services were retendered in October 2012, so are out of the scope of the current reviews)

## **9. Examples of financial opportunities in 2014-15**

- 9.1 The table shown in the appendix relates to the central team costs and the costs of contracts administered by the central contract team on behalf of Slough. Smoking cessation is an example of a Type A contract.
- 9.2 For Type B contracts further improvements will occur in 2014-15 in relation to the provision of specialist sexual health services (genitourinary medicine – GUM services) as the recent sexual health needs assessment has identified that the main service is actually operating primarily as a family planning service for Slough.
- 9.3 It is proposed that the sexual health retendering process will be managed by the Berkshire central team and will include
- opportunities to update pathways and offer improved web based access to reduce unnecessary visits to specialist services
  - the adoption of a local tariff
  - extending the functions of the Chlamydia screening team to include emergency contraception and oral contraception
  - removal of costs that are now the responsibility of specialist commissioners (Area Team, CCG) in relation to HIV care
  - challenge from the Area Team to ensure that contraceptive services are offered fully in local practices under the terms of the personal medical services contract
  - improved contraceptive outreach to vulnerable groups
- 9.4 The transfer of Health Visiting services to Local Authorities as the next stage of implementation of the Health & Social Care Act provides an opportunity to consider future service design in the context of gaps and opportunities across the health & social system, from early help to targeted intervention, for 0-5's and 6-18's. Planning for this work has commenced. One of the challenges for Slough that will be considered within this work is the low level of inherited school nursing service. 3.5WTE school nurses against an national standard level of 12WTE for the size of the Slough school age population

## **10 Conclusion**

- 10.1 The strict requirement to use the public health grant to improve public health outcomes means that all public health services and interventions must be evidence based and cost effective.
- 10.2 The status of the contracts managed by public health is much clearer now than at transfer in April 2013. Full activity profiles are now available and there is greater clarity about the activity and outcomes being achieved by providers.
- 10.3 All contracts will be reviewed by the end of 2014-15 and cost efficiencies and improved outcomes sought where applicable. New contracts will be inherited in 2015-16 such as the health visiting and family nurse partnership contracts and a change management programme will commence early 2014-15.
- 10.4 The Wellbeing Board is asked to note the shared agreement with Bracknell Forest is supported by a governance process that includes regular reporting to and oversight by the Public Health Advisory Board (attended by the Slough Director of

Wellbeing). In addition the membership of the Berkshire Finance and Contracts subgroup includes the Slough Consultant in Public Health and the Slough PH finance lead. No decision is made outside of the delegated authority of each member.

## **11 Appendices**

Appendix 1. Berkshire Public Health - 18 month finance report





# Berkshire Public Health Advisory Board

## 18 month plan

Item no:

**Report by:** Dr Lise Llewellyn      **Job title:** Strategic Director, Public Health Berkshire  
**Date:** 11<sup>th</sup> October 2013  
**Contact Officer:** Neil Haddock  
**Telephone:** 01344 351385      **Email:** Neil.Haddock@bracknell-forest.gov.uk

### Summary

The figures over show the Joint Arrangement is currently predicted to be under plan by £1,187.

The current plan for 2014/15 for the Joint Arrangement is £12,818

There are caveats for both figured which are detailed in the report

### Recommendations

Advisory Board are asked to note the contents of this report.



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## **Public Health Berkshire 18 month financial plan**

The figures presented below are the **joint arrangement figures only** in respect of 2013/14, and forecast for 2014/15 . The local spend for PH is subject to the local budget management processes within Slough BC and are not presented here. The figures presented are at this stage heavily caveated, as planning remains at an early stage. Caveats and assumptions are as follows:

### **Shared Team**

Costs for salaries increase by inflation, estimated at 1% pay award, and Increments can be absorbed within this cost – this is line with BFBC pay policy.

Costs for non-salary costs increase by inflation, estimated at 2% in line with Bracknell Forest budgeting assumptions

### **Slough Borough Council as provider**

Costs increase by 1%, for salaries, estimating a 1% pay award. No inflation on non salary costs - costs are negligible

### **Smoking Contract**

Inflation is 0%, as the contract states that prices are fixed for the duration of the contract.

### **Health Contracts**

Inflation (net after notional efficiencies) is 1.5% on tariff. This may be subject to change as a national consultation on rates of inflation / deflation has just been received. It would be prudent at this stage to stick with this assumption

### **Sexual Health**

Activity Levels remain at the same level

### **Type B to Type A contracts**

As agreed by the advisory board changes will occur at the beginning of year only. Changes for sexual health have been built into the assumptions . Any changes will clearly it will be neutral at County level

### **Local Costs**

Not included

**General**

These are draft planning assumptions and subject to update once the new JSNA, wellbeing strategy deliver plan is developed  
 All figures will need to be reviewed in line with any commissioning changes proposed for 14/15 and any service cost changes that arise as more activity data for 13/14 is received.

Performance in year

**JOINT ARRANGEMENT COSTS 2013/14: ESTIMATE v CURRENT FORECAST at Q3**

EAST	Shared		CSU		Smoking		Weight		Children 5-19		Sexual		Miscellaneo		Service Total Cost		Over / (under) spend
	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	Original Estimate	Current Forecast	
Slough	113	113	14	14	361	422	59	56	421	418	1,449	1,431	5	149	2,421	2,603	183
Grand Total	636	636	80	81	1,850	1,974	597	265	2,482	2,482	8,027	6,954	27	208	13,699	12,601	-1,098

The figures for Slough show an overspend because a budget that covers the miscellaneous expenditure actually sits within the Slough local team at present (Healthy Hearts) - Therefore 144k of the overspend will not occur as it is covered by the local budget. In addition the smoking contract is expected to reduce in volume and so ensure Slough expenditure matches its budget.

Budget for next year

**JOINT ARRANGEMENT COSTS 2014/15 CURRENT ESTIMATES**

	Grant 14/15 £m	% share	Shared Team	CSU	Smoking	Weight MGT	Children 5-19	Sexual Health	Sexual Health, moving to Type	Misc.	Service Total Cost
<i>EAST</i>											
Slough	5,487	45.55	114	15	361	57	424	1,453	211	149	2,783
Berkshire Total	29,301		643	82	1,850	268	2,514	7,252	0	209	12,818

Next years budget shows significant changes in the pattern of spend mainly in sexual health. The reason for this change is the movement of the contract from a risk shared contract to one based on activity. In this year as the provider for the start of the year was unable to allocate costs of activity by UA the Unitary Authorities agreed to risk share the contract based on population size. In year the activity has been collected on an actual usage basis and this now results in Slough picking up a higher cost for this service. The impact of this change will be managed through the remainder of the Slough PH budget