

COUNCIL

21 JANUARY 2016

PUBLIC HEALTH GRANT CUTS 2015/16

Portfolio Holder: Councillor David Brake, Adult Services
Report from: Dr Alison Barnett, Director of Public Health
Author: Sally-Ann Ironmonger, Head of Health Improvement

Summary

The Government has announced a 6.2% in year cut to the public health grant for 2015/16. This report provides details of how the £1.04 million in year cut to the Public Health grant for 2015/16 for Medway Council will be managed.

1. Budget and policy framework

1.1 The Council has responsibility for determining the budget, both capital and revenue.

2. Background

2.1 As part of wider Government action on deficit reduction, the 2015/16 public health grant to local authorities will be reduced by £200 million nationally. This proposal was subject to a national consultation on how the cut should be apportioned across Local Authorities.

2.2 The Government's response to the consultation was published on 4 November 2015 and announced an in year cut of £1,039,992 for Medway Council. The Comprehensive Spending Review confirmed that this cut would be recurrent and there would be a further reduction of 2.2% in 2016/17.

2.3 The in year cut to the public health grant was initially reported to Cabinet in the Revenue Budget Monitoring report on 24 November 2015.

3. Proposed cuts and implications

3.1 The accompanying document (Appendix A) sets out detailed proposals for how the £1.04m cuts can be implemented on a recurrent basis and how much of this might be possible in-year. The balance for 2015/16 will be funded from public health reserves. It also highlights the implications of these proposed cuts on staffing and associated risks.

4. Substitution of Public Health Grant

- 4.1 £2.95m of public health grant in Medway (approx. 20%) currently funds activity within other council services and systems have been set up to ensure that these service areas are able to demonstrate delivery of public health outcomes.
- 4.2 The Leader has agreed that it would be more equitable for the 6.2% grant reduction to be shared proportionately across all services areas funded from public health grant.

5. Risk management

- 5.1 The impact of these cuts and associated risks are incorporated into the spreadsheet at Appendix A and in the Diversity Impact Assessments (DIAs) at Appendix B.
- 5.2 DIAs have been undertaken on the following specific services:
- Specialist treatment services for substance misusers
 - Sexual health contracts
 - Stop smoking services and tobacco control programme
 - Health visiting.
- 5.3 DIAs have been undertaken on those services because the cuts will result in changes to front line service delivery. In terms of other Public Health areas, it was not necessary to undertake DIAs because savings were made through efficiencies and not implementing planned service developments. In addition, a Diversity Impact Assessment will be carried out as part of the process on consultation with staff and this will inform final decisions on staff changes.
- 5.4 There is a further risk to C&A, BSD and RCC budgets of £182,590 which may impact on services. Any mitigation will need to be considered by the relevant Director/AD.

6. Consultation

- 6.1 Changes to the organisational structure of the public health directorate will require a period of consultation with the staff potentially affected by the proposed changes. This has commenced with consultation with trade unions from 5 January 2016 and with affected staff from 12 January 2016 and will end on 10 February 2016.
- 6.2 All efforts have been taken to minimise the impact of the cuts on service delivery and population health outcomes. It is not considered that the reductions in service are substantial variations requiring consultation with Overview and Scrutiny Committees.

7. Financial and legal implications

- 7.1 The financial implications are summarised in the body of the report and spelt out in some detail in Appendix A to the report.

- 7.2 Changes to the budget are a matter for Council and the reductions to the funding for Public Health require amendment to the budget as agreed at Council on 26 February 2015.
- 7.3 Any possible redundancies are subject to consultation with employees and trade Unions and this formal consultation has now commenced as set out in paragraph 6.1 above. The process of redundancies will be in accordance with the Council's organisational change policy and procedure.

8. Recommendations

- 8.1 The Council is asked to agree the proposed measures to redress the budget shortfall in Public Health as set in paragraph 3.1 and Appendix A to the report subject to consultation with staff.
- 8.2 The Council is asked to authorise the Director of Public Health to consider the consultation responses received in respect of the proposals and to determine final redundancy proposals.

Lead officer contact

Sally-Ann Ironmonger
Head of Health Improvement
Sallyann.ironmonger@medway.gov.uk
X 3016

Appendices

- A: £1.042m cuts to public health grant – detailed proposals and implications
B: Diversity Impact Assessments

Background papers

None

APPENDIX A

Cuts to Public Health Grant 2015-16

Appendix A: 2015/16 in year cuts to Public Health Grant

	Full year effect savings	2015/16 in year savings	
Substance misuse: Saving management charge following de-delegation of commissioning to	£ 45,000.00	£ 12,500.00	This will require absorbing the management of the contract and associated staff. This is a high risk contract which is not performing well at present, and we need to ensure that we have sufficient capacity to manage the contract effectively
Agreed reductions from Adult substance misuse treatment provider	£ 151,854.00	£ 10,000.00	This is a high risk contract and outcomes are linked to future grant formula, and so may impact of future grant allocation. This saving represents decommissioning by Turning Point (the provider) of sub-contracts with Citizens Trust and Air Sports. The in-year savings represent the use of generic prescription drugs rather than branded products.
Efficiency savings (eg efficiency savings from integrated database development)	£ 26,556.00	£ 26,556.00	This includes reduction in web hosting costs and licenses as a result of development and implementation of the PHAIR database.
Reduction in non pay costs (supporting healthy weight)	£ 50,000.00	£ 50,000.00	This represents a 3% reduction in the available resource. Supporting healthy weight services are a key preventative service which has potential to reduce direct costs to the council. Further cuts to the service may compromise Medway's engagement in the National Diabetes Prevention Programme and range of services currently on offer
Mens Sheds contract - efficiencies	£ 7,000.00	£ 10,000.00	The savings represent approximately 20% cut in funding, and will result in reduction in front line service. Additional in-year savings have been identified as a result of a longer than anticipated lead in time for service development.
Reduction in sexual health contract costs	£ 187,000.00	£ 137,500.00	Integrated sexual health services are in the process of being recommissioned and the financial envelope has already been subjected to 15% cut during the 14/15 Star Chamber process. These additional savings are predicated on widening the scope of the service specification (adding in chlamydia screening and existing SLAs with GPs and Pharmacies) and there is a risk that performance in key PHOF areas is compromised and that the procurement is compromised by the reduced resource envelope.

APPENDIX A

Cuts to Public Health Grant 2015-16

<p>Reduction in stop smoking & tobacco control activity</p>	<p>£ 80,000.00 £ 80,000.00</p>	<p>80,000.00</p>	<p>This represents approx 13% cut to stop smoking services following a comprehensive review of activity. Savings will be realised by rationalising the number of GPs/Pharmacies commissioned to provide services, focusing on those providing the highest quality interventions. The new town centre premises will also support this, providing economies of scale, sustaining a highly visible service.</p> <p>Cuts to Tobacco Control programme budget will reduce the capacity to undertake work which promotes the denormalisation of smoking, and could undermine the strong partnership work currently targeting illegal tobacco and preventing uptake of smoking among young people.</p> <p>2 vacant posts are also included in salary savings below.</p>
<p>Efficiencies in school nursing contract</p>	<p>£ 10,000.00 £ 5,000.00</p>	<p>5,000.00</p>	<p>This service has already had more than 30% cut in funding in the past 2 years, and capacity is very limited.</p>
<p>Health visitor contract efficiencies</p>	<p>£ 100,000.00 £ 50,000.00</p>	<p>50,000.00</p>	<p>Reductions to the contract value will be achieved through change in skill mix in the service. Although performance has improved recently the service is not meeting statutory requirements and cuts to the service may potentially undermine any improvements prior to recommissioning of the service.</p>
<p>Salary savings</p>	<p>£ 200,000.00 £ 50,000.00</p>	<p>50,000.00</p>	<p>Consultation process now underway which will result in 5.5 WTE reduction in staffing. In year savings achievable due to existing vacancies.</p>
<p>Pro rata reduction in funding to council services</p>	<p>£ 182,590.00 £ 182,590.00</p>	<p>182,590.00</p>	<p></p>
<p>From reserves</p>	<p>£ 425,854.00</p>	<p>425,854.00</p>	<p></p>
<p>TOTAL</p>	<p>£ 1,040,000.00 £ 1,040,000.00</p>	<p>1,040,000.00</p>	<p></p>

Appendix B – Diversity Impact Assessments

TITLE <i>Name/description of the issue being assessed</i>	Reduction in funding for specialist treatment services for substance misusers
DATE <i>Date the DIA is completed</i>	7/01/2016
LEAD OFFICER <i>Name of person responsible for carrying out the DIA.</i>	Peter Gates Substance Misuse Commissioning Officer

1 Summary description of the proposed change

- *What is the change to policy/service/new project that is being proposed?*
- *How does it compare with the current situation?*

The proposal is to reduce the annual budget available to the current provider of specialist treatment for adult substance misusers in Medway, Turning Point, by £151,854 during 2015 – 2016.
This will entail Turning Point:

- Terminating sub contracts with 2 providers of community based support services to adult substance misusers in Medway.
- Reducing the choice of prescribed opiate substitution medications available.

2 Summary of evidence used to support this assessment

- *Eg: Feedback from consultation, performance information, service user records etc.*
- *Eg: Comparison of service user profile with Medway Community Profile*

Medway Public Health tendered for a new provider of specialist treatment for adult substance misusers in 2014 that integrated drug and alcohol users (previously offered separate treatment services) and delivered an emphasis on supporting the recovery from dependency on substances for adults. There had also been a record of poor performance by previous providers of specialist treatment in supporting successful outcomes for adults accessing services in Medway against rates in the South East and other comparable Local Authorities.

Building on national strategy and guidance for commissioners of treatment services for adult substance misusers (http://www.nta.nhs.uk/uploads/commissioning_for_recovery_january_2010.pdf) and the successful experience of Kent in recommissioning treatment services that delivered effective outcomes for adults in treatment, Turning Point began delivery of community based treatment services from the 1st July 2014.

The tender process and service specification emphasised the availability of provision that would support adults in recovery by enabling access to leisure/ sports activities; training, education and employment. By ensuring adults in specialist treatment had access to additional support, evidence supports that resilience would be enhanced for individuals and reduce the likelihood of representing for specialist treatment. The cessation of the contracts with sub contractors will remove the access to this additional provision, which may influence successful outcome rates for adults in specialist treatment.

Adults with a dependency on opiates are offered a limited range of prescribed

medication via the specialist provider, including methadone and suboxone. Buprenorphine has been available as a branded medication (subutex) but is now available as a generic medication. Although some individual clients of specialist prescribing have expressed an individual preference for branded medication, there is no robust evidence that this has any effect on treatment outcomes. However, there is a significant difference in the cost of branded and non branded medication.

3 What is the likely impact of the proposed change?

Is it likely to :

- Adversely impact on one or more of the protected characteristic groups?
- Advance equality of opportunity for one or more of the protected characteristic groups?
- Foster good relations between people who share a protected characteristic and those who don't?

(insert ✓ in one or more boxes)

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age	No	-	-
Disability	No	-	-
Gender reassignment	-	-	-
Marriage/civil partnership	-	-	-
Pregnancy/maternity	No	-	-
Race	No	-	-
Religion/belief	No	-	-
Sex	No	-	-
Sexual orientation	No	-	-
Other (eg low income groups)	Lower SES	-	-

4 Summary of the likely impacts

- Who will be affected?
- How will they be affected?

Adults who access specialist treatment – particularly opiate users - are more likely to come from lower socio-economic groups, with a poor experience of education, training and employment. A significant proportion will also have a history of involvement in offending, further adversely affecting their access to employment. It is only by addressing these areas of substance misusers lives that meaningful recovery from dependency will be achieved

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98010/recovery-roadmap.pdf).

By reducing access to dedicated services, adults seeking to reintegrate in to the community following successful completion of specialist treatment may experience barriers in accessing opportunities to establish lives free from substance dependency.

Recovery can also be supported by promoting access to physically based leisure activities and exercise; however, there has been traditionally little involvement of adults in specialist treatment . The provision of a dedicated resource which directly delivers availability to community based activities has offered this access; by ceasing the contracts with the 2 dedicated providers ('Air Sports'; 'Citizen's Trust'), adults engaged in recovery will have a more limited access meaningful physical activity and recreation.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- *Are there alternative providers?*
- *What alternative ways can the Council provide the service?*
- *Can demand for services be managed differently?*

The reduction in availability of branded medication is assessed as having little significant consequence for adults in specialist treatment.

Turning Point have offered a Risk Mitigation plan to alleviate and/or minimise associated risks with terminating the contracts with sub contractors (see Action Plan below).

The Council can play an influential role in supporting Turning Point in mitigating the identified risks by directly supporting the planning, development and implementation of a recovery network in Medway, including facilitating relationships with key partners and individuals in the statutory and voluntary sectors. There are a range of pre existing providers and networks that can facilitate access to resources that can aid and support individual's recovery from dependency.

6 Action plan

- *Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence*

Action	Lead	Deadline or review date
Turning Point have a lead for developing Education, Training and Employment (ETE) for the SE and will utilise the expertise and networks to directly support recovery resources in Medway	Turning Point	
Turning Point to create a specialist role within the current staff team to lead on ETE in Medway.	Turning Point	
Development of a Medway Recovery Forum, to develop a recovery resource and network to support individuals with access to services and sources in key domains including ETE; housing; physical activity; other creative/recreational activity.		April 2016

7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- *to proceed with the change implementing action plan if appropriate*
- *consider alternatives*
- *gather further evidence*

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

The recommendation is to proceed with implementing the reduction in the funding, given the risk mitigation measures in place to address removal of contracts with Air Sports and Citizen's Trust; and the risks associated with change to generic medication are minimal.

8 Authorisation

The authorising officer is consenting that:

- *the recommendation can be implemented*
- *sufficient evidence has been obtained and appropriate mitigation is planned*
- *the Action Plan will be incorporated into service plan and monitored*

Director

Alison Barnett

Date

7.1.16

TITLE <i>Name/description of the issue being assessed</i>	Apply cost savings to existing Sexual Health Contracts
DATE <i>Date the DIA is completed</i>	06 January 2016
LEAD OFFICER <i>Name of person responsible for carrying out the DIA.</i>	Steve Chevis Health Improvement Programme Manager (Sexual Health)

1 Summary description of the proposed change

- *What is the change to policy/service/new project that is being proposed?*
- *How does it compare with the current situation?*

The proposal is to cut £187,000 from the sexual health budget.

Sexual health services are open access. Medway Public health is responsible for funding Genitourinary medicine (GUM) clinics for its residents irrespective of where that clinic is. To facilitate this Out Of Area (OOA) cross charging arrangements are in place. Contraceptive and Sexual Health (CaSH) services are not cross charged with the LA being responsible for providing contraceptive services to anyone who chooses to access services in Medway.

Current Providers:
GUM: Medway Foundation Trust
CaSH: Kent Community Health Foundation Trust
Community HIV testing: Health Action Charity Organisation

It is proposed that the cut will be applied through five measures.

- 1) Identify and release potential underspend in existing OOA Budget
- 2) Recruitment freeze on vacant Sexual Health Project worker post who promotes Chlamydia screening in primary care.
- 3) Do not renew contract for community HIV testing with HACO at the end of year 2 of the contract and not activating the +1 year option.
- 4) Identify cost savings in GUM contract through reducing the grant to provide opportunistic Long Acting Reversible Contraception.
- 5) Identify cost savings in CaSH contract through implementing Electronic Patient Records.

2 Summary of evidence used to support this assessment.

There are 3 Public Health Outcomes on the framework that are primarily sexual health issues. Namely:

- Under 18 conceptions
- Chlamydia diagnoses (15-24 year olds)
- People presenting with HIV at a late stage of infection

Under 18 conceptions continue to fall, but Medway has teenage pregnancy rates significantly higher than the England average. More of these

conceptions will result in a birth than the England average increasing the need for additional support for young parents.

<http://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000036/pat/6/par/E12000008/ati/102/are/E06000035>

Significant gains have been made in increasing the % of 15-24 year olds screened for chlamydia. 26.9% of that population were screened in Medway which is higher than the England average. Detection has also improved with medway achieving 2048/100,000 which although below the target is above the England average.

<http://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000035/pat/6/par/E12000008/ati/102/are/E06000035/iid/90777/age/156/sex/4>

Medway had two members of staff who are were actively encouraging and monitoring of Chlamydia screening in General Practice, Pharmacies and other venues where higher infection rates are expected. This has directly led to the increase of testing outside GUM and CaSH clinics but still within primary care.

Late diagnosis of HIV is of concern in Medway with 45.9% of diagnoses where adults (aged 15 and above) have a CD4 cell count of less than 350. HIV infection is more common among Men who have sex with Men (MSM) and black African communities. National campaigns are focussed on these two groups. The vast majority of HIV infections are acquired through sexual contact.

<http://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000008/ati/102/are/E06000035/iid/90791/age/188/sex/4>

3 What is the likely impact of the proposed change?

Is it likely to :

- Adversely impact on one or more of the protected characteristic groups?
- Advance equality of opportunity for one or more of the protected characteristic groups?
- Foster good relations between people who share a protected characteristic and those who don't?

(insert ✓ in one or more boxes)

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age	yes	-	-
Disability	-	-	-
Gender reassignment	-	-	-
Marriage/civil partnership	-	-	-
Pregnancy/maternity	-	-	-
Race	yes	-	-

Religion/belief	-	-	-
Sex	yes	-	-
Sexual orientation	yes	-	-
Other (eg low income groups)	Yes (homeless, drug users, looked after children, people with learning difficulties, NEETs)	-	-

4 Summary of the likely impacts

- *Who will be affected?*
- *How will they be affected?*

OOA budget spend is below projection, however this is an area of spend which is unpredictable and largely outside of our control, so reducing the budget may create a future risk. NEUTRAL IMPACT

Chlamydia screening opportunities may be reduced as the project officer post remains vacant as primary care will not receive the ongoing support and encouragement to screen. NEGATIVE IMPACT

HIV screening opportunities will be reduced as the community based HIV screening targeting black Africans is not continued. NEGATIVE IMPACT

LARC uptake in GUM has been lower than anticipated; sufficient funds are still available to meet demand and therefore no impact. NEUTRAL IMPACT

Any reduction in screening opportunities for both Chlamydia and HIV may increase inequalities in access to health and in health outcomes. They will adversely affect the several protected groups who are most at risk of poor sexual health and more likely to experience barriers in accessing sexual health services, (Medway Joint Strategic Needs Assessment) specifically:

- young people – (aged 16–24 years old) are the age group most at risk of being diagnosed with a sexually transmitted infection, accounting for 80% of all Chlamydia diagnosed in Medway
- women - of particular concern are younger females aged 16-19 years, among whom the highest rates of diagnosed Chlamydia are reported (*Sexually transmitted infections and young people in the UK*, Health Protection Agency, 2008). Of the major health complications that can arise following Chlamydia infection, women are disproportionately affected – risking Pelvic Inflammatory Disease, ectopic pregnancy and

tubal factor infertility

- males- of particular concern are younger males who are significantly under represented in CaSH clinic activity data and who are at increasing risk as they approach 24 years of age.
- black and minority ethnic groups - some black and ethnic minority groups are at high risk of STI infection. Rates of diagnosed STIs are higher among young Black-Caribbean's, Black-Other and those of mixed origin than other ethnic groups. Africans from sub-Saharan Africa are at higher risk of HIV than the general population.
- men who have sex with men – Gay and bisexual men are at greatest risk of acquiring an STI or HIV (*A Framework for Sexual Health Improvement in England*, Department of Health, 2013)
- women who have sex with women - there is also research indicating that a high proportion of lesbian and bisexual women (*A Framework for Sexual Health Improvement in England*, Department of Health, 2013).

These groups all face greater barriers in access to health care such as stigma, discrimination, poverty and social exclusion, language, access problems, low awareness and concerns about confidentiality. (*A Framework for Sexual Health Improvement in England*, Department of Health, 2013)

In addition and for similar reasons, the following disadvantaged groups are also more at risk:

- single homeless people;
- looked after young people.
- sex workers;
- drug injecting misusers;
- asylum seekers and refugees
- people with learning difficulties;
- people in prisons and youth offending institutions;
- young people not in education, training or employment

This could lead to greater amounts of undiagnosed Chlamydia circulating in the community, women will be at greater risk of other STI's as well as major complications such as Pelvic Inflammatory Disease, ectopic pregnancy and tubal factor infertility. Men will be at greater risk of other undiagnosed STI's and epididymitis which can also lead to infertility. Complications that are both tragic for individuals, as well as costly for the health and social care system.

While numbers of HIV infections are significantly lower than chlamydia the loss of a community screening opportunity will increase the need for people to overcome barriers and access universal services

In light of the fact that we are currently in the process of re-procuring a new integrated Sexual Health service there are broader risks around taking a significant amount of money out of the financial envelope for a new service. Whilst we have been doing due diligence to ensure the amended budget is enough for a provider to operate a new integrated service, it does mean that

some elements of the service in the future may need to be capped. It also provides less flexibility to respond to any future developments or requirements for sexual health services to deliver in the future.

There may also be a risk that a reduced budget for the new tender process means that some organisations may not be interested or willing to bid therefore meaning a less competitive market.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- *Are there alternative providers?*
- *What alternative ways can the Council provide the service?*
- *Can demand for services be managed differently?*

OOA budget – ongoing monitoring to give early warning of any risk to the budget.

Recruitment freeze – remaining member of staff to focus attention on top 50% performing pharmacies and general practices to minimise impact. Facebook campaign to increase awareness among young people. Increased access to online testing.

HIV Community screening – Integrated Sexual Health Service (ISHS) specification includes community testing to high risk groups including MSM and black Africans. The ISHS will be fully operational by October 2016. Grant given to HACO to purchase screening test kits that can be used to cover the period before the ISHS begins.

LARC in GUM – no mitigation required as data indicates lower than anticipated uptake.

Electronic patient records – no mitigation required as this is a service improvement.

6 Action plan

- *Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence*

Action	Lead	Deadline or review date
Monitor impact of staffing reduction on annual CTAD data available in March 2016	SJC	March 2016
Monitor Community HIV testing up to October to ensure reduction in tests taken is minimised.	SJC	March 2016 review

7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- *to proceed with the change implementing action plan if appropriate*
- *consider alternatives*
- *gather further evidence*

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

Requirement for budget cuts means that there is insufficient resource left within the public health directorate budgets to fund existing activities.

Therefore, the impacts with the existing and planned mitigation it is recommended that the five measures be put in place:

- 1) Identify and release potential underspend in existing OOA Budget
- 2) Vacant Sexual Health Project worker post who promotes Chlamydia screening in primary care should remain empty.
- 3) Contract for community HIV testing with HACO not renewed at the end of year 2 of the contract and do not activate the +1 year option.
- 4) Identify cost savings in GUM contract through reducing the grant to provide opportunistic Long Acting Reversible Contraception.
- 5) Identify cost savings in CaSH contract through implementing Electronic Patient Records.

8 Authorisation

The authorising officer is consenting that:

- *the recommendation can be implemented*
- *sufficient evidence has been obtained and appropriate mitigation is planned*
- *the Action Plan will be incorporated into service plan and monitored*

Assistant Director

Alison Barnett

Date

7 Jan 2016

TITLE <i>Name/description of the issue being assessed</i>	Reduction stop smoking services and tobacco control programme
DATE <i>Date the DIA is completed</i>	7 th January 2015
LEAD OFFICER <i>Name of person responsible for carrying out the DIA.</i>	Sally-Ann Ironmonger Head of Health Improvement

1 Summary description of the proposed change

- *What is the change to policy/service/new project that is being proposed?*
- *How does it compare with the current situation?*

It is proposed to cut £130K from resources which support people who want to quit smoking, as well as projects which aim to promote the smokefree agenda and prevent smoking uptake.

Losing this budget represents a loss of ability and opportunity to undertake projects within the community.

2 Summary of evidence used to support this assessment

- *Eg: Feedback from consultation, performance information, service user records etc.*
- *Eg: Comparison of service user profile with Medway Community Profile*

- The National Institute of Health and Care Excellence (NICE) provides an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines. From this, recommendations are made to help plan, deliver and evaluate successful programmes. The Public Health Directorate recently reviewed the level of compliance in Medway with NICE Guidelines relating to Smoking cessation and tobacco control

NICE has determined that a comprehensive specialist tobacco cessation service should ensure that services reach people who may find it difficult to use existing local services because of their social circumstances, gender, language, culture or lifestyle. For example, a home outreach service might be considered for older people or women from South Asian groups. The activities identified by the PH Directorate to address this issue would be substantially constrained by funding restrictions introduced by this proposal. These activities also serve to deliver identified priorities to deliver the current Health and Wellbeing Strategy.

Recent review of services shows that although smoking cessation activity has declined in Medway (in line with national trends), the service provided by the Council's core team of stop smoking advisors has remained consistently high quality, with sustained levels of activity and excellent success rates. Proposals to reduce capacity in the core team may impact on the quality of the service.

3 What is the likely impact of the proposed change?

Is it likely to :

- Adversely impact on one or more of the protected characteristic groups?
- Advance equality of opportunity for one or more of the protected characteristic groups?
- Foster good relations between people who share a protected characteristic and those who don't?

(insert in one or more boxes)

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age	Yes	-	-
Disability		-	-
Gender reassignment	-	-	-
Marriage/civil partnership	-	-	-
Pregnancy/maternity	Yes	-	-
Race		-	-
Religion/belief	-	-	-
Sex		-	-
Sexual orientation		-	-
Other (eg low income groups)	Lower SES	-	-

4 Summary of the likely impacts

- Who will be affected?
- How will they be affected?

Reduction in available resource will impact on the ability to drive forward the development and implementation of programmes which support the smokefree agenda. In particular, the decommissioning of preventative programmes targeting young people.

The groups which then become at greater risk of morbidity and mortality are

- Lower SES families with children
- Lower SES women, and especially pregnant women
- Teenagers
- Mental health service users
- Routine and manual workers

Any individual or group who has less money and is therefore more at risk of buying illegal tobacco or being asked to pedal illegal tobacco.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- Are there alternative providers?
- What alternative ways can the Council provide the service?
- Can demand for services be managed differently?

Reconfigure the service to ensure we have the most effective skill mix possible within the available resources.

Continue to work with partners in the community to ensure services are available where smokers can easily access them.

Promote the use of the Smokefree Hub in Chatham Town Centre to ensure services are delivered in an efficient and cost effective way.

Opportunities may arise to work with partners to continue to deliver health improvement programmes at low cost to the council.

6 Action plan

- Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

Action	Lead	Deadline or review date
None		

7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- to proceed with the change implementing action plan if appropriate
- consider alternatives
- gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

Requirement for budget cuts means that there is insufficient resource left within the public health directorate budgets to support these services. Therefore the recommendation must be to proceed with this change in spite of the potential impact.

8 Authorisation

The authorising officer is consenting that:

- the recommendation can be implemented
- sufficient evidence has been obtained and appropriate mitigation is planned
- the Action Plan will be incorporated into service plan and monitored

Director Alison Barnett

Date 7.1.16

TITLE <i>Name/description of the issue being assessed</i>	Health Visiting Budget Reduction 15/16
DATE <i>Date the DIA is completed</i>	5 January 2016
LEAD OFFICER <i>Name of person responsible for carrying out the DIA.</i>	James Harman Senior Public Health Manager

1 Summary description of the proposed change

- *What is the change to policy/service/new project that is being proposed?*
- *How does it compare with the current situation?*

The proposal is to take £90,000 from the overall Health Visiting budget in Medway for the year 2015/16 to contribute towards the Public Health Grant reduction

In October the responsibilities and budgets for the Healthy Child Programme transferred to Medway from NHS England. As part of the ongoing approach to savings and service efficiencies Medway PH have been in regular dialogue with the providers Medway Community Healthcare (MCH).

The savings have been identified and agreed collaboratively by both Medway PH and MCH and have been achieved by identifying general efficiencies within the service which include a recruitment freeze for Health Visiting from November 15 in line with the Medway moratorium and to allow both parties to get a better understanding of what's required and the service that is being delivered following the transfer of responsibilities.

2 Summary of evidence used to support this assessment

- *Eg: Feedback from consultation, performance information, service user records etc.*
- *Eg: Comparison of service user profile with Medway Community Profile*

There are approximately 3500 live births in Medway every year and the ambition is that the Health Visiting service will offer the 5 mandated checks to all of these families.

These savings have been negotiated and agreed by both parties and neither party expects any significant negative impact on performance or frontline delivery as a result of the in year savings. Both parties are committed to continuous improvement and more efficiency within the service and are working hard to ensure that this happens.

In real terms the savings represent a less than 2% saving on the overall yearly budget

3 What is the likely impact of the proposed change?

Is it likely to :

- Adversely impact on one or more of the protected characteristic groups?
- Advance equality of opportunity for one or more of the protected characteristic groups?
- Foster good relations between people who share a protected characteristic and those who don't?

(insert ✓ in one or more boxes)

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age	Yes	-	-
Disability	-	-	-
Gender reassignment	-	-	-
Marriage/civil partnership	-	-	-
Pregnancy/maternity	Yes	-	-
Race	-	-	-
Religion/belief	-	-	-
Sex	Yes	-	-
Sexual orientation	-	-	-
Other (eg low income groups)	-	-	-

4 Summary of the likely impacts

- Who will be affected?
- How will they be affected?

Although no significant impact is expected there is a clear risk to taking money out of a frontline service that dealing with often vulnerable service users.

The Health Visiting service is not achieving the targets on some of their 5 mandated checks and therefore there is a risk that this could negatively impact on their ability to make the improvements needed in these areas.

The freeze on recruitment will need to be regularly reviewed between commissioned and provider to ensure that staffing levels do not drop too low

as a result of any staff leaving or retiring.

There is a new 0-19 Health Child Specification due from Public Health England in March and there may also be implications of this guidance that mean that with a reduced budget it is harder to deliver the service Medway families require from the service.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- *Are there alternative providers?*
- *What alternative ways can the Council provide the service?*
- *Can demand for services be managed differently?*

Regular monthly meetings with the Service Leads at MCH and clear Performance Indicators are in place which will enable us to monitor any dip in performance and address if this was in any way as a result of the in year savings. A wider service redesign is being planned and independent Health child programme workforce modelling from Benson Wintere will be undertaken in the new year to further understand the capacity of the service and identify any potential risks and efficiencies.

The service is starting to work closer with the wider Public Health directorate to develop a closer working relationship and explore collaborations and remove duplications of work.

Regular dialogue with PHE to ensure we are aware of any national changes as soon as possible to identify and negate any associated risks.

6 Action plan

- *Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence*

Action	Lead	Deadline or review date
To have monthly meetings with the service to capture any issues quickly	James Harman	April 16
To improve performance Management and data capture to have a clear framework that monitors performance and outcomes of the service	James Harman	April 16
Work closely with PHE and other LAs to ensure we are aware of any national changes and to benchmark our performance against other areas	James Harman	Ongoing

7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- *to proceed with the change implementing action plan if appropriate*
- *consider alternatives*
- *gather further evidence*

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

The recommendation is to proceed with the proposed cost savings to the service but to closely monitor the impact on performance.

8 Authorisation

The authorising officer is consenting that:

- *the recommendation can be implemented*
- *sufficient evidence has been obtained and appropriate mitigation is planned*
- *the Action Plan will be incorporated into service plan and monitored*

Assistant Director

Alison Barnett

Date

7.1.16