

HEALTH AND WELLBEING BOARD			
Report Title	Public Health Budget and Savings Proposals 2015/16		
Key Decision	Yes	Item No.	5
Ward	All		
Contributors	Executive Director for Community Services, Director of Public Health		
Class	Part 1	Date:	20 January 2015

1. Purpose

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on the Public Health Budget and the Public Health Savings Proposals to the Mayor & Cabinet for the 2015/2016 financial year.

2. Recommendation/s

The Board is recommended to:

- 2.1 Note the Public Health Budget
 2.2 Note and comment on the Savings Proposals for 2015/16.

3. Policy Context

- 3.1 The Health and Social Care Act 2012 provided the legal basis for the transfer of public health functions from the NHS to local authorities. On 1st April 2013 Lewisham Council assumed responsibility for the provision of most public health functions (others are provided by Public Health England and NHS England). This included all public health staff and most contracts for commissioned public health functions.

4. Background

- 4.1 In January 2014 the Health and Wellbeing Board was updated on the Public Health budget allocation post transfer to the council and proposed expenditure for 2014-15, and asked to support the recommendations to Mayor and Cabinet for the allocation on additional investment for 2014-15 for school nursing and free swims for children and people aged 60 and over.

- 4.2 In line with the Health and Social Care Act, the Council has three overarching responsibilities in relation to public health¹:
- i) To deliver its statutory duties to take such steps as it considers appropriate for improving the health of people in its area, and to plan for and respond to emergencies involving a risk to public health;
 - ii) To deliver the key public health outcomes in the National Public Health Outcomes Framework;
 - iii) To deliver a Joint strategic Needs Assessment (providing officers and elected members with appropriate advice, based on a rigorous appreciation of patterns of local health need, what works and potential for improving health) and Health & Wellbeing Strategy for the borough
- 4.3 These overarching functions encompass the three domains of public health: service improvement; health protection; and health improvement.

4.3.1 Service Improvement

The Council is mandated to provide public health commissioning advice based on quality population-level analysis of health data and needs assessment at no cost to the Lewisham Clinical Commissioning Group. Official DH guidance on the proportion of time and resource spent by Local Authorities on public health commissioning advice for the CCG is around 40% of the specialist public health function.

The key elements of public health advice and support to clinical commissioners includes: assessing needs and strategic planning; reviewing service provision; deciding priorities; service re-design and planning; managing performance; supporting patient choice and seeking public and patient views; and maintaining workforce expertise.

4.3.2 Health protection

The Council, and the Director of Public Health (DPH) acting on its behalf, has a mandatory duty to protect the health of the population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things go wrong. The Council needs to have available the appropriate specialist health protection skills to carry out these functions.

The Council, through the DPH, has a duty to ensure plans are in place to protect the population including screening and immunisation. It provides assurance and challenge regarding the plans of NHS England, Public Health England and providers. The DPH needs to assure the council that the combined plans of all these organisations,

¹ Public Health in Local Government: The new public health role of local authorities, DH 2012

when delivered in Lewisham, will deliver effective screening and immunisation programmes to the population. There are a large number of screening and immunisation programmes including: cervical, bowel and breast cancer screening; ante natal and neo-natal screening; abdominal aortic aneurysm screening; routine immunisation of children and influenza immunization; and diabetic retinopathy screening.

4.3.3 Health Improvement

The Council has specific responsibilities, supported by a ring fenced grant, for commissioning public health services and initiatives². Some of these functions are mandatory and the Council is obliged to deliver the defined function, others are discretionary and the Council can determine the level of provision, guided by the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy². These commissioning functions are described below.

Mandatory commissioning responsibilities:

- National Child Measurement Programme
- NHS Health Check assessments
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

Locally determined commissioning responsibilities:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (in longer term all public health services for children and young people)
- 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

² Public Health in Local Government: Commissioning responsibilities, DH 2012

- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Population level interventions to reduce and prevent birth defects
- 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
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

3. Public health budget and expenditure

3.1 The public health budget is ring fenced until at least the end of 2015/2016. The following diagram itemises budget allocations against each programme area:

Function		2014/15 Budget Allocation £	Spend Commitments 2014/15* £
Sexual Health	Sexual Health Services: STI Testing & Treatment	2,753,834	2,728,834
	Sexual Health Services: Contraception	3,902,467	3,933,027
	Sexual Health Services: Advice, Prevention & Promotion (including HIV prevention)	480,500	480,500
NHS Health Check Programme	NHS Health Check Programme	558,200	522,057
Health Protection	Health Protection	288,586	259,769
National Child Measurement Programme	School Nursing	1,600,000	1,600,000
Public Health Advice	Public Health Advice to CCG	543,500	490,900
Promoting Healthy Weight & Obesity	Obesity: Adults	297,100	241,100
	Obesity: Children	504,100	490,275

Physical Activity	Physical Activity: Adults	370,000	355,000
	Physical Activity: Children	70,000	20,000
Substance Misuse	DAAT-Adults Substance Misuse Service	3,580,700	3,580,700
	DAAT-Alcohol Service	419,000	419,000
	DAAT-Young Persons Substance Misuse	232,000	232,000
	DAAT-Drug Intervention Programme	369,000	369,000
	DAAT-Adult Rehab Placements	300,000	300,000
Smoking and Tobacco	Stop Smoking Service	706,811	670,711
	Smoking and Tobacco: Wider Tobacco Control, including prevention of uptake, tackling illegal sales and smoke free homes	226,000	116,000
Children 5-19 Public Health Programmes	Children 5-19 PH Programmes	150,700	120,878
Other Public Health Services	Other Public Health Services: Administration £104,200, Prescribing Costs £718,000,	822,200	822,200
	Other Public Health Services: Reducing Health Inequalities & Addressing Wider Determinants of Health : Area Based Initiatives £90,000, Library Services, £15,375, Lewisham Refugee & Migrant Network, £21,500, Federation of Refugees from Vietnam in Lewisham, £29,000, Community Health Improvement Service £1,065,941; North Lewisham Plan; £99,000; Warm Homes £75,000; Health Assessments for Housing Eligibility £28,000; Money Advice (Citizens Advice Bureau) £148,000	1,571,816	1,559,816

20,053,514 19,311,767

*The expenditure is less than the budget due to efficiency savings being implemented in some areas within year 2014/15.

5. Savings Proposals 2015/16

- 5.1 Lewisham Council has to make savings of £85m over the next 3 years. The Council is required to file annual accounts to Public Health England on how the Council's public health allocation is spent against pre-determined spending categories linked to public health outcomes and mandatory functions.
- 5.2 The Public Health programmes which transferred to Lewisham Council in April 2013 have all been reviewed. This review identified an initial £1.5M of savings which could be delivered largely through efficiencies and using the uplift applied to the public health budget in 2014/15. A further disinvestment of £1.15M was also identified, although it was acknowledged that this was likely to have some negative impact unless the service delivery models were re-configured, subsequent savings identified in provider overheads and on costs, and there was a commitment from schools to both engage in health improvement programmes and contribute financially.
- 5.3 Where savings have been identified from the current public health budget these will be used to support public health outcomes in other areas of the Council. The guiding principle for the re-investment will be to support areas where reductions in council spend will have an adverse impact on public health outcomes. The approach to identifying savings has been:
- 1) To identify any duplication with aspects of other council roles which can therefore be combined or streamlined.
 - 2) To identify any service which should more appropriately be carried out by other health partners.
 - 3) To stop providing service level agreements or incentive payments to individual GP practices and develop those services more efficiently and equitably across the four GP neighbourhood clusters where appropriate.
 - 4) To gain greater efficiency through contract pricing where applicable.
 - 5) To integrate public health grants to the voluntary sector into the Council's mainstream grant aid programme.
- 5.4 The savings achieved would then be re-invested into other areas of council spend which impact on public health outcomes. Any re-allocation in other areas of council spend must have an equal or greater public health impact. These areas have not yet been identified.

5.5 The programmes where savings are proposed include the following:

- Dental Public Health
- Health Inequalities
- Mental Health (adults and children)
- Health Protection
- Maternal and Child Health
- NHS Health Checks
- Obesity/Physical Activity
- Sexual Health
- Smoking and Tobacco Control
- Training and Education.

5.6 Substance misuse services (which are funded from part of the ring fenced grant) have been reviewed separately and are accounted for in the crime reduction proposed savings.

5.7 The savings proposals are presented in Table 1 below.

5.8 It is proposed that the London Borough of Lewisham, as the commissioner of these services, will work closely with the provider of services on planned service re-configuration, in order to mitigate the impact of any service changes, maximise the efficiency and effectiveness in service delivery and to optimise value for money.

Table 1 – Savings Public Health Savings Proposals

Public Health Programme Area	Total Budget	Total Saving	Proposals	Service re-design where applicable	Risk & Mitigation
Sexual Health	£7,158,727	£321,600	<ol style="list-style-type: none"> 1. Re-negotiation of costs for sexually transmitted infection testing with LGT in 2015/16, including application of a standard 1.5% deflator to the contract value as an efficiency saving, and inclusion of laboratory costs in the overall contract (£275.6k). 2. Reduce sex and relationships (SRE) funding and develop a health improvement package that schools can purchase that includes SRE co-ordinated and supported by school nursing (£20k) 3. Remove incentive funding for chlamydia and gonorrhoea screening in GP practices (£26k) 	<p>In the short to medium term the development of a neighbourhood model of sexual health provision will lead to improved services. In the longer term a London wide sexual health transformation programme is being developed in partnership with 20 boroughs, which is expected to deliver greater benefit at reduced costs.</p>	<p>The risk would be that LGT cannot deliver the same level of service within reduced funding, and GPs disengage with sexual health. Mitigation includes work with primary care to deliver sexual health services in pharmacy & GP practices, and free training given to GPs and practice nurses.</p> <p>The risk is that SRE is not delivered in schools. Mitigation includes developing a health improvement package that schools can purchase that includes SRE, and work with school nursing to support schools to provide quality SRE</p>

NHS Health checks	£551,300	£157,800	<ol style="list-style-type: none"> 1. Removing Health checks facilitator post 2. Pre- diabetes intervention will not be rolled out 3. Reduced budget for blood tests due to lower take up for health checks than previously assumed 4. Reducing GP advisor time to the programme 5. Reduction in funding available to support IT infrastructure for NHS health checks 	<p>An essential component of the NHS Healthchecks programme is delivered through the Community Health Improvement Service.</p> <p>See proposed re-commissioning and service re-design under 'health inequalities' below.</p>	<p>Missed opportunity to prevent diabetes and for early diagnosis of diabetes</p> <p>IT system not able to deliver requirements of the programme</p> <p>Future plans to align commissioning of NHS Health Checks with Neighbourhoods will help to optimise the efficiency and effectiveness of resources and may identify more people at risk earlier</p>
Health Protection	£35,300	£12,500	Stop sending the recall letter for childhood immunisations (as this is already done via GPs)		<p>Minimal as impact of letter on uptake appears to be low.</p> <p>Uptake of childhood immunisations continues to be monitored.</p>
Public Health Advice to CCG	£79,200	£19,200	Decommissioning diabetes and cancer GP champion posts.		These posts will be commissioned by the CCG in future
Obesity/ physical activity	£650,000	£173,400	<ol style="list-style-type: none"> 1. Decommission Hoops4health (£27,400) 2. Changing delivery of Let's Get Moving GP & Community physical activity training (£5,000) 3. Decommissioning Physical Activity in Primary Schools (£50,000) 		<p>There is a risk of reduction of physical activity in schools.</p> <p>Mitigation includes</p>

			<ol style="list-style-type: none"> 4. Reduce funding for community development nutritionist (£30k) 5. Remove funding for obesity/ healthy eating resources (£10K) 6. Withdraw of funding for clinical support to Downham Nutritional Project (£9k) 7. Efficiency savings from child weight management programmes. (£12k) 8. Reduce physical activity for health checks programme (£20k) 		<p>Schools being encouraged to use their physical activity premium to continue programmes selected from a recommended menu of evidence based activities.</p> <p>The risk is a reduction in support to voluntary sector healthy eating and nutrition programmes.</p> <p>Mitigation includes organisations being encouraged to build delivery into their mainstream funding programme.</p>
Dental public health	£64,500	£44,500	Release funding from dental public health programmes	Dental public health services commissioned by NHS England	Sufficient resource retained to assure dental infection control function.
Mental Health	£93,400	£59,200	<ol style="list-style-type: none"> 1. Withdraw funding for clinical input to Sydenham Gardens 		<p>The risk is that Sydenham Gardens is unable to sustain clinical input from grant funding, but it is agreed to direct them to alternative funding sources.</p> <p>The risk is a reduction in</p>

			2. Reduce funding available for mental health promotion and wellbeing initiatives (including training)		<p>mental health awareness training across the borough.</p> <p>Mitigation includes pooling resources with neighbouring boroughs for delivery of training and work closely with voluntary sector and SLAM to deliver mental health awareness training and campaigns.</p>
Health Improvement Training	£88,000	£58,000	<ol style="list-style-type: none"> 1. Decommission Health Promotion library service 2. Limit health improvement training offer to those areas which support mandatory public health services. 		<p>The risk is reduced capacity to develop a workforce across partner organisations which contributes to public health outcomes.</p> <p>Mitigation includes working with CEL to develop new models of delivery for essential public health training.</p>
Health inequalities	£1,460,019	£581,500	<ol style="list-style-type: none"> 1. Reconfiguring LRMN Health Access services to deliver efficiencies (£21,500) 2. Remove separate public health funding stream to VAL (£28,000) 3. Decommissioning FORVIL Vietnamese Health Project (£29,000) 4. Reducing funding for Area Based Programmes (£40,000) 	It is proposed to integrate a number of community based health improvement programmes, including those funded by the GLA (e.g. Bellingham Well London) with the health	<p>The risk is reduced capacity across the system to tackle health inequalities, and a reduction in service for the most vulnerable.,</p> <p>Mitigation includes</p>

			<ol style="list-style-type: none"> 5. Decommissioning CAB Money Advice in 12 GP surgeries (£148,000) 6. Reduce the contract value for community health improvement service with LGT by limiting service to support mandatory Public health programmes such as NHS Health Checks only and reduce other health inequalities activity. (£270k) 7. Further reduce funding for area based public health initiatives which are focused on geographical areas of poor health with in the borough. (£20k) 8. Reduce funding for 'warm homes' (£25K) 	<p>and social care activities currently being developed in these neighbourhoods by the Community Connections team, District Nurses, Community Health Improvement Service, Social Workers and GPs. There is also a plan to develop a stronger partnership working with Registered Social Landlords as well as any local regeneration projects in each of these neighbourhoods.</p>	<p>working with the Adult integrated Care Programme to deliver a neighbourhood model for health inequalities work, and develop local capacity.</p> <p>It is anticipated that basing these services directly in the community and with greater integration will accommodate the funding reduction.</p> <p>Voluntary organisations will have an opportunity to continue some of this work in a different way through the grant aid programme.</p>
smoking and tobacco control	£860,300	£348,500	<ol style="list-style-type: none"> 1. Reduce contract value for stop smoking service at LGT by £250k (30%) 2. Stop most schools and young people's tobacco awareness programmes 3. Decommission work to stop illegal sales 	<p>There are proposals to re-configure the stop smoking service as part of the neighbourhood developments described under 'health inequalities' above.</p>	<p>There is a risk of a reduction in number of people able to access stop smoking support and an increase in young people starting smoking if services are not –reconfigured appropriately.</p> <p>Mitigation includes optimising efficiencies</p>

					<p>in the delivery of the SSS and reducing the length of time smokers are supported from 12 to 6 weeks to release capacity.</p> <p>Schools will be able to fund some of the peer education non-smoking programmes as part of the menu of programmes.</p> <p>The restructuring of enforcement services is likely to allow tackling illegal sales of tobacco in a more integrated way with the same outcomes and prevent young people having access to illegal tobacco.</p>
Maternal and child health	£187,677	£68,400	<ol style="list-style-type: none"> 1. Reducing sessional funding commitment for Designated Consultant for Child Death Review 2. Reduce capacity for child death review process by reducing sessional commitment of child death liaison nurse. 		<p>There may be less opportunity to learn from and improve services for families which have been bereaved, but this is not the purpose of the panel and there will be no impact on prevention of child deaths.</p>

			<p>3. Removal of budget for school nursing input into TNG</p> <p>4. Reduce capacity/funding for breast feeding peer support programme & breast feeding cafes.</p>		<p>The school nursing service received grant funding of £250k in 2014/15 which has not been reduced, and the service will be able to accommodate input into TNG.</p> <p>There is a risk that women will be less well supported to breast feed and Lewisham may not achieve UNICEF/WHO Baby Friendly status in 2015. Mitigation will include re-negotiating support through the maternity services contract, although this may not be achievable in time for 2015 contracts. Baby café licences may be re-negotiated.</p>
Department efficiencies		£262,200	To be identified through a staff restructure in 2015. At this point public health staff terms and conditions and pay scales are to be harmonised with council staff terms and conditions and pay scales.		
2014/2015 Uplift		£547,000			

(uncommitted)					
TOTAL	£14,995,000	£2,653,800			

- 5.9 As the public health budget is ring fenced in 2015/16, where savings have been identified from the current public health budget these will be used to support public health outcomes in other areas of the council. The guiding principle for the re-investment will be to support areas where reductions in council spend will have an adverse public health outcome.
- 5.9 The savings proposals were considered by Mayor and Cabinet in October 2014 and a final decision will be made in February 2015, when the Council budget is set for 2015/16.
- 5.10 The savings proposals have been considered by: The Children & Young People's Select Committee, The Healthier Communities Select Committee, and the Public Accounts Committee. An All Select Committee Working Group has also considered the proposals in more detail.
- 5.11 Lewisham CCG has been formally consulted.
- 5.12 The savings proposals have also been discussed at partnership meetings with the CCG and Lewisham and Greenwich Trust.
- 5.13 A copy of the paper to Healthier Select Committee meeting on 14th January 2015 on the outcome of the consultation (including the CCG response) and a copy of the paper to the All Select Committee Public Health Working Group on 15th December 2014 are attached for information as Appendices 1 and 2.

Financial implications

- 6.1 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 It is not possible to fully assess the Crime and Disorder Implications without knowing how the proposed savings will be re-invested in public health.

9. Equalities Implications

9.1 It is not possible to fully assess the Equalities Implications without knowing how the proposed savings will be re-invested in public health.

10. Environmental Implications

10.1 It is not possible to fully assess the Environmental Implications without knowing how the proposed savings will be re-invested in public health.

11. Conclusion

11.1 It is important to ensure that public health outcomes continue to be maximised and that the impact of any savings made are mitigated as far as possible within the context of other savings made across the council and its partners.

If there are any queries on this report please contact **Dr Danny Ruta, Director of Public Health**, 020 8314 ext 49094.