

## Summary Sheet

Cabinet and Commissioners' Decision Making Meeting - 10 October 2016.

### **Title:**

Interim report on the consultation process for the future direction of Public Health resulting from further reductions to the Public Health Grant.

### **Is this a Key Decision and has it been included on the Forward Plan?**

Yes, will effect commissioned Public Health services and future grant spend.

### **Strategic Director Approving Submission of the Report:**

Teresa Roche, Director of Public Health

### **Report Author:**

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### **Ward(s) Affected:**

All

## Summary

Following the Cabinet paper dated 6<sup>th</sup> June (Reductions to the Public Health Grant) a series of measures were introduced to balance the Public Health budget for 2016/17. Proposals for future savings over 2017/18 were also explored and achieved through existing contract tenders which expire by March 2017. Final decisions for further savings will be considered alongside other service proposals as part of the Council's 2017 /18 budget setting process. The findings of the public consultation will also be considered and will inform the future direction of Public Health services in Rotherham.

Adopting public health principles and becoming a Public Health organisation provides a unique opportunity to change the focus of the services commissioned and provided in-house to actively promote positive physical and mental health and wellbeing, help access to work and reducing inequalities within the Borough.

This report provides Cabinet with the interim findings up until 1<sup>st</sup> September 2016 of this consultation process.

## Recommendations

1. That the interim findings of the Public Health consultation be noted.

2. That, following initial responses, the timeline (see 6.1) for further stakeholder and public consultation be endorsed.
3. That a further report on the five year vision for Public Health in Rotherham be submitted to a future meeting.

### **List of Appendices Included**

Appendix 1 Summary Table of interim findings up to 30/08/16

### **Background Papers**

*'Detail of Public Health proposed efficiency savings of 1.8% across commissioned services'*. Health Select Commission paper, 21<sup>st</sup> January 2016.

*'Financial and service changes – proposals for consideration and public consultation prior to budget-setting for 2016/17'*. Advisory Cabinet/Commissioner Decision Making Report, 18<sup>th</sup> January 2016.

*'Reductions to the Public Health Grant and initial proposals for the Council achieving the savings.'* Cabinet/Commissioners' Decision Making Report, 6<sup>th</sup> June 2016.

*'Provision of Public Health services for 0-19 Integrated Public Health Nursing, Sexual Health and Drugs and Alcohol Recovery.'* Cabinet and Commissioners' Decision Making Report, 12 September 2016.

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**  
Members Working Group for Public Health (17/08/16).

### **Council Approval Required**

No

### **Exempt from the Press and Public**

No

**Title: Interim report on the consultation process for the future direction of Public Health resulting from further reductions to the Public Health Grant.**

**1. Recommendations**

- 1.1 That the interim findings of the Public Health consultation be noted.
- 1.2 That, following initial responses, the timeline (see 6.1) for further stakeholder and public consultation be endorsed.
- 1.3 That a further report on the five year vision for Public Health in Rotherham be submitted to a future meeting.

**2. Background**

- 2.1 Since 2013, Rotherham Metropolitan Borough Council has been responsible for Public Health which transferred from the NHS. Rotherham receives a specific Public Health Grant from the government which is used to fund a range of services. The government has announced that it is reducing the amount of money it gives the council. There is an immediate reduction of £1.3 million and reductions in grant funding each year between now and 2020. A consultation exercise is underway with as many stakeholders as possible to seek their views on local priorities for Public Health and the future direction for Public Health in Rotherham.
- 2.2 Some of the services Public Health commission with the grant are statutory (must be done), whereas others are either national recommendations or based on local need. The statutory services include; the child weighing and measuring programme, the NHS Health Checks Programme (including information about dementia) and open access sexual health services. Whilst these services are part of the consultation it may be that they will be recommissioned, delivered in a different way or with a reduced resource.
- 2.3 Both Rotherham's Corporate Plan and the Health and Wellbeing Strategy identify the importance of improving health and reducing health inequalities. This reflects the Public Health policy principles and framework contained within "Fair Society, Healthy Lives: The Marmot Review (2010)". This focuses on the wider determinants of health which impact at a population level, combined with preventive and early intervention services to support high risk individuals. All documents support the delivery of improving the health of the population. Rotherham's aspiration to be a Child Centred Borough underpins the Public Health service offer to children and young people in Rotherham. Therefore, the focus for Public Health in the future will be early intervention and prevention.
- 2.4 Following the Cabinet paper dated 6th June (Reductions to the Public Health Grant) a series of measures were introduced to balance the Public

Health budget for 2016/17. Proposals for future savings over 2017/18 were also explored and achieved through existing contract tenders which expire by March 2017. A final paper with options for further savings will be taken to Cabinet following the analysis of the stakeholder and public consultation findings. This report provides Cabinet with the interim findings up until 1<sup>st</sup> September 2016 of this consultation process.

2.5 There have been two consultation events with stakeholders and a members' workshop (in total 20 people attended the events and workshop). Running parallel to this, an on line public consultation was launched on Monday 18th July and closes on 15th September 2016. As of the 1st September, 190 people have completed this survey. The on line Public Health consultation survey can be found at [www.rotherham.gov.uk/consultations](http://www.rotherham.gov.uk/consultations). A further three events will be held, with further consultation with the public at the Rotherham Show (10/11th September). Public Health will be working with the RMBC communication team to further publicise the consultation and encourage more engagement. A further two members' working groups are also planned.

2.6 The interim findings from the two stakeholder events and member workshop are outlined below. There were 20 participants in all, who identified the priorities for future Public Health services and commented on the consultation. Participants were asked to consider the twenty one commissioned Public Health services. They were provided with five counters to vote for the top five services which they could place across the twenty one areas or in just one of the service areas. In the analysis of the findings, consideration will need to be given to the percentage of responses that have come directly from providers themselves, as this may skew emphasis towards certain services.

#### **Interim findings from the stakeholder events - Commissioned Services** (also see Appendix 1 summary of interim findings).

The views from two stakeholder events and the members' workshop prioritised future Public Health services as follows:

1. Services to support children with their mental health needs.
2. Health visiting services for children aged 0-5 years.
3. Services to support school aged children to lose weight.
4. Screening services (e.g. NHS Health Checks, alcohol dependency screening) to identify health conditions earlier (e.g. heart disease, cancer) and make adjustments to their lifestyles.
5. Services to support adults to lose weight.

**Please note, these are the high level votes from 20 stakeholders, consideration will need to be given to the responses that have come direct from providers themselves as this may skew emphasis towards certain services. The interim results may well change after the results are included from the scheduled consultation stakeholder events, the online questionnaire, the members' working group and the public consultation at the Rotherham Show.**

2.7 **Interim findings from the stakeholder events – Principles** (see Appendix 1). The participants were asked to vote on the 13 principles that commissioned services will be based on. They were provided with three counters to vote with. The views from the two stakeholder events (members' working group to complete this exercise 26/09/16) prioritised the following principles on which future Public Health services should be commissioned. These were as follows:

1. Focussing on prevention of ill health rather than treatment of ill health.
2. Allocated based on need, so that those with the highest levels of need receive the most support.
3. Promoting independence by helping people to develop the skills to lead healthier lifestyles, become less reliant on services, and stay in their own homes.
4. Focussing and building on the existing strengths and opportunities within local communities such as utilising local people to promote healthy lifestyles and services (community health champions) in their own communities.
5. Supported by all council and NHS services in communicating healthy lifestyle messages and in providing brief advice and referral for further help where required.

2.8 During the stakeholder events participants were asked to add any comments on the consultation process. These will be collated and incorporated into the final report. All the information gathered during the consultation will be used to inform the options on the future direction for Public Health.

Some of the comments received to-date have been:

When asked about stopping services ... *"this is too hard to do"*, and *"cannot stop doing anything"*.

During discussion commissioning was raised and comments included, *"commission services on a wider footprint"*, and *"possible merger of services"*.

Participants also commented positively on the redesign and amalgamation of services i.e. adopting a health and wellbeing approach, provision of generic training across the board.

Comments received on line will also be collated for the final report and triangulated with the voting outcomes and the best evidence based practice for Public Health services. Collation of comments and emails will take place at the end of the consultation process, on the 15th September 2016, with a final report to Cabinet.

2.9 The overall view from the interim findings of the on line survey are that services generally should continue as they are. The areas most frequently indicated to consider reducing were;

- Supporting adults to stop smoking,
- 1 to 1 support,
- Reducing the availability of illicit tobacco,
- Monitoring air quality and

- Cooking classes in the community.

Whilst most of the principles were endorsed there were two that were disagreed with;

- Public Health services should only be available in a face to face format and
- Public Health services should be by referral only.

However, a more thorough analysis will be carried out when the survey closes. The majority of respondents identified their ethnicity as white British, the main age range being 45 – 54 with little response from under 15's and 50% of the respondents were the public and others were a range of RMBC employees, current/past service users, professionals and someone on behalf of an organisation.

2.10 Following completion of the Public Health consultation these findings will help to inform the options for further savings to address the Public Health Grant reduction. Clearly, the consultation will only be one part of the information gathered to inform a coherent options paper to Cabinet. Information from;

- The members' working group
- Bench marking information, from neighbouring areas
- Equality impact assessment
- Needs assessment
- Evidence based practice and
- Key local health challenges/needs of the Rotherham population.

Will all inform the options for further savings.

### **3. Key Issues**

- 3.1 In order to realise the savings for 2017/18 providers of some Public Health contracts (dependent on the nature of the contractual agreement) have been served 12 months' notice of the intention to undergo a consultation exercise that may result in their contract values being reduced or terminated. This may unsettle current providers.
- 3.2 The market response to the proposed new financial envelopes for new services could be unpredictable and could result in providers not tendering for the new Public Health services.
- 3.3 The consultation, due to the timescale for provider notification regarding contracts, has been carried out predominately over the summer months which may lead to a low response rate. All usual communications channels have been utilised to help maximise reach.
- 3.4 There are statutory functions Public Health will continue to deliver. These have been included as part of the consultation as it may be that they will be recommissioned, delivered in a different way or with a reduced resource. This will need to be taken into account when identifying the options for further future savings.

#### 4. Options considered and recommended proposal

- 4.1 At this stage of the consultation process there are no options to consider. The consultation has yet to be concluded and further work needs to be carried out to develop the five year vision for Public Health and the required savings.

#### 5. Consultation

- 5.1 The consultation on the future spend of the Public Health Grant will seek stakeholder and public views to enable prioritisation of services for Public Health in the future. In order to provide Cabinet with a range of options for budget savings and service transformation the consultation includes;
- Currently commissioned Public Health services
  - Services currently provided in-house by Public Health
  - Other areas of spend of the Public Health Grant which has been redistributed within Rotherham Council and supports the wider council and corporate plan priorities.

- 5.2 The consultation process includes the following elements:

- a) **Online Public Survey.** Via the Council website from 18<sup>th</sup> July-15<sup>th</sup> September 2016. The survey is gathering opinions and views on the following areas;

- How Rotherham Council should prioritise the Public Health Grant spend in the future. This will include prioritising current service areas and other areas of redistributed spend according to perceived importance
- Principles on which Public Health commissioning will be based
- A consultation 'line' email account to gather ad-hoc comments and free text.

This has been promoted through the internet, press releases, TV screens in reception areas and libraries and internally via Friday Factfile and Chief Executive weekly updates. The link to the survey has also been sent out to Public Health service providers.

- b) **A number of Stakeholder events have taken place with more scheduled.**

Stakeholders have been invited to the consultation events and they include;

- Clinical Commissioning Group/Primary Care/other NHS
- Various partnerships and boards
- Healthwatch
- Health Scrutiny
- Age UK Rotherham and other older people's agencies
- NHS England, Public Health England, Local Primary Care
- Minority and disadvantaged groups.

Three separate events have been scheduled as below;

- Council internal staff on the event on 09/09/16
- Youth Cabinet/Council on the event on 07/09/16
- Voluntary/community sector on the event on 12/09/16.

Members of the public will also be consulted at the Rotherham Show on the 10/11<sup>th</sup> September 2016.

A separate meeting took place with union representatives on 22<sup>nd</sup> July 2016 to inform them of the consultation process, to ask them to disseminate the on line link to members and associates and seek their views on the consultation process. This was a very positive meeting and they supported the process going forward.

c) **A communications plan.** This supports the consultation and outlines the modes of communication used during the consultation exercise.

d) **Members' working Group.** A workshop and consultation event has been delivered (further workshops planned) and included the following information:

- Definitions of Public Health and the commissioning principles for Rotherham Public Health
- A Presentation on the current vision for the future of Public Health in Rotherham
- An outline of the financial challenges
- An overview of key local health challenges/indicators
- Benchmarking information on the grant spend per head and distribution within services/other items of spend
- Examination and discussion of the priorities for the Members Working Group. This was explored by using local expertise to prioritise healthcare spend.

## 6. Timetable and Accountability for Implementing this Decision

6.1 The time line for undertaking the consultation is as follows;

- Online Public Survey: July to mid-September 2016
- Members' Working Group: September – December 2016, which may meet again to finalise priorities for public health going forward
- Stakeholder events: Until September 15th 2016
- Submission of an SLT paper: 6th September 2016
- An interim Cabinet paper: 10th October 2016, with interim consultation findings
- A final Cabinet paper, concluding the consultation findings and options for future Public Health spend.

## 7. Financial and Procurement Implications

7.1 The Council in 2016/17 currently spends £17m on Public Health services which is fully funded from a specific government grant. The government

has previously signalled its intention to further reduce the grant funding levels provided to local authorities. In 2017/18, the service is anticipating that it will need to identify further savings proposals resulting from government funding reductions of £423k and further likely savings of at least 2.6% annually until 2019/20.

- 7.2 At this stage in the consultation process there are no direct financial and procurement implications arising from this report.
- 7.3 In developing the future vision for Public Health in Rotherham, it will be essential that the financial and procurement implications are fully considered and developed within the context of the Council's overall medium term financial planning and budgetary processes.

## **8. Legal Implications**

- 8.1 Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.
- 8.2 Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 provides for a mandatory list of services to be provided by Councils in exercising their Public Health functions.

The list is as follows:

- Regulation 3 - weighing and measuring of certain children in their area (including age and school type)
- Regulation 4 and 5 – health checks for eligible people which must also provide information about dementia to older people
- Regulation 6 provision of open access sexual health services
- Regulation 7 provision of a Public Health advice service
- Regulation 8 – The Director of Public Health will oversee and discharge the council's health protection duties.

- 8.3 Legal advice on the ability to alter and/or terminate existing contracts has been sought. The terms and conditions of contracts vary, as some will have been let when Public Health was still within the NHS and others will have been let by RMBC.

## **9. Human Resources Implications**

- 9.1 Currently there are two vacancies within the Public Health team and they have contributed to the 16/17 savings. Following the outcomes of the consultation these vacancies may well be a permanent saving. If this occurs it could impact on the teams' ability to deliver against the three domains of Public Health and to support some elements of RMBC's corporate plan.

## 10. Implications for Children and Young People and Vulnerable Adults

10.1 Public Health services are traditionally targeted at the most disadvantaged groups and communities. There is a risk that inequalities will widen depending on which options are identified following the consultation and the potential impact on children and young people and vulnerable adults. It is also likely that the ongoing and sustained reductions to the Public Health Grant will result in poorer performance on some Public Health Outcomes Framework indicators.

10.2 The following Corporate Plan (RMBC) priorities may be affected by the reductions in the Public Health Grant budget and related services over the coming years. Plans will be put in place with providers to mitigate any impact:

- **Every Child Making the Best Start in Life: Early Help** - Early Help service to identify and support families at the right time to help prevent social service involvement.
- **Every Child Making the Best Start in Life:** Re-commission and deliver services for the 0-19 year olds to support children and families to achieve and maintain healthier lifestyles.
- **Every adult secure, responsible and empowered:** Implement Health and Wellbeing Strategy measures including;
  - Excess weight in adults
  - Physical activity
  - Smoking prevalence
  - Re-commissioning of the substance misuse service
  - Delivery of the suicide prevention plan.
- **A strong community in a clean, safe environment:** Ensure a robust, effective and efficient licensing service.

## 11. Equalities and Human Rights Implications

11.1 Public Health services are traditionally targeted at the most disadvantaged groups and communities. There is a risk that inequalities will widen depending on the options identified. Full equality impact assessments will be undertaken for any commissioning and/or decommissioning decisions. This was also the case for the All Service Reviews reductions.

## 12. Implications for Partners and Other Directorates

12.1 If there is a reduction in Public Health outcomes there may be an impact on social care services and for wider health services. Some efficiencies have already been made to accomplish further savings. It is likely that some services will have to be decommissioned, which will potentially effect frontline staff.

12.2 The reduction in the Public Health Grant may also impact on other directorates including some aspects of social care for Adult and Children and Young People Services (e.g. re-commissioning and potential decommissioning of services).

12.3 Many of the proposals to reduce or decommission services will have resource implications for commissioning partners especially Rotherham Clinical Commissioning Group.

### **13. Risks and Mitigation**

13.1 Since Public Health moved to local authorities from the NHS, they have received an in-year cut of £200 million, this equates to £1.3 million for Rotherham. Public Health now face further real term cuts to Public Health budgets. The House of Commons Health Committee believe these cuts to be a false economy as they not only add to the future costs of health and social care but risk widening health inequalities. The committee highlighted the growing mismatch between spending on public health and the significance attached to prevention in the "NHS 5 Year Forward View". This will need to be addressed at a national level but locally Rotherham Council and partners need to be aware of these risks.

### **14. Accountable Officer(s)**

Teresa Roche, Director of Public Health.

Approvals Obtained from:-

Finance and Customer Services:- Mark Scarrott

Legal Services:- Ian Gledhill

Head of Procurement (if appropriate):-

Communication & Marketing:- Gemma Parkinson

Human Resources:- Odette Stringwell

This report is published on the Council's website or can be found at:-

<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

## Appendix 1 Summary Table of interim findings from stakeholder events up to 30/08/16

### PUBLIC HEALTH CONSULTATION 2016

	<b>SERVICES</b>	<b>08/08/16</b>	<b>17/08/16</b>	<b>19/08/16</b>	<b>Running Total</b>
1.	Support school aged children to lose weight	2	1	5	8
2.	Support adults to lose weight	1	2	4	7
3.	Young People to stop smoking tobacco	4	0	1	5
4.	Adults to stop smoking tobacco	1	2	1	4
5.	Support children with alcohol problems	0	1	0	1
6.	Support adults with alcohol problems	0	2	0	2
7.	Child with drug use problems	2	0	1	3
8.	Adult with drug use problems	3	1	1	5
9.	Sexual Health Services	0	5	0	5
10.	Child more Physical Activity	1	1	4	6
11.	Adult more Physical Activity	0	1	2	3
12.	Health Trainers/1:1 support	0	1	5	6
13.	Health Visiting	4	3	2	9
14.	School Nursing	1	2	2	5
15.	Suicide	0	1	0	1
16.	Child Mental Health	2	4	6	12
17.	Screening	4	2	1	7
18.	Illicit and Counterfeit Tobacco	0	0	0	0
19.	Air Pollution	0	1	0	1
20.	Cooking Advice	0	3	0	3
21.	Workforce	0	2	0	2
	<b>TOTAL</b>	<b>25</b>	<b>35</b>	<b>35</b>	<b>95</b>

### **Top 5 after 3 stakeholder events**

1. Services to support children with their mental health needs (12 votes)
2. Health Visiting Service for children aged 0-5 years (9 votes)
3. To support school aged children to lose weight (8 votes)
4. Screening services (e.g. NHS Health checks, alcohol dependency screening) (7 votes)
5. Services to support adults to lose weight (7 votes).

0 votes for – services to reduce the availability of illicit and counterfeit tobacco.

20 people took part in the 3 events.

	<b>PRINCIPLES</b>	<b>08/08/16</b>	<b>19/08/16</b>	<b>Running Total</b>
1.	Technology, telephone, on line, phone apps	2	0	2
2.	Only face to face	0	0	0
3.	Referral from another service or professional	0	0	0
4.	Services allocated on need	3	3	6
5.	Prevention of ill health	0	7	7
6.	Flexible and Tailored	0	0	0
7.	Promoting independence	2	3	5
8.	Single point of access	0	1	1
9.	Community Health Champions	2	3	5
10.	Workplace	0	0	0
11.	Public Health Services Available Evenings & Weekends	1	0	1
12.	Better use of voluntary & community sector	3	0	3
13.	PH supported by all Council & NHS services in communication healthy lifestyle messages	2	3	5
	<b>TOTAL</b>	<b>15</b>	<b>20</b>	<b>35</b>

### **Top 3 after 2 Stakeholder events**

1. Public Health Services should be focusing on prevention of ill health rather than treatment of ill health (7 votes)
2. Public Health Services should be allocated on need, so that those with the highest need receive the most support (6 votes)
3. Three areas joint 3<sup>rd</sup> (all received 5 votes) :
  - promoting independence by helping people to develop skills to lead healthier lifestyles,
  - focussing and building on the existing strengths and opportunities within local communities such as utilising local people to promote healthy lifestyles and services (community health champions) in their own communities and
  - should be supported by all Council & NHS services in communicating healthy lifestyle messages and in providing brief advice and referral for further help where required.

4 areas had no votes.

13 people took part in the 2 events, yet to carry out the exercise with the members' working group.