

Healthier Communities Select Committee			
Report Title	Update on Public Health Budget Spending Plans for 2014-15		
Key Decision	Yes	Item No.	5
Ward	All		
Contributors	Executive Director for Community Services		
Class	Part 1	Date:	18 th March 2014

1. Purpose

- 1.1 The purpose of this report is to update the Healthier Communities Select Committee on the Public Health budget allocation and proposed expenditure for 2014-15, and to seek support from the Board on proposed recommendations to Mayor and Cabinet for the allocation on additional investment for 2014-15.

2. Recommendation/s

The Committee is recommended to:

- 2.1 Note the successful transfer of a wide range of Public Health responsibilities to the Council, together with a ring fenced budget.
- 2.2 Note the outcome of a review of contracts and cost pressures for 2014-15, and an intention to undertake a comprehensive contract review in the coming financial year.
- 2.3 Support the proposed recommendations to Mayor and Cabinet for the allocation of £200k of additional investment in the school age nursing service in 2014-15, and support the council's continued funding of free swimming.

3. Policy Context

- 3.1 Under the Health and Social Care Act, the majority of public health responsibilities and functions transferred to the Council on 1 April 2013. This included all public health staff and all contracts for commissioned public health functions.

4. Background

- 4.1 Lewisham public health functions transferred from the NHS to the London Borough of Lewisham in April 2013. The budget allocation from the Department of Health was £19,541,000 for 2013/14, and

£20,088,100 for 2014/15. Along with all public health staff, over 70 contracts were 'novated' across from the NHS to the Local Authority with a year extension until March 2014. These contracts were primarily NHS contracts, and although a small number were terminated, the remainder were extended to enable a smooth continuation of service delivery through and beyond the transition. The public health budget allows the Council to deliver a comprehensive range of mandatory and discretionary public health functions.

4.2 Public health mandatory functions include:

- Access to sexual health services
- National Child Measurement Programme
- NHS Health Check Programme
- Local health protection plan
- Public health advice to NHS commissioners/CCG

4.3 Public health discretionary functions include:

- Tobacco control and Stop Smoking Services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental public health services
- Accident injury prevention
- Local initiatives on workplace health
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion

5. Budget spending plans for 2014/15

5.1 The focus of the public health transfer so far has been keeping 'business as usual' and this is consistent with the situation with public health teams across the country. The second year will be the time to "challenge and innovate". Nevertheless, the public health transfer has provided scope for a review of contracts. At the same time certain cost pressures have come to light, primarily prescribing costs which are now the responsibility of the Council.

- 5.2 The intention is that a more comprehensive contract review will be undertaken in the coming financial year and will include a consideration of alternative service providers, especially for the larger value contracts.
- 5.3 As a result of the contract review, and after accounting for cost pressures, £400k unallocated from the 2014-15 public health budget has been identified for investment in 2014-15. After reviewing all public health priorities against the Health and Wellbeing Strategy and with regard to the JSNA, a proposal to continue free swimming for children and adults over 60 years was considered and agreed by the Council as part of the 2014-15 budget process. It is further recommended that £200k is invested in the expansion of the School Age Nursing Service, subject to cost pressures, as part of the implementation of the national school age nursing strategy and the healthy child programme.

6. Financial implications

- 6.1 This report seeks approval for two additional commitments from the Public Health budget in 2014/15.
- 6.2 The first, £200K to support free swimming, has been considered and agreed by the Council as part of the 2014/15 budget process.
- 6.3 The second, £200k for the School Age Nursing Service, is a new proposal and increases the Council's overall net expenditure.
- 6.4 Failure to meet the health and wellbeing strategic objectives, particularly in relation to child health and wellbeing, obesity in adults and children, and maintaining the health and independence of older people, could result in additional financial burdens being placed upon health and social care services in the short, medium and long term.

7. Legal implications

- 7.1 There are no legal implications arising from this report.

8. Crime and Disorder Implications

- 8.1 The recommended investments are likely to have a positive impact on crime and community safety by enhancing community resilience.

9. Equalities Implications

- 9.1 Both interventions will be designed specifically to reduce health inequalities. Free swimming, by removing the cost barrier, and universal access to school nurses will ensure a focus on addressing the needs of the most disadvantaged in our communities.

10. Environmental Implications

10.1 It is possible that some of the actions delivered may have a direct, positive impact on the environment.

11. Conclusion

11.1 Public health responsibilities have been successfully transferred to the Council in a way that has not destabilised existing services, has accommodated cost pressures, permitted some scope for reviewing contracts, and identified £400k for investment in key public health priority areas.

Background Documents

The Health and Wellbeing Strategy and supporting JSNA evidence may be found on www.lewishamjsna.org.uk

If there are any queries on this report please contact **Dr Danny Ruta, Director of Public Health**, 020 8314 ext 4909.

