



## CABINET

20 JANUARY 2016

Subject Heading:

**Decommissioning non-mandated public health services currently funded by the Council's ring fenced public health grant.**

Cabinet Member:

**Wendy Brice-Thompson**

Cabinet Member for Adult Services and Health

CMT Lead:

**Isobel Cattermole**, Interim Group Director  
- Children, Adults & Housing

Report Author and contact details:

Dr Susan Milner, Interim Director of Public Health.

Policy context:

The responsibility for commissioning these services transferred to LBH under the Health and Social Care Act 2012.

H&WB Strategy – Priority 4 - Reduce premature deaths from cancer and cardiovascular disease - Commission well-evidenced prevention programmes to tackle factors such as smoking, unhealthy diets and alcohol consumption

Havering Obesity Strategy (in development)

Financial summary:

The decommissioning of these services will contribute £850K to LBH MTFS target for 16/17 and beyond by redirecting this money from the ring-fenced public health grant to other LBH services allowing savings to be made in these services. The funding is primarily directed to early help which diverts needy families from statutory social care. The LBH savings target will not be met without these public health services (or alternative services to equivalent value) being decommissioned. The lead in time for decommissioning is such that delays in decision making will undermine the service's ability to support other services to make their savings.

Is this a Key Decision?

**Yes**

(a) saving of £500,000 or more

(b) In excess of 10% of the gross controllable composite budget at Head of Service/ Assistant Chief Executive level (subject to a minimum value of £250,000)

**When should this matter be reviewed?**

(c) Significant effect on two or more Wards

March 2016

**Reviewing OSC:**

Health

**The subject matter of this report deals with the following Council Objectives**

Havering will be clean and its environment will be cared for	<input checked="" type="checkbox"/>
People will be safe, in their homes and in the community	<input checked="" type="checkbox"/>
Residents will be proud to live in Havering	<input checked="" type="checkbox"/>

**SUMMARY**

As part of the LBH Financial Strategy it was agreed that a significant proportion of the Public Health ring-fenced grant (approximately 30%) would be redirected to other council services to prevent them from being cut or to allow these services to make essential savings. These are all services that have been identified as making an important contribution to the overall health and wellbeing of Havering residents. Much of this funding has been directed to early help and health promotion for children and families as a priority. This diverts needy families away from statutory social care and delivers better short and long term outcomes.

To free up this level of funding, especially given the expected reduction in the public health grant for 16/17 and 17/18, we need to decommission some existing public health services. This report lists the services proposed for decommissioning and seeks the approval of Cabinet to decommission these services with effect from 31st March 2016 subject to the outcome of a public consultation on the prioritisation of spend from within the ring-fenced public health grant.

**RECOMMENDATIONS**

That Cabinet:

1. **Authorise** a four week public consultation on the prioritisation of spend from within the Public Health Grant and the Council's proposals to decommission the services listed below at paragraph 2 with effect from 31 March 2016.
2. **Delegate** the final decision on whether to decommission the services listed below at paragraph 2 to the Cabinet Member for Public Health – Councillor Wendy Brice-Thompson following the conclusion of the public consultation.

**REPORT DETAIL**

- 1 Havering has one of the lowest public health grants in the country. This is primarily due to historic under investment in public health in the years before the transfer of these responsibilities to the council from the NHS in 2013. Since the transfer we have had the opportunity to review how the grant was being spent and to take steps to ensure that we get best value from that spend. Many mainstream LBH services, not funded by the public health grant, are designed to improve and protect the health and wellbeing of our residents. Some of these important public health services have already been lost or are threatened with closure or reductions because of the severe cuts to the council's funding. Therefore the proposed allocation of the public health grant for 16/17 has been determined 'in the round' of the totality of spend within LBH on services that promote and protect health. We propose to prioritise spend of the 'non-mandated' element of the public health grant on health promotion and early help with children and families in order to give children the best start in life. In addition we will support projects and programmes that build public health capacity within organisations and communities to enable them to make healthier choices. We will also support the development of an environment in which healthier choices are easier to make. In order to do this we will have to disinvest in some services that are currently being commissioned from the public health grant.
- 2 .A summary of the services recommended for decommissioning is contained in the table below. More details on each service is contained in Appendix 1, where the issues, associated with the decommissioning of each service, are set out to aid decision making.

<b>Services recommended for decommissioning</b>	<b>£ saving</b>
SH1 Sexual ill Health Prevention: North East London Sexual Health Network (NELNET)	10,000
Sexual Health Prevention: Targeted Sexual Health "Young Addaction"	29,970
Sexual Health Prevention: Phoenix Counselling	35,000
Obesity-Children: LBH Leisure Services (MEND C4L Challenge)	42,000
Obesity-Children: LBH Leisure Services (Mend Plus Facilitator)	35,000
Physical Activity Adults: LBH Leisure Services (PARS)	66,000
Physical Activity Adults: LBH Leisure Services (PARS Facilitator)	35,000
Physical Activity Adults: PARS for Cancer Patients "Moving Forwards"	30,000
Stop Smoking Services	404,000
Chlamydia screening office and associated activity	163,000
<b>Total</b>	<b>£849,970</b>

- 2 The largest and most expensive services in this list are the Stop Smoking Service and the Chlamydia Screening office.
- 3 **Smoking** is the single biggest cause of preventable ill health and helping people to quit smoking is highly cost effective for both the council and the NHS. The service is targeted at those from more disadvantaged groups who are more likely to smoke and less able (historically) to get support for themselves. However there has been a shift in both tobacco use and nicotine replacement product use. An increasing number of our residents are accessing nicotine replacement products themselves, most notably through the use of e cigarettes. There has also been an increase in the number of on line tools that can provide support for smokers who wish to quit. It would be possible to signpost individuals to alternative stop smoking support services if our current service was decommissioned. We will explore options for continuing to provide a stop smoking support service for pregnant women.
- 4 **Chlamydia Screening Office.** Chlamydia is a sexual transmitted infection that can be present without the individual being aware they have it. The screening office proactively promotes and co-ordinates screening so that individuals with the disease can be identified, treated and educated to prevent onward spread of the disease. They do this through outreach work with young people (up to age 24) However, the London Sexual Health Transformation programme will see the commissioning of a Pan London web-based triage and home testing service for all sexually transmitted infections, including Chlamydia, which could help fill the gap if this service was decommissioned (although there would be a 12 month gap between the decommissioning of the old service and the availability of the new one). However individuals will still be able to attend open access sexual health services or their GP if they suspect they have symptoms.

## REASONS AND OPTIONS

### **Reasons for the decision:**

This decision is required to allow the Public Health Service to reduce existing expenditure in order to redirect funding to other LBH services. This is part of LBH's Financial Strategy to achieve MTFs targets. Cabinet approval is required because of the costs involved.

### **Other options considered:**

All commissioned non-mandated public health services were in scope for the review of cost effectiveness which has informed these decommissioning proposals. The services proposed for decommissioning were selected either because there was little evidence of effectiveness or as the 'least worst option'.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:**

It will not be possible for the Public Health Service to redirect the public health grant to other prioritised LBH services without decommissioning existing services. Achieving this switch is predicated on decommissioning these services by 31st March 2016. Every month we delay decommissioning these services (or services of a similar value) approx. £71K will not be directed to other services. With such a small and totally committed budget it would be impossible for the Public Health Service to make up this shortfall from within the public health grant. This short fall would then cause a further pressure on the corporate budget.

In addition to these considerations we await formal notification of our public health ring-fenced grant for 16/17. We expect the allocation to be reduced in line with the CSR announcements. Depending on the severity of the cuts we may need to find additional savings from the public health grant which could undermine our ability to support other prioritised services within LBH.

**Legal implications and risks:**

The Local Authority has duties under the National Health Service Act 2006 (“the Act”) and under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013/351 (“the Regulations”).

The duty on the Local Authority under section 2B of the Act is to take such steps as it considers appropriate for improving the health of the people in its area.

This means that the public health grant needs to be spent as prudently as possible, in the context of the overall reduction in grant funding on improving the health of the population. Therefore the proposed consultation seeks views as to how the reduced funding should be prioritised to ensure improvement in the health of the population.

Some public health services are “mandated” by the Regulations and must be provided. These include the requirement under Regulation 6 to Provide, either directly or indirectly, open access sexual health services in its area for treating, testing and caring for people with such infections. None of the services recommended for de-commissioning are open access sexual health services (these are not the subject of this consultation) and those that relate to sexual health are pro-active outreach projects.

None of the other projects recommended for de-commissioning are mandated.

The recommendation is to commence a four week public consultation on the proposals for decommissioning. The consultation will have to be undertaken fairly. In other words consultees, which should include all those potentially affected by the proposals, must be provided with sufficient time and information to make

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meaningful representations and then the decision maker must take those representations conscientiously into account before making a final decision.

The Council will also have to comply with the public sector equality duty before a final decision is taken. That requires the Council to ensure that it has due regard to the need to—

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

An equality impact assessment is being carried out which should be available for the decision maker to consider before a final decision is made.

### **Human Resources implications and risks:**

These services are mainly commissioned from external organisations. The staffing implications and risks will rest with the provider organisations.

There will be no accommodation implications or risks for LBH. Any such risks will lie with the provider organisations.

The providers of these services have been given notice that the services they provide may not be commissioned by LBH beyond 31 March 2016. The sooner we can confirm the position the better it will be for them as providers and for us as commissioners.

### **Equalities implications and risks:**

A formal EIA is currently being undertaken on these proposals.

Beyond the formal protected characteristics, it is likely that these services are used most often by individuals from lower socio-economic backgrounds. They will have less capacity for getting alternative support if these services close than our more advantaged residents.

Actions to mitigate any negative impacts will need to be put in place, at least for a transition period, within available resources.

**BACKGROUND PAPERS**

None