

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 14th January 2016

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PART I **FOR DISCUSSION**

SERVICE CHANGES ARISING FROM THE IN YEAR REDUCTION TO THE PUBLIC HEALTH GRANT AND THE COMPREHENSIVE SPENDING REVIEW

1. Purpose of Report

This report builds on the consultation report presented to the panel in October 2015 and lists the changes made to bring the public health budget into balance. (The shortfall arose from the in year national reduction of 6.2% in the Public Health grant announced in June 2015).

The report also sets out how the 9% comprehensive spending review reduction from 2016-19 announced in November 2015 is being planned for with options for either a 3.9% reduction per year or a 2.2% reduction per year.

A further report will be presented to the panel when it is known what the actual allocation is to 2018 and when it is known which public health services will be funded from 2019 onwards - when the grant ceases and income from business rates is expected to deliver mandated public health functions.

2. Recommendation(s)/Proposed Action

The Panel is requested to note that

- that £1.097m has already been mainstreamed to support the council to deliver public health functions in 2015-16
- the projected shortfall at outturn is now £362k rather than the £427k predicted in October 2015 and that work will continue to the year end to reduce this further.
- that the overspend in 2015-16 will be recovered in 2016-17 even using a worst case scenario of a CSR reduction of 3.9% per annum to 2018.
- That investment has been maintained in key areas such as smoking cessation and tobacco control and that the contract has been awarded as agreed at Cabinet in December 2015.
- That these savings also include savings for outcome 6 arising from the redesign of the DAAT service which the public health grant supports. These changes when implemented will mitigate the impact on service users whilst improving provision for primary and secondary prevention.
- The commissioning intention for 2018-19 remains to reform and align health visiting and school nurse services with the Children's Trust and early years services and services commissioned by the CCG.

- That the main sexual health contract is under review and work is underway to test a new service model to replace the block contract in 2017-18, which is used by 92.6% of Slough residents.
- That out of area sexual health costs are influenced by patient choice but are actively monitored and that the main supplier in London will be audited in 2016
- That significant internal and shared staff cost reductions have occurred that will place pressure on the service until April 2016 until financial balance is achieved
- That residents found to be at high risk of diabetes will be able to benefit from a new nationally commissioned diabetes prevention programme to mitigate the risks of reducing the local investment an exercise on referral programme for adults
- That CCG investment and support through the Better Care Fund will allow a modification of the Healthy Hearts programme to deliver a much needed integrated care pathway programme for the primary, secondary and tertiary prevention of cardiovascular diseases in the town.

3. The Slough Wellbeing Strategy, the JSNA and the Five Year Plan

3a Slough Wellbeing Strategy priorities

The public health grant funds a wide range of mandated and non-mandated activities within the Health Strategy, which sits under the Slough Wellbeing Strategy and also supports the health ambitions within the Children's and Young Peoples Plan (CYPP). Expenditure follows the priorities set within the Public Health Outcomes Framework.

The public health grant funding supports the Slough Wellbeing Strategy in the following ways

Health – supporting the priorities in the CYPP; to improve children and young people's emotional and physical health and encourage healthy eating and tackle poor dental health.

Safer Communities –supporting the Safer Slough Partnership through the work of the drug and alcohol team's commissioned services. And for vulnerable children through the health visiting and family nurse partnership programme

3b Five Year Plan Outcomes

The Public Health Grant supports Outcome 5 of Slough Borough Council's Five Year Plan i.e.: Children and Young People in Slough will be healthy, resilient and have positive life chances.

There are a series of key actions underneath Outcome 5, which the funding helps to deliver:

- Develop more preventative approaches to ensure children, young people and families are safe, independent and responsible.
- Slough Children's Services will be one of the best providers of children's services in the country, providing timely, purposeful support that brings safe, lasting and positive change.
- Ensure vulnerable children and young people are safe and feel safe.

- Ensure children and young people are emotionally and physically healthy.
- Ensure children and young people enjoy life and learning so that they are confident about the future and aspire to achieve to their individual potential.
- Ensure children and young people with SEND and their families receive comprehensive, personalised support from childhood to adulthood.

The public health grant also supports outcome 6 through the contribution to the voluntary sector strategy and to the DAAT costs

4. Other Implications

(a) Financial

The known financial implications represent a 6.2% cut in year in 2015-16 which is recurring to 2018-19. (The total grant for 2015-16 was £6.98m comprising £5.48m base grant plus the half year effect of the transfer of the health visiting service valued at £1.5m).

The total savings required in year were therefore £427k in addition to savings of £950k already achieved. Despite taking considerable preventative action there is likely to be a shortfall of £362k which can be recovered in 2016-17 through the planned process of contract closures.

(b) Risk Management

The primary risk is financial in relation to outcomes 5 and 6 in 2018-19 with the additional recurring 6.2% plus the 9% reduction over the lifetime of the grant to 2018..

The in year impact in 2015-16 has mainly been on the DAAT grant of £333k (which had been protected in previous years) and a small in year reduction to the voluntary sector grant of £60k together with a recruitment freeze until April 2016.

The secondary risk is performance related in 2015-16 due to the request to all providers to reduce their activity for Q3 and Q4. It is important to note that the Health Check performance in Q2 of 2015-16 was notably lower prior to the cap being placed on the service.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the proposed action.

(d) Equalities Impact Assessment

EIAs have been conducted for the team redesign and for the Healthy Hearts and Exercise on referral services.

5. Supporting Information

5.1 The Public Health Grant supported the following prescribed and non prescribed functions in 2014-15 as shown in Table 1 below

Table 1 Public Health Revenue Outturn 2014-15

61 Sexual health services - STI testing and treatment (prescribed functions)	1,738,312.95
62 Sexual health services - Contraception (prescribed functions)	37,010.90
63 Sexual health services - Advice, prevention and promotion (non-prescribed functions)	8,983.29
65 NHS health check programme (prescribed functions)	64,447.50
66 Health protection - Local authority role in health protection (prescribed functions)	81,142.89
68 National child measurement programme (prescribed functions)	92,000.00
70 Public health advice (prescribed functions)	316,600.00
71 Obesity - adults	96,756.39
72 Obesity - children	59,000.00
73 Physical activity - adults	140,648.00
74 Physical activity - children	12,900.00
76 Substance misuse - Drug misuse - adults	1,777,600.00
77 Substance misuse - Alcohol misuse – adults (within figure above)	0.00
78 Substance misuse - (drugs and alcohol) - youth services	81,400.00
80 Smoking and tobacco - Stop smoking services and interventions	387,350.00
81 Smoking and tobacco - Wider tobacco control	0.00
83 Children 5–19 public health programmes	268,860.00
85 Miscellaneous public health services	663,485.04

The national cuts in 2015 and the Comprehensive Spending Review implications to 2018-19

In July 2015 a consultation was launched on an in year 6.2% cut to the public health budget. This was confirmed in November 2015.

The CSR in November also confirmed a further 9% over the lifetime of the CSR to 2019 however it is still not clear how this will be split over the three years and for financial purposes a 'worst case scenario' has been designed of 3.9% per annum.

Details of the new baseline public health grant for 2016-17 is not expected until the end of January 2016 but has been assumed to be the same with the proviso that the full year effect for health visiting has been included.

5.2 Service reviews

Action has been taken in the following areas based on value for money and feasibility to reduce activity and where possible pro rata in relation to the cuts announced nationally.

Line 61 refers to sexual health services which are free at the point of contact anywhere in England. Following a rigorous comparison of alternatives and performance *outreach chlamydia services only* will end in April 2016. Chlamydia

screening within the block contract at Upton and through out of area hospitals will remain.

Line 65 refers to the mandated health checks for all 40-74 year olds that do not have an existing heart, kidney or diabetes condition. People on the prevention register are recalled once every five years. This check is carried out by the GPs and a cap on activity has been set on activity as only 20% of the population is required to be screened annually on a rolling programme.

Line 70 refers to the requirement to provide public health advice to the council and its partners for a range of services and partnership support to improve; health outcomes, health and social care service quality, the wider determinants of health or to reduce health inequalities. Under the Health and Social Care Act, there is a requirement for public health to update the Joint Strategic Needs Assessment and to support the development of the joint Wellbeing strategy. There are two separate staff costs; the SBC team and the central Bracknell Forest team, which includes the strategic DPH and consultant in health protection. The costs of both teams have been reduced through restructuring. The impact in the central team is 6.2% in 2015-16 and the SBC team costs have already reduced since 2014 by 21%.

Lines 71 and 73 refer to the non-mandated option to provide adult obesity programmes (weight management and physical activity programmes). Although adult physical activity levels have improved since 2013-14 Slough remains 95th out of 240 local authorities in England on this measure. Actions taken include the non renewal of the exercise on referral programme as a new national diabetes prevention service will be in place in 2016-17. Further actions include the service redesign of a comprehensive cardiac care pathway to include the move of the contract for the delivery of Healthy Hearts to the Better Care Fund and an enhanced cardiac rehabilitation service.

Lines 72 and 74 refer to the non-mandated option to provide childhood obesity and physical activity programmes. Although childhood obesity levels in reception have improved and are now in line with the Southeast Slough remains in the highest fifth in England for obesity rates in children in year 6. A new targeted service in primary schools will commence in April 2016 and will work alongside the Change4life programme adopted in 13 primary schools.

Lines 76, 77 and 78 refer to the non-mandated option to provide drug misuse and alcohol services. These services are fully integrated and this line has already been reduced by £331k in year. Projections for outcome 6 include savings of £100k in 2016-17 and £250k in 2017-18.

Lines 80 and 81 refer to the non-mandated option to provide smoking cessation and tobacco control services. The service has been reduced by £60k to £300k with options to reduce annually if required

The final line 83 refers to all other services that are optional; for Slough this includes a contribution to the voluntary sector strategy, a contribution to cross council services that deliver public health outcomes and small services that provide data on outcomes from the GP provided services. All services have been advised of the CSR impact and of the end to the public health grant in 2018.

6. Conclusion

The funding impacts of a 6.2% in year cut are severe in a local authority which is already the lowest funded amongst equivalent areas of deprivation in the country as discussed in the October report.

Much has been done to limit the shortfall at outturn and the areas where costs have been reduced are reported in section 5.2.

Plans for the transfer of some public health services to the Better Care Fund will mitigate the risks arising from the abolition of the public health grant in 2018-19. Further plans will be required for mandated services which the council will need to continue to deliver, when the grant ends, which will need to be funded from business rates.

The MTFS plans for supporting outcome 5 in 2017-18 are now at risk as the funding for the health visiting services is not mandated although the reporting of the five mandated health visiting service visits continues to be required nationally. There is scope to align pathways and functions to deliver a new 0-19 service from October 2017 onwards. This will require the full integration of health visiting, school nursing service, early years and children's trust services and CCG commissioned services for children as well as for parents.

Income opportunities are being sought in many areas and the staff changes will support the new NHS England transformation plans for Health and Social Care to align by 2020. The Better Care Fund is a key enabler as the pooled budget provides a way of mitigating risk shared with the CCG and NHS England towards 2019-20 when the public health grant income ends.

7. Background Papers

Comprehensive Spending review summary – implications for Public Health