

Health Scrutiny Overview and Scrutiny Sub-Committee, 10 March 2016

Briefing note

Use of the public health grant in Havering in 16/17

Background

On 1st April 2013 responsibility for local public health transferred over from the NHS to Havering Council. A ring fenced grant was provided to the council to commission or directly provide a range of public health services for the residents of Havering. Some of these public health services are mandatory (they have to be commissioned or provided) and some of them are discretionary, i.e. we have choice over whether or not we provide them and how we provide them.

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. We have had further cuts to the grant in-year (15/16) and for 16/17 and 17/18. 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 council 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.

We wish to allocate the public health grant in such a way as to achieve the best health outcomes for our residents. To do this we have looked at the totality of spend within the council on services that promote and protect health. We propose to combine spend from the public health grant with that from other grants and our mainstream budget and direct this spend to areas of council activity that provide the most cost effective public health services and represent best value for money.

The Proposal

No mandated services will be affected by this proposal. We will continue to commission or provide the following **mandated** services:

- Health protection services as required in the Health and Social Care Act 2012.
- Open access sexual health services.
- The health check programme.
- The child measurement programme.
- Public health advice and support to Havering Clinical Commissioning Group.
- The 0 – 5 child health programme (the health visitor service).

We will also continue to commission the following ‘**non-mandated**’ services

- School nursing service.
- Drug and alcohol services.
- Health Champion Programme.

We propose to prioritise spend from the remaining ‘non-mandated’ element of the public health grant on the following areas:

- 1) Health promotion and early help activities with children and families in order to give children the best start in life and stop them needing more expensive interventions later on. The types of services that will be supported by the public health grant will include
 - Activities to reduce violence (including sexual violence) against women and girls.
 - Activities to reduce domestic violence.
 - Parenting advice and support.
 - Activities to promote school readiness so children can get a good start at school.
 - Provision of youth services, e.g. support for the Duke of Edinburgh scheme.
 - Services to promote the emotional health and wellbeing of children and adolescents.
 - Behavioural support of children to improve attendance and achievement at school.
 - Reducing smoking in pregnancy

- Promoting physical activity in children by encouraging use of existing facilities, e.g. free swims for under 8s
- 2) Projects and programmes that build public health capacity within organisations and communities to enable them to make healthier choices for themselves.
- Provision of the Healthy Schools Programme infrastructure
 - Increased expenditure on the Workplace Health Programme
 - Community development projects to increase health literacy and support community-based health promotion work.
 - Provision of Health Zones in libraries
 - Work to increase our customer insight so we can plan our communications and campaigns more effectively.
 - Work with the criminal justice system to improve the health of offenders.
- 3) Developing an environment in which healthier choices are easier to make because the barriers to healthy behaviours have been reduced.
- Assessing the health impacts of licensing and planning applications more systematically to *plan health into* proposals.
 - Protecting the health of the public through regulatory activities, e.g. food inspections, infection control measures, removal of dangerous counterfeit goods and tackling retailers who sell restricted goods to underage consumers through our test purchases programme.
 - Improving community safety by dealing with anti-social behaviour and controlling the night time economy to reduce the harm caused by drugs and alcohol.
 - Provision of cultural and leisure services to promote community participation and reduce social isolation.
 - Provision of play areas and green gyms in Havering's parks to promote physical activity
 - Sports development work to fully realise the potential of our residents, e.g. London Youth Games.

In order to do all of these we will have to disinvest in some services that are currently being commissioned from the public health grant. A summary of the services proposed for decommissioning is contained in the table below.

Services proposed for decommissioning	Comments
Sexual Health Promotion: “Young Addaction”	A very small service offering sexual health advice to less than 100 young people per annum. It is part of the young person’s substance misuse service.
Sexual Health Prevention: Phoenix Counselling	A small service offering sexual health counselling in educational settings for young people.
Obesity-Children: LBH Leisure Services (MEND C4L Challenge)	A programme targeted at primary school children who are overweight or obese. Consists of a short course on healthy eating and exercise for the children and their parents. There is limited evidence of effectiveness.
Physical Activity Adults: LBH Leisure Services (PARS)	This is a scheme whereby health professionals can refer clients/patients to a physical activity programme if they have certain risk factors. The take up and completion rate is poor and there is limited evidence of long term benefit from the programme.
Physical Activity Adults: PARS for Cancer Patients “Moving Forwards”	This is a programme designed to increase physical activity in patients who have had a cancer diagnosis. Although popular with service users there is no evidence that the health outcomes specified for this service have been achieved.
Stop Smoking Services	This is a service aimed at smokers who want to quit. Please see comments below.

Chlamydia screening office and associated activity	The Chlamydia screening office proactively offers screening to young people through outreach activities. Please see comment below.

The largest and most expensive services in this list are the Stop Smoking Service and the Chlamydia Screening office. These are discussed in more detail below.

Stop Smoking Service. 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.

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). 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. We will also continue to commission the pan London HIV prevention programme which promotes safer sexual practices and also offers testing services. This outreach service would be beneficial for clients who could no longer access the Chlamydia screening office and who had increased risk of HIV transmission.

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'.

Cabinet has approved a four week public consultation to seek views as to how the reduced funding for all public health services within the council should be prioritised to ensure improvement in the health of the population. The final decision on the proposal has been delegated to the lead member for public health – Councillor Wendy Brice Thompson. The consultation period will close on 9th March 2016. An equality impact assessment has been carried out on this proposal and will be available to the lead member to aid decision making. If this proposal is supported the specified public health services will be decommissioned and the public health grant directed to the services set out in this proposal.

The draft budget for the public health grant for 16/17 is set out in a separate spreadsheet.

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