

Budget Strategy: Public Health

This budget area also includes Community Safety and Emergency Prevention, Preparedness and Response (EPPR).

Strategic financial context and direction of travel

The Public Health spend is currently measured regularly against prescribed and non-prescribed functions aligned to the national public health outcomes framework, and it is anticipated that there will be additional future payments for achievement against the framework.

Currently, the Public Health budget is ring-fenced until April 2016 which provides a degree of stability, however there are financial pressures on the Community Safety budget, and to a lesser extent EPPR as for other General Fund services. Any savings identified within Public Health will be reinvested in eligible expenditure across council services.

A key plank of the Public Health strategy will be to work with other directorates to identify shared objectives and outcomes, particularly those identified in the Public Health Outcomes Framework, and develop joint working, including joint commissioning initiatives.

Further integration of community safety services with those of Public Health, Housing, Police, Children's and Adults services to reduce costs, increase value for money and contribute to the achievement of corporate outcomes.

We will continue to work with the Clinical Commissioning Group (CCG) to identify opportunities to jointly commission programmes for greater efficiency and effectiveness.

We will review the Public Health grant uplift with a view to maximising savings.

Delivering the corporate plan

Tackling inequality

Tackling inequality is the bedrock of much of public health and community safety. Significant areas of work include recommissioning tobacco control services and healthy weight management. The Health and Wellbeing Board has established reducing inequalities as an over-riding objective and will be monitoring progress on this throughout the year. The Public Health Outcomes Framework includes tackling inequality as a top line objective, and it is likely that any future public health premium paid to local authorities for good performance in public health will include some reference to reducing inequalities.

Creating a more sustainable city

The Public Health team works closely with colleagues across the local authority and beyond to create a more environmental, economic and socially sustainable city. The team will continue to work on several fronts this year, contributing to the review of the impact of the 20 mph speed limit, working with colleagues in housing including private landlord owned properties, and

undertaking health impact assessments on major planning initiatives. The team will also be progressing the work emerging from the Director of Public Health's Annual Report for 2012/13 – 'Happiness, the Eternal Pursuit' which links to the One Planet Living Framework where improving Health and Happiness forms a key programme of action.

Engaging people who live and work in the city

The success of most of the public health and community safety agenda is premised on successful community engagement. The team will be looking for improved synergies across the local authority with other departments who hold a similar remit on community engagement. Our joint strategic needs assessment work and our health and wellbeing strategy will continue to have explicit requirements for meaningful community engagement. We will continue to run public engagement campaigns around key strands of work, such as the recent successful Big Parenting Debate and the Big Alcohol Debate.

Modernising the council

As the public health team becomes established in the local authority we will be moving to a more local authority model of practice. The Public Health Team however do bring an established track record of annual appraisals, personal development plans and most recently for senior public health staff – revalidation. This approach ties in very clearly with the Values Framework which has been established within the local authority in the last year.

The team will continue to integrate public health principles and practice by extending the public health realm into the wider local authority.

Key aspects of the budget strategy

Tackling Inequality

Enhanced services: We will review enhanced service contracts with primary care/pharmacies to better address inequalities and to improve their flexibility and effectiveness. Consideration will be given to compiling initiatives into a single Public Health Local Enhanced Scheme (LES).

Tobacco control: There is a current service redesign ongoing in smoking cessation / tobacco control with new contracts in place from April 2014. Smoking cessation is considered one of the most cost effective interventions in public health, however, in the shorter term savings can be delivered by moving to a payment-by-results framework rather than fixed contract prices.

Weight management: The retender for Tier 2 Weight Management Services is underway. This is an opportunity to test the market and deliver more comprehensive services across the city within the existing budget. The new contract should be awarded in December 2013 for April 2014 implementation of new services.

Alcohol and substance misuse: The alcohol and substance misuse service redesign is underway and new contracts are planned to be in place in 2015.

There could be scope to jointly commission some areas with fellow commissioners within BHCC, or with commissioners in East and West Sussex local authorities.

Sexual health: The re-procurement for clinical sexual health services is also underway with new contracts due to commence in April 2015. This will provide the opportunity to improve value for money and performance and will investigate the possibility of introducing a local tariff for sexual health services. The procurement will involve a service redesign to provide a more integrated service which will reduce overheads and duplication.

Crime reduction: We will agree crime reduction and safety priorities with the Police & Crime Commissioner (PCC) which will secure PCC investment in those interventions which are of the highest priority for Brighton & Hove.

Victim and Witness services: We will identify early opportunities for joint commissioning with East and West Sussex including new commissioning arrangements for Victim and Witness services, which will lead to reduced costs and efficiency savings.

Creating a more sustainable city

One planet living: We will support the implementation of One Planet Living, in particular Principle 10 Health and Happiness. This includes several areas mentioned above as well as the following:

- **Mental wellbeing**: working jointly with the CCG to ensure that the care pathway for emotional health and wellbeing includes creative and effective opportunities for prevention as well as treatment services.
- **Physical activity**: With several contracts ending in 2015 including Bike It, Active for Life, Exercise Referrals and Healthwalks, there is potential to retender these services in partnership with co-commissioners in sustainable transport and sports development respectively.

Engaging people who live and work in the city

JSNA engagement: We will use the Joint Strategic Needs Assessment programme (JSNA), overseen by the Health and Wellbeing Board, to inform the further development and implementation of our budget strategy. Making effective use of engagement with local people is an integral part of the JSNA development.

NHS Health checks: We plan to review the current service with a view to reducing health inequalities as opposed to focusing on numbers offered and provided with a check.

Health at work: the current model is being reviewed to identify new opportunities for closer working across directorates for staff within the council and for wider initiatives throughout the city.

Modernising the Council

Resilience: We will continue to work with the Communities and Equalities team to eliminate duplication and reduce costs of commissioned neighbourhood services.

Improved commissioning: We will continue to build on the initial proposals identified at our Commissioners' Network Meeting to support other directorates delivering the wider public health agenda.

Service Area : PUBLIC HEALTH									
Service (including brief description)	Gross Budget £'000	Net Budget £'000	Total Establishment FTE	Description of Saving Opportunity	Impact on Outcomes / Priorities	Equalities Impact	Savings identified 2014/15 £'000	Full Year effect of 2014/15 savings £'000	
Public Health									
Smoking & Tobacco	810	0	0.9	Re-rendering of service, and changing to Payment by Results.	Potential inability to meet any increase in demand for the service.	Not needed	20	20	
Obesity services for adults and children, including community based programmes	683	0	1.8	Retender of service.	minimal impact.	Not needed	6	6	
NHS Health Check Programme	440	0	1.5	Rework of current contract to focus on reducing inequalities could reduce costs and improve health outcomes. Support could come from PH budget uplift. New approach approved by PHE.	Expected to reduce inequality and improve health outcomes.	Not Needed	40	40	
Physical Activity - a range of contracts aimed at increasing the activity levels of the least active adults and children	431	0	2.2	The development/ introduction phase for Refer-all has ended and a co-ordinator to 'roll the system' out is no longer necessary.	Physical activity is an important element of a healthy lifestyle, significantly reducing the risks of ill health and premature death.	Not Needed	19	19	
Miscellaneous, Services described below including:	1,780	0	8.4						
General prevention activities: Healthy City Programme	incl in miscellaneous budget			Potential to: Discontinue WHO aspect - saving £5k p/a - payment will be due early 2014. Review steering group so no need for vice chair - saving £2k pa - could be done from Jan 2014.	From Jan 2014.	Not Needed	8	8	
Public Health Total							93	93	

Service Area : PUBLIC HEALTH								
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Community Safety Commissioning, co-ordination and delivery of core community safety and crime reduction services including, domestic violence, violence against women and girls, ASB and hate incidents, preventing radicalisation, youth justice, physical crime prevention, substance misuse and public engagement relating to community safety	1,289	1,254	16.0	A saving against rent costs has arisen due to sharing of premises with Children's Services who now occupy 70% of premises at 3 Palace Place.	No negative impact on outcomes and priorities.	Not needed	20	20
				Potential to reduce staffing costs by sharing performance and analytical capacity with Public Health. Two community safety staff to spend 30-40% of time on Public Health enables the forging of stronger links and opportunities between Public Health and Community Safety and jointly working on analysis, strategic assessments, policy and performance reports.	This could result in reduced capacity for performance monitoring and analysis within community safety and could impact on informed decision making by managers and less transparency with communities, but is likely to be managed within current resources.	EIA No. 11	20	20
				Potential to generate savings from new commissioning arrangements for IDVA and ISVA service, the existing levels of service to victims of domestic violence and sexual violence would be maintained.	No negative impact on outcomes and priorities.	EIA No. 11	20	20

Service Area : PUBLIC HEALTH

Service (including brief description)	Gross Budget £'000	Net Budget £'000	Total Establishment FTE	Description of Saving Opportunity	Impact on Outcomes / Priorities	Equalities Impact	Savings identified 2014/15 £'000	Full Year effect of 2014/15 savings £'000
				Income generated by ASB staff to offset staff costs. ASB Team already provides some professional support and guidance to housing providers. This offer is being extended and formalised with the possible opportunity of recharging housing providers.	This will result in better outcomes for ASB and Hate victims in the city regardless of tenure.	EIA No. 11	5	10
				Potential to reduce staffing costs by sharing community engagement element of Prevent and Hate Crime staff costs with the council's Policy Team. Two officers with strong community engagement experience and strong links to BME, faith communities and disability to develop wider community engagement opportunities for community engagement element of Policy Team.	This will lead to improved performance relating to community engagement for the Policy Team. It could also lead to reduced engagement capacity for community safety and Prevent but this may be mitigated by reductions in overlaps.	EIA No. 11	15	20
				Third sector services to the street community are commissioned separately by police, housing, health and community safety. In the first instance a saving could be made on outreach work by jointly commissioning third sector providers to provide wrap around services to the street community.	More effective delivery on Cohesive and Safe Communities outcome.	EIA No. 11	20	20
Community Safety Total							100	110
PUBLIC HEALTH TOTAL							193	203

