



Leicester
City Council

Draft Minute Extract

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 4 JANUARY 2017 at 5:30 pm

P R E S E N T :

Councillor Dempster (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Cassidy
Councillor Chaplin
Councillor Unsworth
Councillor Cleaver
Councillor Sangster

In Attendance:

Councillor Palmer – Deputy City Mayor

Also Present:

David Henson Healthwatch Leicester
Prof Azhar Farooqi Co-Chair, Leicester City Clinical Commissioning Group
Richard Morris Director of Corporate Affairs, Leicester City Clinical
 Commissioning Group
Dr Peter Miller Chief Executive, Leicestershire Partnership NHS Trust

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51. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business on the agenda. No such declarations were made.

56. PUBLIC HEALTH BUDGET

The Commission received the draft General Revenue Budget 2017-18. The Commission was asked to consider the Public Health elements of the budget. Comments made by the Commission would be considered by the Overview Select Committee on 2nd February 2017 prior to budget being approved by the Council on 22nd February 2017.

The Deputy City Mayor introduced the report and commented that all areas of

the spending within and use of Public Health Budgets were being reviewed. The Public Health Budgets were currently ring-fenced and grants had been reduced in recent years. These reductions were expected to continue in future years before the ring-fence of the budget was eventually removed altogether and the public health budget became part of the Council's overall budget framework. The Government had required savings of £2 million since May 2015 and there were a number of spending reviews underway to identify further savings in the budget which would report to the Commission in due course. The current budget details for public health were, therefore, lacking detail and this detail would appear through the spending review process. The direction of travel for the future was however clear that public health services would be delivered very differently to the current situation. The provision of public health services was far wider than those currently provided by the ring fenced public health budget. There were health implications and benefits from a wide variety of services provided by all departments and services.

The Chair welcomed the opportunity for the Commission to comment upon the spending reviews as they progressed as this would give the Commission an opportunity to help shape future service provision based upon service outputs and value for money.

Members of the Commission made the following observations and comments:-

- a) The current report format did not provide sufficient detail on the breakdown the public health expenditure and the impact of other services on public health. It was, therefore, difficult for the Commission to make any detailed comment on this aspect of the budget.
- b) There were only 3 references to public health expenditure in the draft report and there was no reference to the impact that the Sustainability Transformation Plan (STP) would have in future service provision.
- c) It would be helpful to have an analysis of health outcomes compared to budget spend and how these compared to other comparator local authorities.
- d) All Council budgets impacted upon health and wellbeing and mental health wellbeing and there was insufficient information in the report to specific health issues to be able to make any meaningful comment. The report also lacked any meaningful comments in relation to equality impact assessments on protected groups (protected characteristics).
- e) It would be helpful for Scrutiny Commissions to receive a short 2 page report identifying specific budget issues and implications for service delivery rather than the current general report.

In summary, the Deputy City Mayor commented on Members' observations and answered their questions as follows:-

- a) Precise details of financial implications and the impact of the STP on council services were still emerging as the STP continued to develop. This, added to the uncertainty facing future local authority budgets, added to the complexity and uncertainty for planning future service delivery.
- b) The Public Health Team were looking at models used elsewhere in the country to assess impacts upon mental health and wellbeing, but if this was to have real value it needed to encompass services both inside and outside of the council's control.
- c) The current budget process, adopted in recent years, focused on budget ceilings for each department rather than specific budget levels for each individual service within a department's area of responsibility. This reflected the budgetary pressures currently faced by local authorities and provided a greater opportunity for the scrutiny function to help shape priorities and services. The Substance Abuse Review process had been a good example of this.
- d) The Equality Impact Assessment (EIA) statement in the report was appropriate for the general nature of the draft budget report. However, when the individual service reviews were considered by the Commission, the EIA statement would be far more detailed and specific to the impact of any proposed changes on the service users.
- e) The reference to a budget reduction of £0.7 million in 2017/18 (paragraph 7.26) and the saving of an estimated £1.3 million consolidating a range of children's public health services into a single contract (paragraph 7.27) did not mean that too many savings had been achieved. The budget strategy extends to 19/20, and the saving anticipates future cuts in funding for public health which are expected in 2018/19 and 2019/20. Some monies were also being reinvested in other areas which make a significant contribution to public health.

AGREED:

That the draft budget report be received and the Commission's comments be reported to the Overview Select Committee.