

# North Somerset Council

## HEALTH OVERVIEW AND SCRUTINY PANEL

**DATE OF MEETING: 24 MARCH 2016**

### **SUBJECT OF REPORT:**

**UPDATE REPORT ON RECOMMENDATIONS MADE BY HOSP PUBLIC HEALTH BUDGET WORKING GROUP IN NOVEMBER 2015 AND JANUARY 2016**

### **OFFICER/MEMBER PRESENTING:**

**CLLR JILL ILES, ASSISTANT EXECUTIVE FOR PUBLIC HEALTH**

#### **1. Purpose of paper**

The purpose of this paper is to provide an update on how the recommendations made by the HOSP Public Health Budget Working Group in November 2015 and January 2016 have been considered and addressed.

#### **2. Background**

The HOSP Public Health Budget Working Group met in November 2015 and January 2016 with the interim Director of Public Health to discuss the Public Health financial situation and contracts.

The pressure on the Public Health budget has increased significantly with the Government's announcement of an in-year cut (£572k) to the Public Health grant in June 2015 and further year-on-year reductions through to 2019/20 announced in the Autumn Statement / CSR. The overall reduction (2015/16 to 20/21) amounts to 16% in cash terms or about 27% in real terms (dependent on inflation). This outcome was between the most favourable (15%) and unfavourable (40%) reduction scenarios modelled in advance of the Autumn Statement / CSR.

The total required savings for 2016/17 are £1097K (comprising £822K due to Public Health grant reductions plus £275K for unidentified realignment (use of the Public Health grant to fund other related Council services)) relative to the pre-cut 2015/16 budget.

#### **3. Update on progress / status of recommendations**

The following table sets out how the recommendations made by the HOSP Public Health Budget Working Group in November 2015 and January 2016 have been considered and addressed.

<b>Recommendation</b>		<b>Status / Progress</b>
1 Nov 15	The role of DPH is of particular benefit to North Somerset and the post should be made 'permanent' as quickly as practicable.	<p>The interim Director of Public Health (DPH) secondment was extended in November 2015 until the end of July 2016.</p> <p>The Chief Executive is aware of the recommendation to create a substantive DPH post and continues to keep the matter under active consideration.</p> <p>The Council are continuing to explore the potential for a model in which the DPH role would be shared with one or more neighbouring authority, resulting in possible cost savings and potentially increased</p>

Recommendation		Status / Progress
		<p>resilience for public health services (there is already significant coordination of West of England public health activity). There are a number of shared DPH arrangements around the country.</p> <p>Initial consideration of a shared DPH model indicates that neighbouring local authorities / DPHs are not looking to participate in such a model at present, and the reductions in public health grants have inevitably been the focus of attention. As previously discussed with Employment Committee, other opportunities might arise as North Somerset partners consider different models of health and care integration going forward.</p> <p><b>Proposed way forward March 2016:</b> Chief Executive to decide on future DPH arrangements in time for implementation and pick-up of DPH role from August 2016 (end of interim DPH secondment).</p>
2 Nov 15	<p>Consideration could be given to exploring opportunities to offer North Somerset Public Health services to neighbouring authority areas.</p>	<p>Since the transition of Public Health into local government in 2013, a Memorandum of Understanding and a shared annual work programme have been in place between the four West of England local authorities. The development and delivery of this shared work programme is managed by the West of England Public Health Partnership Board that comprises the DPHs, local PHE Directors and NHS England.</p> <p>The majority of public health functions and responsibilities are best carried out at a local level within local authority boundaries. However, working jointly with neighbouring local authorities can improve effectiveness and efficiency where economies of scale are important or where a 'critical mass' can be maintained through pooled provision.</p> <p>The following key areas are included in the shared work plan:</p> <ul style="list-style-type: none"> <li>• Shared Core Offer to CCGs</li> <li>• Public Health intelligence and information</li> <li>• Sexual health</li> <li>• Public health and the built environment / transport</li> <li>• Oral and dental public health</li> </ul> <p>None of the shared work plan activities involve public health services in one area being provided to another area. In general, the most effective model is to jointly commission a provider to deliver services in multiple areas.</p> <p>The operation of the shared work plan is continuing to improve as the local authorities gain increasing experience of working together. The areas in the shared work plan are regularly reviewed by the West of England Public Health Partnership Board. The extent of activities in the shared work plan appears to be well optimised and stable with relatively small changes each year.</p> <p><b>Proposed way forward March 2016:</b> The (interim) DPH will continue to review, through the West of England Public Health Partnership, whether shared working with</p>

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		neighbouring areas could be improved or extended in the interests of North Somerset. The present set of shared working activities is well optimised and no changes are proposed at the moment.
3a Nov 15	The working group supports the one-off use of contingency funds in 2015/16 to off-set the budget shortfall not addressable through savings and efficiencies	<p>In order to balance the Public Health budget for 2015/16, savings of £640k have been driven out of non-realigned activities controlled by Public Health. A budget shortfall of £300k for 2015/16 is being funded by drawdown of the Public Health reserve (60% of the total reserve).</p> <p>The current Public Health budget for 2016/17 does not anticipate any replenishment of the reserve because of further Public Health grant reductions.</p> <p><b>Proposed way forward March 2016:</b> The use of Public Health reserve to balance the 2015/16 Public Health budget has been enacted as proposed.</p>
3b Nov 15	Postponement of new Public Health projects [as part of savings review]	<p>The Early Years Nutrition project has been postponed from 2015/16 to 16/17 yielding a saving of £23K in 15/16. This is the only project in this category because few new projects were planned and most of these were cancelled or cut.</p> <p><b>Proposed way forward March 2016:</b> Recommendation complete.</p>
3c Nov 15	Prioritising the re-evaluation of larger contracts: sexual health, drugs and, community services (School Nursing, Health Visiting) [as part of savings review]	<p>The following savings have been identified in large contracts for 2015/16 and 16/17:</p> <ul style="list-style-type: none"> <li>• Drugs &amp; alcohol - Addaction £100k in 2015/16; £100k in 2016/17</li> <li>• School nursing - North Somerset Community Partnership (NSCP): None in 2015/16; £18K in 2016/17</li> <li>• Health visiting (NSCP): None in 2015/16; £235k in 2016/17</li> <li>• Sexual health (WAHT): None in 2015/16; tbc in 2016/17</li> <li>• Sexual health (UHB): None/tbc for 2015/16; tbc in 2016/17</li> </ul> <p><b>Proposed way forward March 2016:</b> Recommendation complete.</p>
4 Nov 15	Weightwatchers contract (part of Tier 2 weight management programme) should be reviewed with a view to more effectively scaling and integrating this scheme with other services provided by the Council and other partners (including Go4Life, Health Trainers etc)	<p>The Weightwatchers contract for Tier 2 weight management services was awarded for 2015/16 following a thorough effectiveness and value-for-money review by commissioners (£55 per patient targeting 5% weight loss). There is capacity for 555 referrals per year (including second sets of vouchers for those with a higher starting body mass index). For upscaling, the service would require additional investment which is not available from the reducing Public Health grant.</p> <p>The overweight and obesity care pathway in North Somerset comprises an integrated referral process and well-aligned and coordinated services.</p>

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	<p>Weightwatchers referrals are integrated into the delivery of targeted Council services, including Health Trainers and children’s centres and health services, including GPs, Midwives and Mental Health workers delivering the Get Ready for Change programme. At the point of referral, these staff are also able to advise patients on the Go4Life offer of physical activity based interventions, including subsidised schemes such as the cheque book scheme.</p> <p>Closer integration with Go4Life has been considered (dual weight loss and physical activity referral with assessment process). This would require increased investment beyond the current budget. There is limited evidence on the effectiveness for dual referral. Our weight loss outcomes compare favourably to South Gloucestershire which has a dual offer. Furthermore, the service commissioned by the Council from Weightwatchers includes raising awareness of calorie intake, increasing physical activity and promoting positive wellbeing (Eat, Move, Smile) and Weightwatchers and Slimming World are encouraged by the Go4Life team to provide information about local physical activity opportunities.</p> <p>The Health Trainers provide healthy eating courses and both individual support with weight loss directly and refer to Weightwatchers. The Health Trainers also refer to Go4Life physical activity opportunities.</p> <p><b>Proposed way forward March 2016:</b> The recommendation has been considered and it is found that the overweight and obesity care pathway is already well integrated. Within the integrated system, it is appropriate that services dealing with different aspects of obesity are distinct and provided by different organisations. Public Health continues to monitor the operation of the care pathway and the performance of providers to ensure ongoing effectiveness and value-for-money.</p>
<p>5 Nov 15</p> <p>Consideration be given to addressing the practical difficulties associated with negotiating savings on those services managed by other teams e.g. Addaction contract (which is managed by Corporate Services Directorate).</p>	<p>The main Public Health activity which is delegated to another part of the Council is the management of drug and alcohol services, including the contract with Addaction. This is performed by the Drug and Alcohol Team (DAAT) within the Corporate Services Directorate. The budget for this delegated activity is a significant proportion of the overall Public Health grant and a greater proportion of the non-realigned Public Health budget. The budget for drug and alcohol services in 2015/16 is £2.3m per annum out of a total Public Health grant of £7.0m (excluding 0-5 transfer) or £10.1m (including full year 0-5 transfer).</p> <p>Year-on-year savings of £100K in 2015/16 and 2016/17 have been found in the Addaction contract following regular meetings between the Public Health team (including interim DPH) and the DAAT.</p> <p>The management and commissioning of drug and alcohol services outside the Public Health team and outside the People &amp; Communities Directorate, means that the lines of accountability and communication from the DPH (the statutory duty holder for the public health function) through to the service providers are indirect and difficult to operate. A more compact and direct organisational model</p>

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		<p>for commissioning drug and alcohol services is likely to be more effective, more responsive and more efficient to operate.</p> <p><b>Proposed way forward March 2016:</b> Continue to strengthen links between the Council's DAAT and Public Health teams.</p>
6 Nov 15	<p>Consideration should be given to supplementing Addaction services with the use of the voluntary sector (for instance the community Alcohol and Drug Misuse Forum could possibly contribute to the delivery of some services).</p>	<p>Addaction has forged strong links with a range of local voluntary and community organisations including Lighthouse, Friend and North Somerset Recovery Network.</p> <p>Addaction has a well-developed programme to support its own service users into volunteer roles. These roles include supporting other clients on their treatment and recovery journeys. Mutual aid to provide support between substance misusers in recovery is an integral part of the service. This model is well established in North Somerset with 12 step, SMART and MAP groups all being available.</p> <p>The Alcohol and Drug Misuse Forum (Nailsea Forum) is a group of interested people who meet to discuss local substance misuse related problems and seek action on how these might be addressed. Their focus is on young people and they deliver a school education programme. The Alcohol and Drug Misuse Forum is not in a position to deliver other services.</p> <p><b>Proposed way forward March 2016:</b> It is concluded there is already strong involvement of the voluntary and community sector around and within the services provided by Addaction. NSC will continue to promote further contributions from the voluntary and community sector in addressing substance misuse, although the Alcohol and Drug Misuse Forum is not in a position to deliver additional services at present.</p>
7 (2 Jan 16)	<p>Sexual health contracts</p> <p>The Panel supported the proposed one-year extension of the existing sexual health contracts with WAHT and UHB to March 2017. This will give time for a new sexual health service/model to be jointly procured across BNNSG to start April 2017.</p>	<p>There will be a joint procurement process to be completed by March 2017 for a new sexual health service with Bristol City Council as the lead commissioner with North Somerset Council and South Gloucestershire Council as associate commissioners.</p> <p><b>Proposed way forward March 2016:</b> It is recommended that there is a one-year interim contract with UHB and a one-year interim contract with WAHT should start from April 2016. This will allow for the joint procurement process to take place with a new service provider to be in place for April 2017.</p>
8 (3 Jan 16)	<p>The Panel Chair requested that consideration be given to extending the geographical coverage of the Health Trainer Service. However, it was noted that the</p>	<p>The present Health Trainer Service (6.8WTE) covers the Weston-Super-Mare, in particular the central and southern areas where levels of health need are greatest. There is currently insufficient Health Trainer capacity to extend the service to all areas in North Somerset without detriment to the service in Weston (which would be likely to increase inequalities).</p>

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viability of this would be dependent on capacity and funding (both of which are limited under the Public Health savings review).	For the Health Trainer Service to extend to all of North Somerset (even in a manner proportional to health needs), it would need several times the present level of resourcing. Public Health funding for such expansion of the Health Trainer Service is not available given the financial situation.  <b>Proposed way forward March 2016:</b> Recommendation closed.

**AUTHOR**

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