

TITLE	Public Health Grant
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 23 March 2016
WARD	None Specific
DIRECTOR	Stuart Rowbotham, Director of Health and Wellbeing

OUTCOME / BENEFITS TO THE COMMUNITY

The ring-fenced Public Health Grant from Central Government to the Borough Council is intended to support the overarching aims of the Local Government Public Health service to deliver:

- Improvement in the health of population through commissioning specific services,
- Health protection, and;
- Public health care advice and support to local commissioners

The central aim of the Public Health Department in Wokingham is to improve the health of local residents, reduce differences between life expectancy, and improve healthy life expectancy. The team work with the Leisure Development team to form a strong public health function fulfilling the public health duties placed upon the council, and works within a Berkshire-wide matrix to support on specific topics, joint commissioning and on health protection functions.

The majority of the public health grant is committed to the commissioning of services; the majority of which are mandated; with decreasing discretion to commission new services, to pilot or to support cross-council commissions.

The benefits to Wokingham Borough population are expressed in the aims of the Joint Health and Wellbeing Strategy for the Borough published in June 2013, and in the detailed outcomes of the national Public Health Outcomes Framework (PHOF) published by Public Health England.

The community will continue to benefit greatly through the delivery of these outcomes.

RECOMMENDATION

That the Health Overview and Scrutiny Committee is asked to consider the contents of this paper and continue to support the public health department make the best use of the ring-fenced public health grant within the context of the corporate financial position, and the reductions in public health grant to 2020.

SUMMARY OF REPORT

Public Health set a fully committed budget at the beginning of 2015/16, including investment across council services supporting public health outcomes of £751,200, and commitment to commissioned services including the recommissioning of stop smoking services. In July 2015, the Chancellor announced an in-year cut to the national public health grant of £200 million, and it was widely thought this would apply equally to all local authorities. A consultation was launched into how the cut should be made, and as

expected a cross-cutting 6.2% reduction to each local authority's public health grant was made, with this being taken as a reduction in the quarter 4 grant. For Wokingham Borough council, this equated to a saving of £319,000 needing to be found. All discretionary budget lines were immediately reviewed and savings identified and any allocations which were not formalised were removed from the budget. This still did not take us to the target, and we had to apply some of the savings to be shared across the authority from the £751,200 funding streams – although not the full 6.2%.

Last autumn's Comprehensive Spending Review made further cuts to public health budgets – with the ring-fence likely to be withdrawn (subject to consultation) in April 2018.

The cuts for 2016/17 are an additional 2.2%, with the 6.2% remaining, thus in total the 2016/17 public health grant to Wokingham Borough Council is cut by £419,000 from our expected position, to £5,634,000.

The budget for 2017/18 is £5,495,000, a further reduction of 2.5%, to be followed by a 2.6% cut in 2018/19; and a further 2.6% cut in 2019/20.

The overall allocations have increased to include the commissioning budget for 0-5 public health services from October 2015, but these allocations have been included in the baseline from which the percentage cut is taken.

The public health team have worked with the other Berkshire public health teams to seek savings from the reprocurement and decommissioning of some services; from the re-structuring of the Berkshire core public health team and from planned spend which was not formalised. The resulting budget for Wokingham Borough makes the savings required together with our agreed corporate savings targets, but poses some risks to service continuity, and carries with it an element of shared-pain for those services in other departments which are currently funded from the public health grant.

Background

The detailed budgets below show the areas where budget cuts have been made and proposed. Difficult decisions were necessary, but these were weighed against service quality and improvements which resulted from recommissioning of services which took effect in 15/16. An example is the recommissioning of the Chlamydia Screening Service with a web-based service, and the removal of legacy funding from certain Berkshire Healthcare Foundation Trust services including young people's sexual health workers and condom distribution schemes. These are partially replaced by the Berkshire Sexual Health Website which is due to go live in the spring of 2016. These changes follow consultation with young people and stakeholders in 2013/14 as part of the wholesale needs assessment of all sexual health services and the evidence base surrounding effective Chlamydia screening and treatment.

Staffing has been decreased in public health by the removal of one part-time post, and further employment related costs are being sought through efficiencies rather than losing staff. Significant savings have been made in the core public health contract from the loss of the Resources department and reduction in posts, as well as efficiencies made through decommissioning inefficient legacy services including oral health promotion.

Savings Agreed for 2015/16

Service Area	Amount / £s	Description	Impact of change
Drug and Alcohol DAAT) services	64,000	DAAT commissioning has been underspending for some years. PH hold the grant and are members of the DAAT commissioning board, but the budget transferred has not kept pace of changes in provision of DAAT services, nor the change in provider	There is potential impact upon the existing provider which is an interim provider. Re-specification of DAAT services must be a priority and recommissioning either alone or with other Boroughs should take place throughout 16/17
Departmental Staffing - Apprenticeship	15,000	Reduction in training and expenses. Seeking alternative funding for apprenticeship post.	Apprenticeship post funded from other services. Little impact.
LES – GP & Pharmacy	60,000	Reduction based upon estimated use based upon better forecasting after 2 full years data	Little impact, although services are demand led and there is a theoretical risk this saving will not be met.
Physical Activity: GP Referral & LTC & Rehabilitation	15,000	Application of 6.2% savings target to schemes within sports development that are funded by the public health grant	Likely to be balanced by increasing income from course fees and memberships.
Winter Programme	5,000	Reduction in range of programmes to promote winter health; previously underspent.	No impact likely.
Consultancy	10,000	Reduction in discretionary spend on external expert consultants.	This means there is the potential for certain specialist tasks which may arise to be prevented,
Marketing	2,000	General reduction in health promotion resources and marketing material including Borough News extra pages.	No additional pages for public health campaigns in Borough News. Reliance on national campaigns
BHFT legacy projects: Sex Education and Gypsy Roma Traveller Health Visitor	56,000	Reduction achieved due to clearer costings for the continuation of these services on the strict basis that funding will not be sustained beyond the year end.	The Trust will incorporate the GRT Health visitor into its core health visiting service. Minor sexual health services will likely be stopped.
Beat the Streets	30,000	This programme was due to run in the South Wokingham SDL, to promote active travel on shorter town-based journeys.	Beat the streets are working at increasingly large scale and it is unlikely this could have been run on such a small scale. My Journey continues to work to meet these aims with different projects.
Health Checks Data transfer	10,000	Service no longer required.	The transfer of data was incorporated into the new service specification.
Underspends in other budget lines	15,000	Minor underspends across all public health projects.	No direct impact but leaving little contingency budget.
Contribution to public health programmes based in other departments	37,000	Equating to a 4% cut to these transfers, across Adult Care; Children's Services and Environment directorate.	Minor impacts, including delaying recruitment to 1 post by a few months.
Sub-total of 6.5% savings in- year target	319,000		
Agreed Contribution to Corporate Savings			
Stop Smoking	40,000	Planned increase in the number of	Data released mid-year shows

Service - additional quits		quitters recruited by the service was stopped.	we had achieved our aim of reducing smoking prevalence to less than 10%.
GUM main contract (within joint arrangement)	100,000	The saving achieved from the recommissioning of sexual health services from April 2015.	No negative impact. New contract provides better value and quality and access of services.
Physical activity / prevention services	62,000	This saving achieved through improved staff-efficiencies in prevention services, a recruitment freeze and re-design of delivery to improve efficiency.	No impact should be felt by the service user. There is little development time for the team, and overtime / agency staffing could increase in times of service pressure e.g. illness.
Sub-total of corporate savings contribution	202,000		
TOTAL SAVINGS	521,000		

Savings Proposed for 2016/17

Several of the savings made in 2015/16 can be continued into 2016/17, and whilst the overall departmental budget reflects and incorporates the savings required by the reduction in public health grant of £419,000, consultation between departments and other affected still needs to be completed.

One definite saving of £15,500 comes from the removal of a vacant post in the public health team. The Health Improvement Officer post was TUPE'd into the Council from Get Berkshire Active in 2015. Previously funded by CCG funds, then funded by public health, it is not a core establishment post. This post worked to a community development / outreach methodology in the 5 areas of deprivation, providing physical activity and health improvement interventions.

Changes in the contracts managed on our behalf under the Berkshire Joint Public Health Arrangement represent a combined saving of £82,000 from the recommissioning of certain services. Chlamydia Screening will become a web-based service; dental health promotion has been decommissioned across Berkshire; and the Resources Library serving Berkshire health services has been decommissioned and replaced with a communications function. Chlamydia screening should be better targeted at those at risk. The previous service was not performing and a decision was taken across all 6 authorities to decommission. In the west of Berkshire, a web-based service has been established, targeting those most at risk. There will no longer be a dedicated oral health promotion service; however oral health promotion can be incorporated into future re-specification of 0-19 services.

GPs and others will no longer be able to access free leaflets. Instead they will be asked to commission their own and directed to suitable sources. On-line communication of public health messages will improve.

A reduction in sexual health legacy services creates a saving of £70,500. Funding for these small legacy projects, such as condom distribution and young people's advice has been stopped. These were only funded as interim projects upon the invitation of the provider, prior to the recommissioning of sexual health clinical services. There were quality issues in a number of the services and no formal contracts, only service-level agreements. With the sexual health needs assessment informing the recommissioning

of clinical sexual health services in the west of Berkshire, these services were considered surplus to need. Whilst this has inevitably led to some loss of service scope, the sexual health website for young people and increase in outreach services is likely to off-set this.

Analysis of Issues

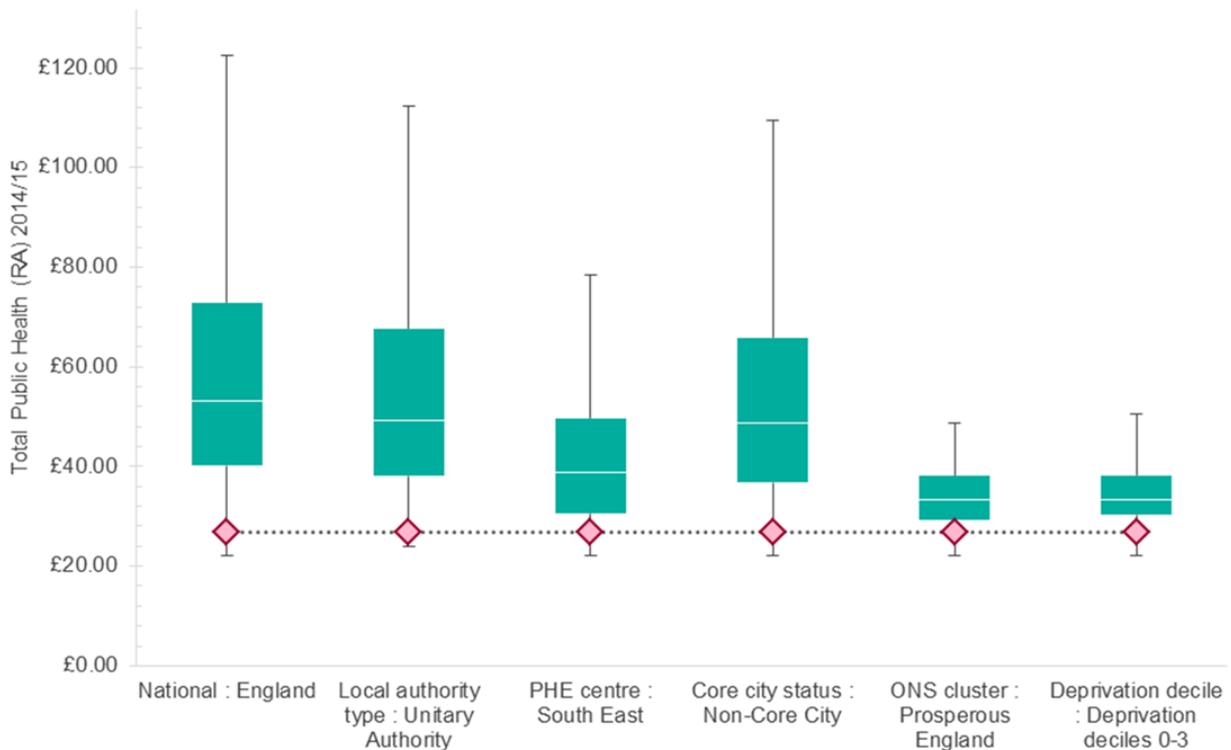
The intention throughout the discussion of and implementation of these savings has been to reduce negative impact upon our residents, particularly those most vulnerable or facing inequalities. With many services either commissioned or funded on contracts and service level agreements agreed prior to the transfer of public health responsibilities to local government; and several procurement or renegotiation processes underway, many of the savings have been made through these means.

The ongoing austerity facing local government has led officers across all areas of public health grant spend to scrutinise their budgets and to identify ongoing opportunities for savings. This discipline has led to savings being made with no impact on the service delivery in many areas. Whilst the budget for 16/17 has been agreed for the public health department, there is still negotiation in areas of the detail to be had.

The Public Health Grant has faced major in-year and ongoing cuts to 2020. As an essential local government service, dedicated to long-term health improvement and to protecting resident's health against more immediate harms, the next few years will require greater integration of public health outcomes in the core business of the council, as well as an ongoing focus on prioritisation in light of both best practice evidence and local need.

Spend and Outcome Tool data for Wokingham Borough Council

This national tool attempts to show where one local authority sits alongside others in terms of the size of the public health grant.



Interpreting the chart:

Spend is spend per head of population on 14/15 out-turns, and outcome data are from various sources, some of which may contain earlier period data.

Wokingham Borough Council's spend is represented as a pink diamond and the upper and lower quartile boxes represent the middle 50% of authorities' spend. The white line through the middle of the quartile box is the median.

The whiskers extend 1.5 x the interquartile range, up to the max/min values. Organisations outside the whiskers are categorised as outliers. NB: Whiskers are not the same as confidence limits.

Boxplots are provided for a number of peer comparator sets. This should assist in determining which peer groups the organisation is similar to and not similar to for each measure. It may suggest areas to look at when exploring variation.

In essence; Wokingham Borough Council can be seen to have one of the lowest spends on public health per head of population than all our comparator groups and is one of the very lowest in all of England and amongst other Unitary Authorities – including those in the remainder of Berkshire..

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	(202,000) corporate savings (319,000) savings due to grant cut	Yes	Revenue
Next Financial Year (Year 2)	(419,500) savings due to grant cut	Yes	Revenue
Following Financial Year (Year 3)	(139,000) additional savings due to grant cut	Currently in discussion as to how to address these cuts.	Revenue

Other financial information relevant to the Recommendation/Decision
The public health grant for 2016/17 has been awarded and is marginally greater than that which was expected. There is scope for the Department of Health to seek further in-year savings, as well as make some new service developments where necessary.

Cross-Council Implications
The corporate savings from the public health grant funding other has benefited projects across all Council directorates and the Public Health Department continues to work with colleagues to support the delivery of public health outcomes wherever they are delivered. It is a very difficult time to be asking colleagues to shoulder a part-shared cut in their revenue, however there is now no room for manoeuvre in the public health budget.

Reasons for considering the report in Part 2
None

List of Background Papers
Wokingham Borough JSNA Joint Health and Wellbeing Strategy for Wokingham Borough 2014-17 Public Health Outcomes Framework

Contact Darrell Gale	Service Public Health
Telephone No 0118 908 8293	Email Darrell.gale@wokingham.gov.uk
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