

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 13th November 2013

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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 1st 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

Risk	Mitigating action	Opportunities
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