

Health and Wellbeing Scrutiny Briefing

Public health budget proposal 2016/17

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Ward(s) affected: All

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1.0 Purpose of Briefing

To brief Health and Well-being Scrutiny Commission on budget savings proposed for 2016/17.

2.0 Background

As part of the City Mayor's Budget, proposals have been developed for the Assistant Mayor, Public Health to achieve in-years savings in 2016/17. It was agreed that these proposals would be shared with Health and Well-being Scrutiny Commission, prior to final decision-making by the Assistant Mayor.

The reductions in the public health budget proposed here are as a result of the government's decision to reduce the public health ring fenced grant for Local Authorities announced in the November 2015 spending review. This indicated year-on-year cuts to the public health budget nationally, amounting to 2.2% of the budget in 2016/17, 2.5% in 17/18, 2.6% in 18/19 and a further 2.6% in 2019/20. These reductions are in addition to the in-year reduction required by central government in 2015/16.

The total required savings over the five years 2015/16 to 2017/18 are set out below.

Savings	In-year
2015/16	£1.6 million
2016/17	£621k
2017/18	£695k

The spending review also announced that the ring-fenced nature of the public health grant would cease from 2018/19 onwards and that the government will consult on public health being funded from local authorities' retained business rates.

Constraints on decision making

The relatively short notice of the in-year reductions required in 2015/16 and the announcement of reductions in further years as detailed above combined with limited areas from which to make the required savings, has significantly influenced the shape of the budget reductions proposed.

Existing contracting arrangements for public health commissioned services have

limited the areas in which savings can be sought in both 2015/16 and 2016/17. 75% of the available budget in 2015/16 and 80% in 2016/17 is tied up in contracts and the first available break in these occurs in 2017/18, at which point it will be possible to make savings and efficiencies in that element of the budget.

Approach

The savings proposed are based on the following:

- The need to continually modernise and drive cost-efficiencies across all public health services and programmes, including those provided in-house and externally, including by the NHS. This includes making reductions in management and overhead costs.
- The need to achieve rapid budget reductions in 2016/17, noting that significant amounts of spending are locked up in longer term contracts, reducing the scope for immediate compensatory action.

Given the constraints identified above, there has been regard to the significant health issues affecting the city, evidence of effectiveness and performance in the reductions proposed below. Where it has been possible to do so, impetus has been maintained in key areas, such as sexual health and NHS Health Checks.

Equality impact assessment

There is an equality impact assessment for the proposals below (see appendix 1). This identifies, where relevant, the protected characteristics of service users affected by the proposal, the impact of the proposal and risk of negative impact and, where there is likely to be negative impact, mitigating actions being proposed.

Consultation

Legal advice has been sought on the requirement for consultation regarding service reductions where these apply.

3. Proposals

1. Cease support for the weight management in pregnancy service provided by UHL and commissioned by Leicester City CCG. Saving 2015/16 – 2016/17 £31k recurrent

This programme was originally funded as the Healthy Living in Pregnancy Programme in 2011 by the then Primary Care Trust. Set up in 2011 under the PCT to provide a general 'healthy living in pregnancy' service to pregnant women who are obese and overweight covering a wider range of topics than weight management in pregnancy. The service was commissioned by the PCT/CCG and in 2014/15 was funded for £67,235 (£31,000 from Public Health, £36,235 from CCG).

The service was reviewed in 2015/16: this showed that the service was being used by a very small number of women and completion rates were low.

In the light of the considerable underperformance, the CCG agreed to terminate the contract with UHL and the Division agreed to withdraw its joint funding. Other available

services will be utilised to provide support to obese and overweight pregnant women in line with NICE guidance. Specifically, the provision of information to obese and overweight women about healthy eating and physical activity by community midwives as a routine part of their care, and the availability of the 'Bumps to Babies', a universal service providing antenatal care and support to women through children's centres and which includes healthy eating and physical activity information. We are withdrawing the service because it is too underused to be cost effective. Use will also be made of the consultant-led clinic for obese women (BMI>40) who are morbidly obese at the Leicester Royal Infirmary, for medical planning and intervention for these women during their pregnancy and labour.

2. NHS Health Checks. Saving 2015/16 – 2016/17 £300k recurrent.

NHS Health Checks programme is a mandatory requirement. It exists to identify people in the city between the age of 40-74 who are at 20% risk of a CVD event (heart attack or stroke) in the next ten years (and who have not already been diagnosed with one of these conditions or have certain risk factors.)

The check also includes the identification of kidney disease, diabetes and certain types of dementia, highly relevant to the ethnic make-up of the city. Those aged 40 and 74 will be invited (once every five years) to have a check to assess their and will be given support and advice to help them reduce or manage that risk. Since then, NHS Health Check programme became the responsibility of the local authority 42,185 health checks have been carried out in the city. This constitutes 50.2% of the eligible population. This compares to 22.9% nationally and 24.6% for the East Midlands as a whole.

The proposal here is to reduce the budget available. There is no reduction required to the level of service currently offered as the reduction is a rationalisation of the existing budget with regard to the expectation that the LA would be required to fund a local programme for diabetes prevention. This has been rendered unnecessary by the decision to implement the National Diabetes Programme, funded and led by NHS England.

It should be noted that funding has been sustained to ensure that NICE guidelines can be implemented in full. This will introduce lower eligibility for a formal NHS Health Check assessment from a 20% to a 10% ten-year risk of a CVD event and means that the offer of medication or lifestyle support is made at an earlier level of risk than currently, again a relevant intervention to reduce one of the major causes of premature death in the city.

3. Halt planned investment in Healthy Tots and Healthy Schools. Saving 2015/16 – 2016/17 £140k recurrent

Proposals had been developed but not yet implemented for both of these services in response to planned increases in the public health budget. These proposals will now not be implemented but plans have been put in place to provide additional support for children's health through the 0-19 Healthy Child Programme which is currently being re-commissioned.

4. Evaluation & intelligence. Saving 2015/16 – 2016/17 £260k recurrent

This is a phased reduction of the service budget across 2015/16 and 2016/17, reducing the budget from £350k at the start of 2015/16, to £90k in 2016/17.

Evaluation and intelligence refers to service provision internal to the Division providing high quality information, analysis, evaluation, surveys etc., within the Division, Council and with partners (e.g., Clinical Commissioning Group). This has included in 2015/16 the Leicester Health and Wellbeing Survey 2015 and the Leicester Children and Young People's Health and Wellbeing Survey 2016, preparation of the JSNA, Pharmaceutical Needs Assessment and other needs assessment, surveillance of sources such as the Public Health Outcome Framework, ad hoc analyses and the preparation of reports and summaries.

The proposed reduction is in the funding available for research, surveys and evaluations. This reflects (1) an element of over-provision of funding and (2) that major Health and Wellbeing surveys undertaken in 2015/16 will not be repeated for three or four years, during which time a lower budget is required. There will be no direct impact on service users. Mitigation will include undertaking some evaluations, reviews and small scale surveys within existing resources.

5. Smoking and tobacco control. Saving 2015/16 – 2016/17 £225k recurrent.

Provision of tobacco smoking cessation advice and support is undertaken by the STOP service, which from 1 April 2015 has been provided directly by the city council rather than commissioned (from its previous provider, Leicestershire Partnership Trust). The Stop service delivers, through a central team, pharmacies, GP services a wide-ranging service to people who live and work in Leicester people who smoke. This includes managing referrals and self-referrals, delivering 12-week treatments at clinics, particularly in areas of greatest need and priority groups such as pregnant women. All team members are trained to NCSCT (National Centre for Smoking Cessation and Training) standards, and the service is accredited by NCSCT, meaning that all relevant quality standards have been met. The service also supports reducing smoking in pregnancy, in work settings, in acute hospital and mental health settings and in the community, and works to promote smoke free homes.

Funding has been reduced through a combination of savings from bringing the service in house, and a sustained fall (around 40% since 2011/12) in the uptake of smoking cessation services. The continuing investment recognises that there is still a considerable tobacco control agenda for the city, with overall smoking prevalence significantly higher than England (21% v 18.5%). As assessed by the Health and Social Care Information Centre, this fall in demand is due principally to the impact of e-cigarettes and a lack of national anti-smoking campaigns relating to smoking cessation and is a national trend. In this period of overall reduction Leicester has performed better than comparators or England as a whole.

No changes to levels of service provision to service users are proposed as a result of these reductions as there has been a sustained local and national reduction in numbers of service users. The reduction in funding has been accompanied by a reduction in performance target for four week quitters. The indicative target for 2015/16 is set at 1615 four week quitters. The target assumes a similar 'natural' decline in performance over 2015/16 but builds in a 10% stretch (i.e. target equates to 90% of the 2014/15 decline).

6. Drugs and alcohol.

Savings of £1.4 million for drugs and alcohol services will be realised in 2016/17. As set out in the Council's 2016/17 budget these are subject to a separate savings plan.

7. Alcohol brief advice. Saving 2015/16 – 2016/17 £39k recurrent

The scheme funds brief interventions to patients identified as drinking at harmful and hazardous levels by GP's and/or pharmacies. The brief intervention follows screening by a GP to establish if there is a concern about the patients drinking levels. GPs are paid to undertake the brief intervention which is a 5-10 minute awareness raising and advice session. In the first three quarters of 2015/16 20,294 people of the adult population have been screened by their GP, and of those 474 (2.3%) were offered a brief intervention and 83 people (0.4%) were referred to specialist services. It is estimated that around 100 of those offered a brief intervention are under the age 40.

It is proposed to end the scheme in its present form due to poor uptake which has led to substantial underspends over a number of years. Planned mitigation is to include alcohol brief intervention in the NHS Health Check (see above) which will obtain a better uptake. It is estimated that around 100 of those offered a brief intervention in the first three quarters of 2015/16 are under 40 years of age, mainly associated with newly registered patients. GPs are required to screen newly registering patient and will normally provide brief intervention as a standard treatment to those who need it.

8. Recommission alcohol liaison at UHL as part of mainstream drug and alcohol services. Saving £76k in 2016/17 rising to £101,041 in 2017/18 recurrent.

The Division contracts with University Hospitals of Leicester (UHL) the provision of an alcohol liaison service (4 staff) which works with Wards and A&E to identify patients where alcohol is a contributing factor to their admission. This is jointly commissioned with Leicestershire and Rutland County Councils. The service undertakes brief intervention and where appropriate refers patients to specialist community treatment services. The need for service efficiencies led to the view that the service at UHL should be provided on an in-reach basis through incorporation into the Substance Misuse Service specification for community based services which has been commissioned on an LLR wide basis. The funding for this scheme will end on the 30 June 2016. Provision has been incorporated into the new Substance Misuse Services specification for provision of a similar service on an in-reach basis. The service has therefore been included in a wider redesign of substance services within LLR. This will ensure effective identification and advice within the hospital and a stronger continuity with patients referred or taken in to the community substance misuse services.

9. Realigning funding responsibility with Leicestershire Partnership Trust (LPT). Saving £56k from 2016/17 recurrent

The post funded here was originally intended to provide training in Leicester in dealing with domestic violence for multi-agency front-line staff and to support the MARAC (multi-agency risk assessment conference for victims of domestic violence) process in the city. The current post also covers Leicestershire.

Implementing safeguarding and engaging with MARAC are statutory obligations of LPT and the funding from the LA is therefore inappropriate and is being withdrawn. The principal impact is on LPT in that they will not receive funding from the LA for this post.

LPT have a statutory safeguarding duty and a statutory duty to cooperate and support the MARAC. The mitigation is therefore that LPT is to mainstream core staff training and health system support to MARAC in line with their statutory duties. The Division has consulted with stakeholders (the commissioners of domestic violence services, the police, CCG and LPT) and given notice to LPT that funding will cease on 31 March 2016. No group will be disadvantaged by not consulting with them as it is LPT's statutory duty to train staff for safeguarding vulnerable adults and to cooperate with the MARAC process.

10. Withdrawal of budget support for pilot initiatives related to public mental health. Saving 2015/16 – 2016/17 £70k recurrent

Withdrawal of a number of small budgets which have supported small scale in-year pilot projects and which have included training for staff and members, media campaigns and promotion. The impact of the budget reductions is reduced capacity of the Division for ad hoc or short-term, campaigns, events and other activities as above. The impact of these reductions in budget is judged to be low as there are no contracts or commitments for these funds and use was largely restricted in 2015/16 once in year reduction to the ring-fenced public health grant were announced. The funding is therefore being removed from the budget for 2016/17 in the light of the further cuts required. We have sought where possible to mitigate loss of impetus with regard to the Mental Health First Aid training and Members Training – we have trained our own trainer to deliver courses and have retained some funding to continue the roll-out.

The delivery of suicide prevention training is also unaffected by these proposals.

11. Workplace Health. Reductions in the workplace health programme by scaling back funding and using existing staff resource more efficiently. Savings £18k from 2016/17 recurrent

Programme of staff health improvement activities supported by the Public Health budget. Typically consists of series of health fairs or events designed to promote better health for Leicester City Council employees. The principal impact of the budget reduction will be on staff as a whole rather than any particular protected characteristic. Health Fairs and other events may no longer be available, or if so on a more limited basis. Mitigation will be that contributions to support staff health to be drawn more widely within the city council. Greater use and promotion of web based resources and continuation of council provision of counselling services, muscular skeletal, eye testing, time-off to access smoking cessation assistance.

12. Staffing review across the whole division. Savings estimated up to £500k full year.

Options will be developed and will be subject to separate EIA and consultation arrangements.

4.0 Next steps

Health & Well-being Scrutiny Commission are asked to comment on the above proposals.