



Committee and Date

Health and Adult Social Care

12 November 2018

Item

Public

Public Health Grant: 2018 – 2020 Update Report

Responsible Officer Rod Thomson

e-mail: Rod.thomson@shropshire.gov.uk Tel: 01743 258918

1. Summary

- 1.1 At its last meeting HASC members received a briefing on the proposals being developed to disinvest from some of the current programmes and reinvest in other programmes to assist the local authority address the financial pressure in Adult and Children's social care. A target of £2m was identified and the committee considered the recommendations from the first phase of this work between Public Health, Adults and Children's Directorates. A second phase is under way to identify appropriate investment areas. Impact assessments are also commencing particularly in relation to the substance misuse service that is currently part of a tender process.
- 1.2 Since the last HASC meeting there has been a further review of the local authority's project expenditure. This has identified a potential major overspend due to the pressure on adult and children's social care budgets. As a result of these pressures contingency measures have been requested to enable prevent this occurring. In addition planning for next financial year is under way. The Chancellor's recent budget has also prompted an update of the local authority's financial plan for 2019-20. Whilst full details of the allocations for Shropshire from central government have yet to be confirmed, initial indications suggest that there will be further budget pressures next year. All directorates including public health are being asked to identify further savings and to identify those non-mandated services that could be reduced or ended. A figure of £2m has been requested in addition to the £2m referred to in the last report to HASC.

2. Recommendations

- 2.1 It is recommended that members:
Note the financial and service implications of these proposals along with the potential adverse impact on the future health and wellbeing of the local population.

REPORT

3 Risk Assessment

- 3.1 The current budget for the public health directorate covering the former NHS hosted programmes; regulatory services and registrars and coroner's services is approximately £17m. Of this total approximately £12m is funded from the ring fenced public health grant which must be spent in line with Public Health England's requirements. The public health directorate has been asked to identify £2m worth of savings through either synergy with its proposed merger of the public health directorate and adult social care from April 2019. Whilst it is possible that some synergies can be achieved post March 2019, it is unlikely that the full £2m could be achieved by this method alone. In view of this financial pressure it is therefore likely that a significant reduction in commissioned services would be needed from April 2019.

4 Mandated and Non-Mandated Services

- 4.1 In dealing with the financial challenges caused by the Government's austerity strategy the local authority's directors have considered the range of mandated and non-mandated responsibilities the council currently undertakes. In order to enable the Local Authority to set a legal budget, Directors are preparing a number of options for services that could be:
- Stopped completely
 - Stopped temporarily
 - Reduced
- 4.2 These proposal are largely focussed on non-mandated programmes where the Local Authority has some discretion in what they can commission or provide. In the case of public health (including regulatory services) most of our activity falls in to the mandated category. This situation has therefore restricted the options that can be considered. Along with Adult and Children's services our non-mandated services are prevention programmes. For public health these are largely those services that we commission via Help2Change. These programmes include: Weight Management; Smoking Cessation; Mental Health Promotion and Physical Activity Promotion. The national Health Checks programme is a mandated service however some local authorities have scaled down their service provision significantly. Given the scale of the financial challenge for Shropshire Council it like other Local Authorities may be forced to reduce its prevention programmes significantly if alternatives cannot be identified.
- 4.3 Risks: There is a significant risk to the health of the local population if health promotion and illness prevention programmes were forced to be reduced or ceased. These include:
- No access to Weight Management services for individuals or families
 - No access to Smoking Cessation services (including for pregnant women)
 - No access to or reduced availability of Health Check screening programmes
 - No investment in mental health promotion programmes including suicide prevention
 - No investment in Falls Prevention

- No investment in physical activity promotion for adults and children
- No investment in PHSE and related health promotion in schools.
- No investment in early identification of diabetes or pre-diabetes
- No investment in early identification of atrial fibrillation

4.4 As Matt Hancock, the Secretary of State for Health announced in his keynote speech to the International Association of National Public Health Institutes his vision to help people make healthier choices, Prevention is better than cure. Whilst he has announced that a Green Paper will be published in the New Year Mr Hancock has made no announcement about the future of the Public Health Grant or any replacement for the grant. In view of this planning vacuum we must assume that the grant will end in April 2020. This will place further pressure on the Local Authorities limited resources if no central funding is available.

4.5 As Director of Public Health for Shropshire I do not recommend any reductions to the public health programmes that we currently commission. As I have made clear since my transfer to Shropshire council from the NHS our population receives the lowest per capita within the West Midlands region and amongst the lowest in the country. This fact is recognised by Public Health England when it set the target budget allocations for each local authority. I have campaigned since then for Shropshire to receive a fair funding allocation that reflects the needs of our communities. In view of this underfunding and the health needs of our communities that I have highlighted in annual reports and other briefings, I believe that greater investment in prevention is needed to enable the local authority and its partners to reduce the incidence and prevalence of chronic illnesses that can blight the lives of people and place significant pressure on NHS and social care services.

5 Conclusion

5.1 Shropshire Council receives the lowest per capita Public Health Grant within the West Midlands Region and one of the lowest grants within the country. This grant has been cut year on year by the Department of Health, and if Government proposals are implemented in full the grant will end in April 2020. The majority of Shropshire's public health grant is spent on programmes that are mandated by central government leaving limited flexibility for local initiatives.

5.2 Whilst the overall health of Shropshire's population is better than the national average, it faces significant public health challenges in the rising levels of obesity within its adult population as well as a likely rise in associated long term conditions such as Diabetes and Heart Disease. With Shropshire's age profile such conditions will place greater demands on local health and social care services if not prevented.

5.3 Whilst in view of the significant financial pressures being faced by Shropshire Council it has been requested that all directorates consider measures to enable a legal budget to be set in 2019/2020, this review has focussed largely on non-mandated services. The outline proposals set out in this paper have been identified reluctantly put forward. They are not recommended as the medium to long term consequences for local people will adversely affect the health and wellbeing of local people. This will include later identification of life limiting illnesses and a rise in chronic disease.

5.4 In view of the conclusions outlined above I cannot commend this report to the Committee.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)

Local Member

Appendices